

Mercyhurst College Civic Institute



ERIE COUNTY TREATMENT COURT MENTAL HEALTH COURT STATUS REPORT: YEAR TWO

June 2004

Mercyhurst Civic Institute

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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 (Senate Allocates Funds, 2001). People with severe mental illness are frequently arrested for minor, non-violent offenses, some as a result of being homeless (Senate Allocates Funds, 2001). 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 (Senate Allocates Funds, 2001). Upon release from prison, the inmate frequently does not receive aftercare and thus is recycled back into the criminal justice system (Senate Allocates Funds, 2001). The needs of mentally ill offenders are diverse. This population often needs treatment not only for mental illnesses, but also for drug or alcohol problems, medical illnesses, and family and financial problems. Due to these additional factors, 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 initiate the stabilization process (Goldkamp and Irons-Guynn, 2000). The need to quickly identify and assess the conditions of candidates may conflict with the time needed to conduct a thorough clinical assessment, which is required for a reliable diagnosis (Goldkamp and Irons-Guynn, 2000). Another challenge is defining program success. Goal measurement, tracking movement through various phases and setting achievable milestones in mental health court is more complex than other specialty courts. Success may differ from individual to individual, and most likely will not follow the court's model (Goldkamp and Irons-Guynn, 2000). 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 (Goldkamp and Irons-Guynn, 2000).

Common Features of Mental Health Courts

The common features of Mental Health Courts listed below are taken from Goldkamp and Irons-Guynn's monograph (2000), which examined four Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino, and Anchorage.

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.



ERIE COUNTY MENTAL HEALTH COURT

Introduction

Information contained within this report regarding the structure and operation of the Erie County Mental Health Court was taken from the *Erie County Treatment Court Policy and Procedures Manual* which was developed by the Erie County Court of Common Pleas in March of 2002.

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 Department of Human Services, Office of Drug and Alcohol Abuse and 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 U.S. Department of Justice, Drug Court Program Office; the Pennsylvania Office of Mental Health and Substance Abuse Services; the Pennsylvania Commission on Crime and Delinquency; the Erie County Office of Drug and Alcohol Abuse; and the Erie County Office of Mental Health/Mental Retardation.

As stated in the *Erie County Treatment Court Policy and Procedures Manual* (2002), 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. These key components include:

1. Treatment Court integrates drug and 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 preventing or breaking 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 facilities; 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; 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 a Severe Mental Illness (SMI). These diagnoses may include: Schizophrenia, Bipolar Disorder, Major Depression, Paranoid Schizophrenia, Schizo/Affective Disorder, Psychotic Disorder Not Otherwise Specified (NOS), Mood Disorder Not Otherwise Specified (NOS), and Borderline Personality Disorder. All of the above diagnoses are Axis I with the exception of Borderline Personality Disorder, which is an Axis II diagnosis.

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 professionals. 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.

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 was based on a calendar year adjustment, March 1, 2002 to February 28, 2003. This report covers offenders who were sentenced into the program during the second year of operations, from March 1, 2003 to February 28, 2004.

Criteria for Evaluation

This report is an analysis of the demographic, psychosocial, mental health and drug use patterns of the offenders. Program involvement and progress is studied based on phase progression and length of stay in each phase. Outcomes of the program will be analyzed to the extent there is a sample of participants who have either graduated or have been revoked from the program.

Methodology

Program data is collected by the Adult Mental Health Probation Officer through intake interviews and information from the participant's treatment providers. Data is continually updated as participants either progress or fail to progress through the programmatic phases. Collected data is periodically sent to the Mercyhurst Civic Institute where it is analyzed and reports are produced on an annual basis.

PROGRAM OPERATIONS

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 are 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 Manager as often as required.
3. Submit to urine samples and/or breath testing as often as required.
4. Attend the required support groups.
5. Appear in court for progress hearings as required.

Sanctions & Incentives

Offenders who fail to comply with program and treatment requirements are held accountable through sanctions handed down 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. 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.

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 that have taken place 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 38 offenders involved in the program during the reporting period, 30 remained active at the end of the reporting period, seven had been revoked and one was discharged from the program. The one discharged individual failed to meet all the requirements necessary to graduate from the program during the allotted time, but did not deviate in any manner that would have mandated program revocation. Of the seven offenders who were revoked during the reporting period, only one had progressed to Phase II before being revoked. No participants graduated from the program during the reporting period, although it is anticipated that approximately six participants will be graduating from the program in the near future.

Phase Movement

The expected length of the mental health court program is a minimum of twelve months. Length of program involvement depends on an 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, considering recommendations from the case manager, whether or not the individual progresses to the next phase. Program goals, treatment methods, and court supervision during each of the three Mental Health Court phases are described below.

Phase I: Average Estimated 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 II: Average Estimated 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 III: Average Estimated 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 second year of Mental Health Court operations, 66% of the offenders remained in Phase I, while 18% had progressed into Phase II and 16% had progressed into Phase III (Figure 1). Offenders who advanced to Phase II spent an average of six months in Phase I before being promoted and offenders who advanced to Phase III spent an average of six months in Phase II before being promoted. Those individuals who were in Phase II at the end of the reporting period had been in that phase for an average of six months; individuals who were in Phase III at the end of

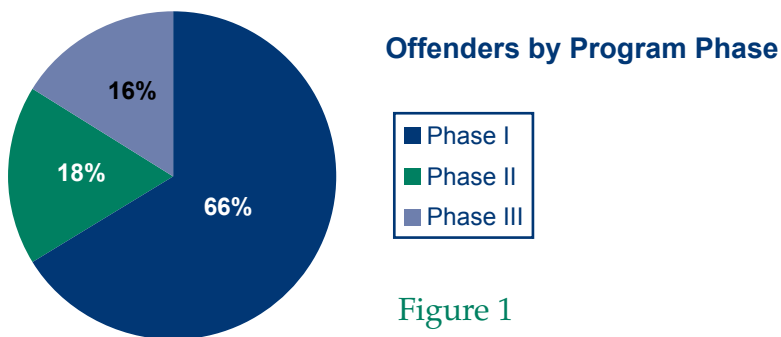


Figure 1

POPULATION PROFILE

Demographics

In the second year of program operations there were a total of 38 offenders who were either active program participants or who had been revoked or discharged during the reporting period. Basic demographic information collected from offenders is depicted in the figures below. As Figure 2 indicates, there was a slightly higher percentage of females than males in the program during the reporting period. Figure 3 shows the Year Two population broken down by race. The vast majority of program participants were White, followed in descending order by Black and Bi-Racial participants. In addition, Figure 4 represents the Year Two population categorically distributed by age. The minimum age of any of the participants was 18 years of age while the maximum age was 62 years. The median age of all Year Two program participants was 31 years of age.

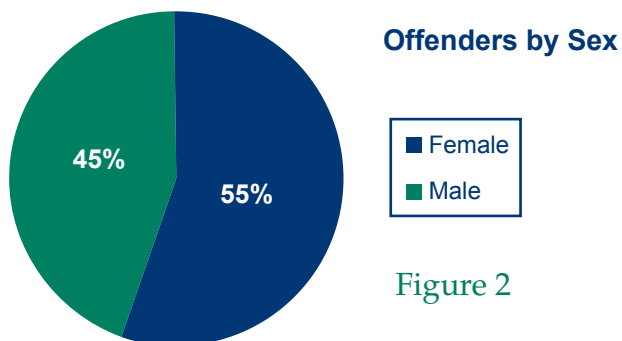


Figure 2

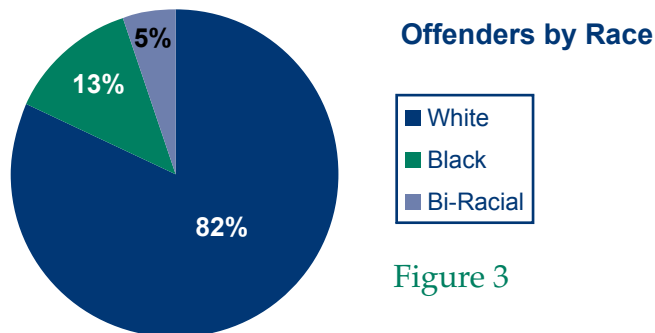


Figure 3



Offenders by Age

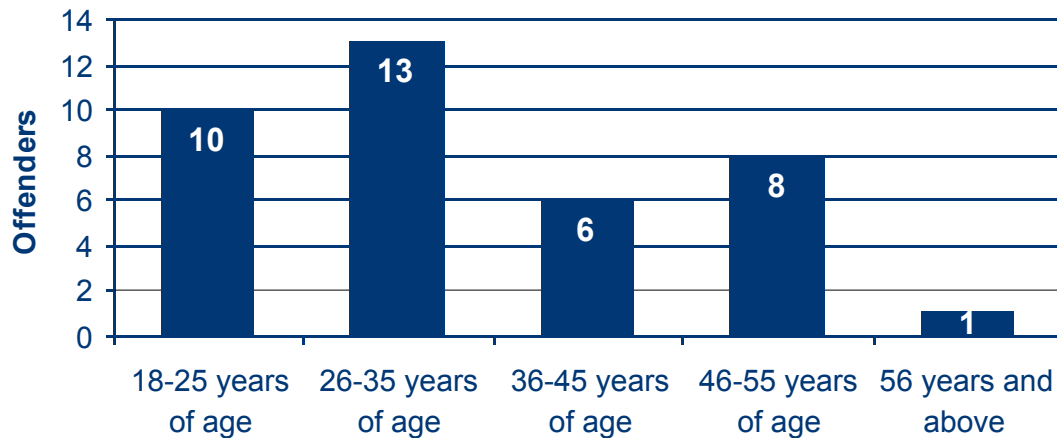


Figure 4

Psychosocial

Areas of psychosocial evaluation included the education level, living situation, and marital status of program participants. Concerning the highest educational level obtained by participants, nearly half obtained a high school diploma (Figure 5). Twenty-two percent of the program participants had not obtained a high school diploma by the end of the reporting period. In addition, an equal percentage (15%) had either obtained their GED or had graduated from high school and had gone on to some level post-secondary education.

Offenders by Highest Educational Level Obtained

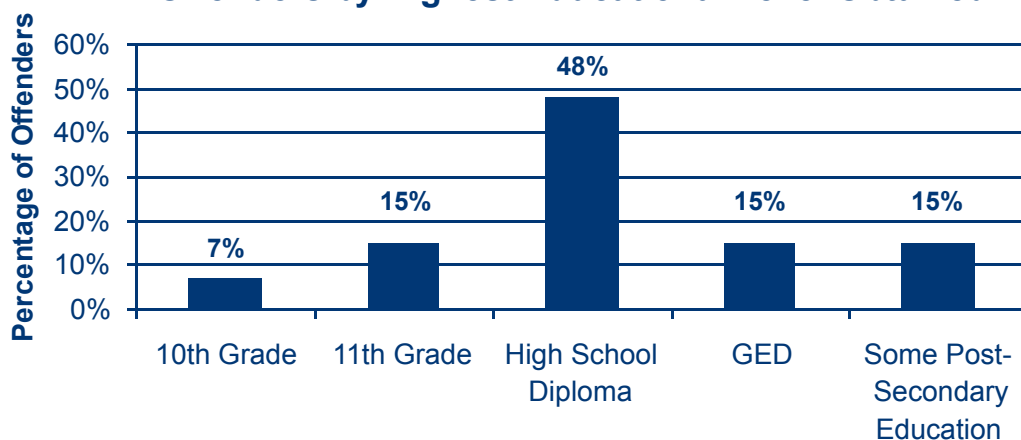


Figure 5

The majority of program participants reported that they lived alone while 21% of the offenders were living with someone else, either a friend or family member (Figure 6). Nearly one-quarter of program participants were residing in a treatment facility. A smaller percentage of participants were either being detained in the Erie County Prison or residing in a housing facility.



Offenders by Living Situation

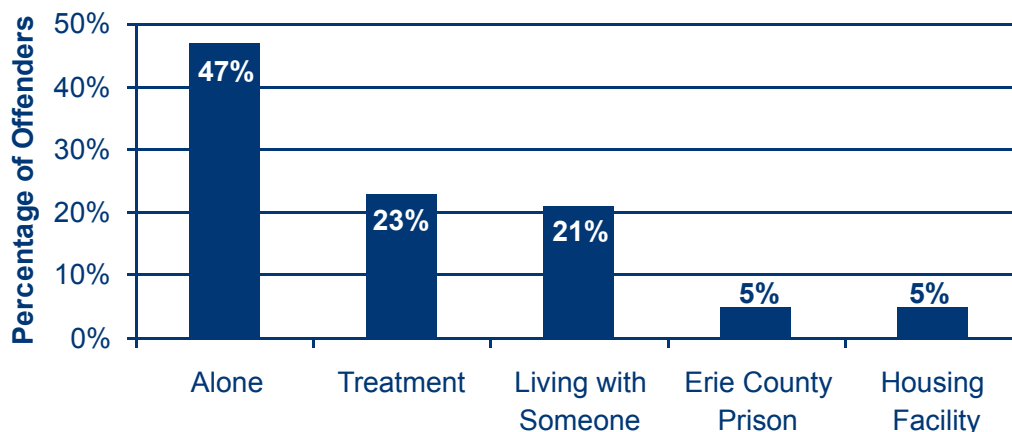


Figure 6

As shown in Figure 7, nearly three-quarters of program participants were single. A nearly equal percentage indicated that they were either married or divorced, 13% and 11% respectively. Despite the fact that most participants were single, a majority (58%) of program participants had one child or more. Of those participants that identified themselves as being single, half were caring for at least one child.

Offenders by Marital Status

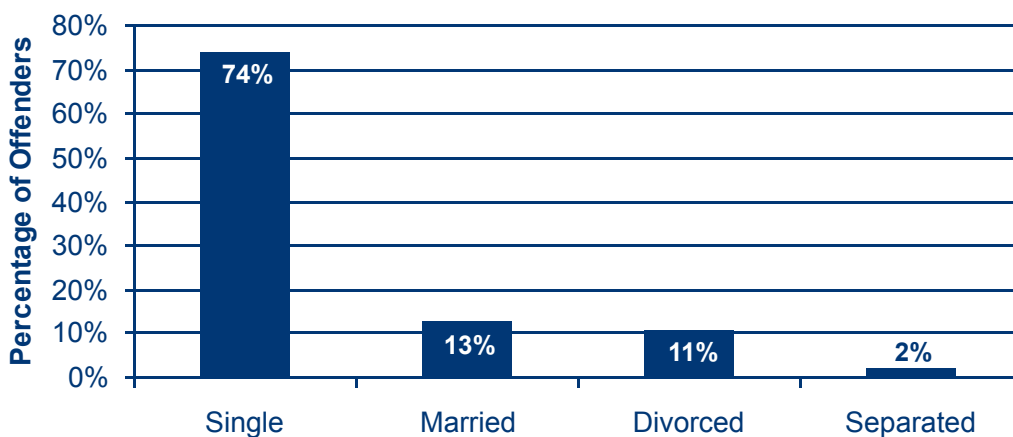


Figure 7

Treatment History

A majority of mental health court participants had received prior mental health treatment. Nearly half of the offenders had a Severe Mental Illness (SMI) diagnosis of major depression (Figure 8). Another frequently diagnosed mental illness was bipolar disorder. Diagnoses that occurred to a lesser degree included schizophrenia, paranoid schizophrenia, and schizo-affective. The participants received 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. Treatment facilities through which participants received treatment during the reporting period included Stairways Behavioral Health, Saint Vincent Health Center, Millcreek Community Hospital, Corry Counseling, Deerfield Dual Diagnosis, Glenbeigh, White Deer Run, Safe Harbor Behavioral Health, Gaudenzia/Crossroads, Community House, Greater Erie Community Action Committee Treatment Alternatives to Street Crime (GECAC-TASC), Cove Forge, Stepping Stones, Highland House, and Erie City Mission.



Offenders by SMI Diagnosis

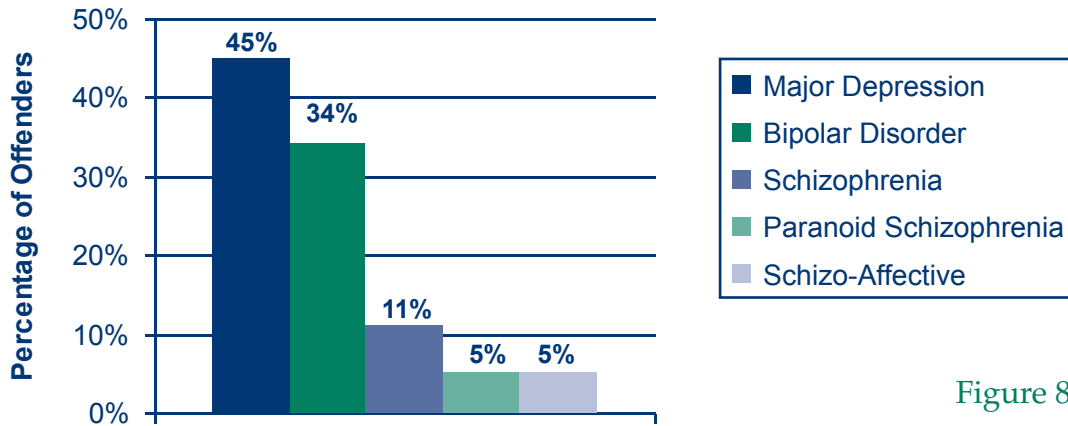


Figure 8

Drug/Alcohol Use & Criminal History

The most common types of offenses committed by offenders included DUI, theft, and assault. Criminal offenses occurring less frequently within the population included burglary, disorderly conduct, child endangerment, terroristic threats, arson, bad checks, harassment, defiant trespass, criminal attempt, resisting arrest, and receiving stolen property. While the vast majority of offenders did not enter into the program on a drug related charge, most participants identified drug abuse as being a variable in their criminal history. A majority of participants identified alcohol as their drug of choice, followed by marijuana and cocaine (Figure 9). However, 15% of the offenders claimed no drug use. A small percentage of participants had drug abuse problems involving solvents or heroin. The offenders that did identify themselves as having a drug abuse problem began using drugs or alcohol at a young age. The minimum age at which drug use began was 13 years old, with 15 years being the median age of beginning drug use.

Offenders by Drug of Choice

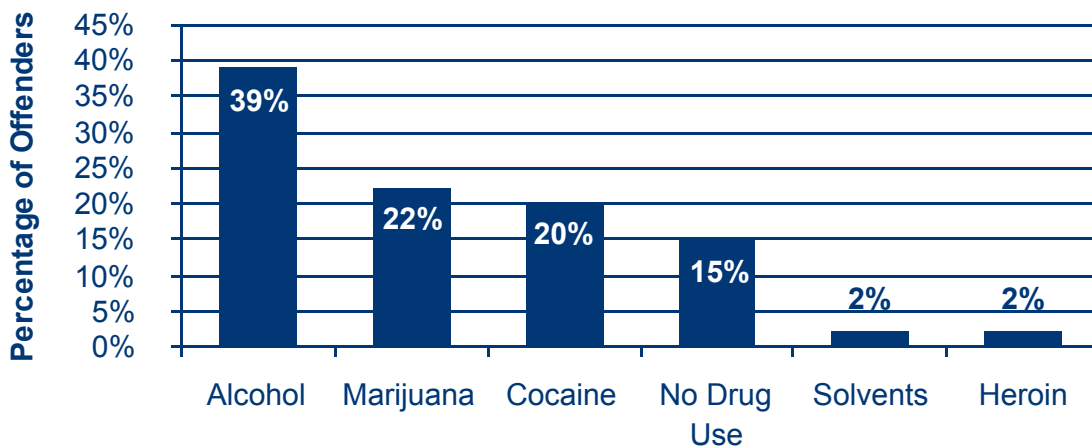


Figure 9



CONCLUSIONS

In order to ensure the continuing operation and success of the Erie County Mental Health Court, further analysis of program outcomes will be necessary. A larger sample size, as well as an analysis of future participants who graduate from the program versus those who are revoked, will provide a more accurate profile of success or failure. Additionally, post-program follow-up would be beneficial to measuring the lasting effects of the program, especially for recidivism and relapse rates.

Data collected during the second year of program operations suggests that the estimated time that participants are expected to spend in Phase I is not consistent with the actual amount of time needed by most participants to complete the goals of this phase. In the first year of program operations, it was reported that individuals who advanced to Phase II had spent an average of five months in Phase I before being promoted. In the second year of operations, participants who were promoted to Phase II had spent an average of six months in Phase I before being promoted. This suggests that the initial transformation, from a lifestyle of unemployment and drug use to a drug-free lifestyle where participants have secured some type of employment, takes this particular population longer to obtain than previously estimated. Information collected on participants who were promoted to Phase III indicates that the average amount of time necessary to complete this phase is within the estimated duration of three to six months. To date, there is insufficient data to indicate whether or not the estimated duration of Phase III is suitable for the program participants.

The methods of treatment for the program participants will require 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. 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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