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Behavioral Health Court Impacts on Mental Health in the Marion County Criminal Justice System

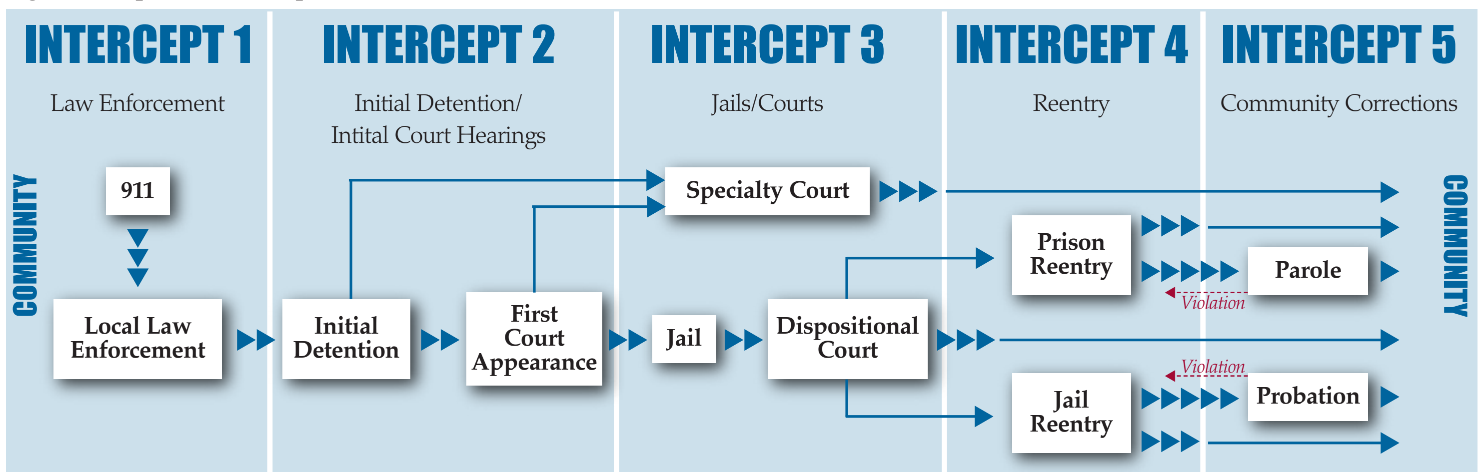
(Update to previous study published in 2017, #16-C03)

Introduction

Research has shown for many years that, nationally, persons with mental illness are disproportionately represented in jail and prison. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes the high prevalence of people with mental and substance use disorders involved with the justice system as a priority and has developed a range of policy initiatives, programs, and services that support improved "collaboration between the criminal justice and behavioral health systems (SAMHSA's Efforts on Criminal and Juvenile Justice Issues, 2017)." SAMHSA's work in the criminal justice arena attempts to balance public safety concerns with the need to provide adequate behavioral health treatment and recovery support services. This work is organized around an intervention framework known as the Sequential Intercept Model (Figure 1), a model that "identifies five key points for intercepting individuals with behavioral health issues, linking them to services and preventing further penetration into the criminal justice system."

Consistent with national trends, this disproportionate representation of persons with mental illness in jail and prison is also a growing problem in Central Indiana. According to the Marion County Sheriff's Department, approximately 40 percent of inmates are identified as having some degree of mental illness. The Department estimates the additional health care and services required to address the needs of mentally ill inmates (including medication, doctors, security, etc.) costs an estimated $92 per day per incarcerated individual, or $8 million per year. To address the needs of this population, representatives from the Marion Superior Court have partnered with the Indiana Judicial Center, the Indiana Department of Corrections, and the United Way of Central Indiana (UWCI) to establish the Behavioral Health Court (BHC; previously referred to as the Mental Health Alternative Court). In 2015, UWCI, in cooperation with the BHC team, requested the assistance of the Center for Criminal Justice Research (CCJR) at the Indiana University Public Policy Institute in evaluating BHC implementation processes and outcomes. Our initial assessment of the BHC, published in March 2016, provided a preliminary assessment of referrals and examined the characteristics of the population being served by the program (Ray, Sapp, & Thelin, 2016). In this issue brief, we update the results of our previous study by further examining short-term criminal justice outcomes among BHC participants. Specifically, we look at changes in jail days following

Figure 1. Sequential Intercept Model



Source: SAMHSA GAINS Center (2013). Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

A research partnership between the Center for Criminal Justice Research and the United Way of Central Indiana

BHC participation and in doing so, compare BHC outcomes to two similar efforts currently operating in Marion County: the Psychiatric Assertive Identification and Referral (PAIR) program and the specialized mental health probation (MHP) program.

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" (Gilligan J, 2001; Lamb HR, Bachrach LL, 2001; Morrissey J, Meyer P, Cuddeback G, 2007; Morrissey JP, Cuddeback GS, Cuellar AE, et al., 2007). 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 (Abram KM, Teplin LA, McClelland GM, 2003; Teplin LA, 1990; Teplin LA, 1996; Steadman HJ, Osher FC, Robbins PC, et al, 2009; Fazel S, Danesh J,2002), a rate three to five times greater than the proportion of serious mental illness in the general population (Teplin LA, 1990; Rice ME, Harris GT, 1997; Regier DA, Farmer ME, Rae DS, et al., 1990; Morris SM, Steadman HJ, Veysey BM, 1997; Morris N, Tonry MH, 1990).

It is important to note that research continually fails to show that mental illness alone is not a reliable predictor of continued involvement in the criminal justice system (Peterson et al. 2014; Rezansoff et al. 2013; Skeem et al. 2014) and that treating the symptoms of mental illness alone will not reduce criminogenic risk or reoffending. Instead, findings suggest that the criminogenic factors driving continued criminal justice involvement among the general population are the same as those that contribute to continued involvement among those with a mental illness. Thus, the reason that there are higher rates of persons with a mental illness in the criminal justice system is because they are more likely to have prior or initial involvement in the criminal justice system due to socioeconomic factors and clinical factors such as substance abuse, antisocial thinking, and residential instability (Morgan et al. 2010; Skeem, Manchak, & Peterson 2011; Wilson et al. 2011).

One of the most popular interventions aimed at reducing rates of persons with a mental illness in the criminal justice is system 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 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 (Almquist L, Dodd E, 2009). 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. However, even among mental health courts there is debate as to whether "one size fits all" is effective in addressing the specific needs of mentally ill individuals. For example, the Risk-Need-Responsivity model suggests that the risk of reoffending is based upon specific risk factors, and linking risk factors to appropriate services that are matched to this risk level can lead to the most significant reductions in criminal behaviors (Andrews & Bonta, 2003). Therefore, high risk offenders will benefit most from high intensity supervision, while low risk offenders should receive minimal, routine, or no intervention. In this study we examined three different mental health court programs (BHC, PAIR, MHP), located in the Marion County, Indiana, but tailored to address offenders with a mental illness based on criminogenic risk. A detailed description of these programs is provided in the text box on page 6.

Study Methodology

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 (Sarteschi CM, Vaughn MG, Kim K, 2011). Unfortunately, many of the findings of MHC effectiveness contrast MHC completers with an internal comparison group of non-completers and few studies have been able to compare MHC participants to a similar group of participants not enrolled in MHC but also participating in a criminal justice intervention (Anestis & Carbonell, 2014; Campbell, et al., 2015; Hiday, Wales, & Ray, 2013; McNiel & Binder, 2007).

Researchers conducted a one-year pre-post analysis among BHC clients and compare these changes to clients who were enrolled in PAIR and the MHP unit. In looking across these three intervention programs, each attempts to reduce rates of serious mental illness in the criminal justice system; however, program approaches differ by targeting individuals at different points in the criminal justice system, focusing on different levels of risk, and providing different levels of supervision. BHC is post-conviction, accepts high-risk felony offenders and provides a high level of judicial supervision; MHP accepts similar offenders as BHC but provides less supervision; and PAIR accepts lower risk misdemeanor offenders and typically incorporates less judicial supervision than both BHC and MHP. In order to look at the effects of these programs on present and future involvement in the criminal justice system, researchers examined the number of bookings and days spent in the Marion County Jail among program participants both one year prior to program referral and one year post referral. Following this, analysts estimated the potential cost savings to the jail associated with each of these programs based on cost data provided by the Marion County Sheriff.

Participant Characteristics

Since December 2014, 40 defendants were accepted into the BHC requiring up to a year of potential follow-up. During this same time period, 96 people were admitted into the PAIR program, and 51 people were under special supervision with the MHP unit. Referrals to BHC were initiated by a variety of sources including defense attorneys (42.5 percent), probation (42.5 percent), and the court (17.5 percent). Among MHP participants, 62.7 percent of referrals came from defense attorneys, 25.5 percent from probation, and 11.8 percent from the court. All PAIR referrals came from defense attorneys. Tables 1 and 2 show the differences in sociodemographic characteristics and mental health diagnoses among these three groups. BHC participants were more likely to be unemployed and have a diagnosis of schizophrenia and/or a substance use disorder, while PAIR participants were more likely to be white, employed, and have completed more than a high school degree.

Table 3 summarizes jail days served among participants in each of the three programs by looking at prior incarceration in the Marion County Jail for both the past year and over the full period of data availability (since January 2011). Consistent with a risk-needs-responsivity approach, the participants in BHC and MHP had significantly more involvement in the criminal justice system than those in PAIR. From January 2011 through February 2017, BHC and MHP participants have an average of 7 and 8 prior bookings and 215 and 226 prior jail days, respectively, compared to PAIR participant's average of 3 bookings and 24 prior jail days. During the year prior to referral, BHC participants had an average of 2.6 bookings and spent an average of 125.8 days in jail. The number of bookings ranged from 1 to 12, and jail days ranged from 1 to 365 with 5,031 total jail days for the population. During the year prior to referral, PAIR participants had an average of 1.5 bookings and 6.8 days in jail with a total of 2,261 jail days, while MHP clients had an average of 3.1 bookings, 107.8 days in jail, and a total of 5,500 jail days in the year prior to referral. Finally, the average IRAS score among BHC and MHP participants was similar at 22.1 and 22.2, respectively, while the average score for PAIR participants was lower at 15.8 (Table 3).

Table 1. Sociodemographic characteristics of BHC, PAIR, and MHP referrals and participants

	BHC (n=40)		PAIR (n=96)		MHP (n=51)	
Age (mean)	34.6		36.8		38.1	
	N	%	N	%	N	%
Gender[2]						
Female	16	40%	49	53%	34	67%
Male	24	60%	44	47%	17	33%
Race[2]						
White	12	30%	54	60%	18	37%
Non-white	28	70%	36	40%	31	63%
Employment[2]						
Employed	1	3%	20	27%	1	2%
Unemployed	23	59%	27	37%	22	49%
Disable	15	38%	26	36%	22	49%
Education[2]						
Less than HS	19	49%	24	35%	21	53%
HS degree/GED	16	41%	19	28%	19	48%
More than HS	4	10%	25	37%	0	0%

Source: Marion Superior Court Probation Department, Mental Health Unit

Notes:
1) Includes referrals and program participants from December 2014 thru February 2017.
2) Complete data were not available on all referrals, so values and percents are based on available cases.

Table 2. Mental health diagnoses of BHC, PAIR, and MHP referrals and participants

	BHC (n=40)		PAIR (n=96)		MHP (n=51)	
	N	%	N	%	N	%
Diagnoses[3]						
Schizophrenia	19	48%	23	24%	17	33%
Bipolar	11	28%	22	23%	16	31%
Major Depressive	11	28%	28	29%	17	33%
Substance Dependant	15	38%	23	24%	11	22%

Source: Marion Superior Court Probation Department, Mental Health Unit

Notes:
1) Includes referrals and program participants from December 2014 thru February 2017.
2) Complete data were not available on all referrals, so values and percents are based on available cases.
3) Percents do not equal 100% due to cases with multiple diagnoses.

Table 3. Jail days served among BHC, PAIR, and MHP participants

	BHC (n=40)	PAIR (n=96)	MHP (n=51)
Prior Jail Bookings	6.9	3.1	8.1
Average Prior Jail Days	214.9	23.6	225.5
Total Prior Jail Days	8,598	656	11,503
Prior Jail Bookings (One Year)	2.6	1.5	3.1
Average Prior Jail Days (One Year)	125.8	6.8	107.8
Total Prior Jail Days (One Year)	5,031	2,261	5,500
IRAS Score at Intake2	22.1	15.8	22.2

Source: Marion Superior Court Probation Department, Mental Health Unit

Notes:
1) Includes program participants from December 2014 thru February 2017.
2) Complete data were not available on all referrals, so values and percents are based on available cases.
3) *Prior Jail Bookings*, *Average Prior Jail Days*, and *Total Prior Jail Days* are for the period January 2011 to date of referral.

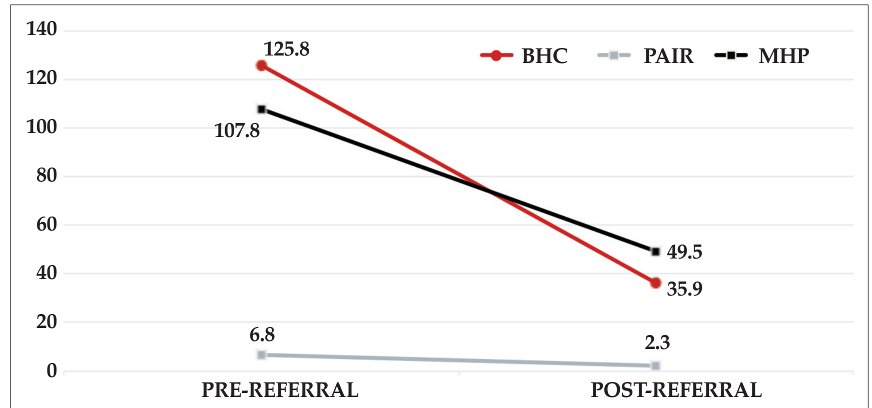
One Year Pre-Post Analysis of Jail Days

To examine the effectiveness of the BHC, researchers conducted a paired t-test analysis of days spent in jail in the year prior to referral and in the year post referral. As shown in Figure 2, the average number of jail days among BHC clients (N=40) decreased significantly from 125.8 days prior to referral to 35.9 days post referral ($t=3.92$, $p < .001$ [CI 43.3 – 135.6]). The total number of jail days also declined from 5,031 prior to referral for this population to 1,453 days after referral (Table 4). The MHP clients (N=51) also experienced a significant decrease in average jail days from 107.8 days pre-referral to 49.5 days post-referral ($t=2.94$, $p < .01$ [CI 18.5-98.4]). The total number of jail days among MHP clients also decreased from 5,500 days pre-referral to 2,525 days post-referral. Finally, study results show that PAIR clients (N=96), overall, are a much lower risk group, and thus, started with far fewer average jail days; however, participants still experienced a statistically significant reduction in average jail days from 6.8 days pre-referral to 2.3 days post-referral ($t=2.80$, $p < .01$ [CI 1.3-7.7]), and a decrease in total jail days from 656 days pre-referral to 221 days post-referral (Figure 2 and Table 4).

Estimated Jail Cost Savings of Mental Health Interventions

Using estimated per diem jail costs of $92 per day for mentally ill inmates provided by the Marion County Sheriff's department, researchers estimated the cost savings of the three interventions. Table 4 shows an estimated 3,595 day reduction in total jail days among BHC clients post-referral, which translates into a total savings of $330,832 in jail costs and an average savings of $8,271 per client. Cost savings were slightly lower among MHP clients with an estimated total jail savings of $273,700, and an average savings of $5,367 per client. Finally, due to the fact that more PAIR clients are being served and these clients represent a lower risk population with fewer jail days prior to referral, PAIR cost savings estimates were understandably lower at $40,020 total jail cost savings and an average of $417 per client. .

Figure 2. Average jail days served pre- and post-referral among BHC, PAIR, and MHP participants



Source: Marion Superior Court Probation Department, Mental Health Unit

Table 4. Estimated jail cost savings resulting from BHC, PAIR, and MHP intervention programs

	BHC (n=40)	PAIR (n=96)	MHP (n=51)
One Year Pre-referral Jail Days			
Average	125.8	6.8	107.8
Total	5,031	656	5,500
One Year Post-referral Jail Days			
Average	35.9	2.3	49.5
Total	1,435	221	2,525
Cost Savings in Jail Days			
Total Jail Cost Savings	$330,832	$40,020	$273,700
Jail Cost Savings Per Client	$8,271	$417	$5,367

Source: Marion Superior Court Probation Department, Mental Health Unit

Note: Per the Marion County Sheriff's department, estimates assume an additional cost of $92 per day for mentally ill inmates.

Conclusions and Recommendations

Based on the findings of this short-term outcome evaluation, the three Marion County intervention programs examined all demonstrate varying levels of success in addressing the behavioral health needs of mentally ill offenders by linking them to services, reducing jail days served, and providing diversion and reentry options that may prevent or reduce future encounters with the criminal justice system. While the cost-benefit analysis of jail days suggests the largest savings come from BHC, limitations of this kind of analysis include: 1) the need to make assumptions such as similar incarceration rates would have continued without referral, and 2) the inability to factor in the overall costs of each intervention. The BHC, for example, deals primarily with offenders with the greatest need and who require a coordinated effort of oversight. Thus, it is likely that both the use of a team-based model and the increased level of judicial supervision associated with the BHC are more costly than the other interventions examined. The research team has developed the following set of recommendations for program improvements, and more generally, for how Marion County might approach future efforts to address the needs of justice-involved offenders with a mental illness.

First, while the BHC, PAIR, and MHP are informally intended for offenders with different levels of risk and need, these programs should collaborate to (1) formalize the risk and needs assessment process; and, (2) utilize assessment information for the purposes of determining program referrals and recommended levels of supervision. For example, risk/needs tools used in drug court settings often classify offenders into four risk/needs quadrants. Offenders who are high risk/high need are best served by intensive supervision and services, while those who are low risk/low need require less supervision and fewer services. The BHC, PAIR, and MHP programs could benefit from developing a similar method whereby offenders are referred to programs based on risk/need assessment results, but also have a system in place to update these assessments at regular intervals to examine changes in risk and need over time.

Second, consideration should be given to altering the level of supervision based on assessment results. The Risk-Needs-Responsivity model suggests that engaging low-risk offenders to intensive interventions result in iatrogenic effects in which the correctional intervention actually increases the probability of subsequent criminal behavior (Andrews and Bonta, 2003). While this study did not find evidence of an iatrogenic effect among PAIR participants, it should be noted that the supervision period is fairly long given the offender population served by this program. Studies of other misdemeanor mental health courts suggest positive results are likely with limited supervision (4 to 6 months) and limited court involvement in monitoring (Hiday, Wales, and Ray, 2013).

Third, local stakeholders should continue to develop interventions for offenders with a mental illness across the criminal justice system. In mid-2016, Indianapolis Mayor Joe Hogsett developed a Criminal Justice Reform Taskforce who recommended adopting the Sequential Intercept Model (see Figure 1) which suggests implementing a series of interventions throughout the criminal justice system (e.g., law enforcement, initial detention and court hearings, jails and courts, reentry, and community corrections) aimed at reducing criminal justice involvement among persons with a mental illness. Marion County is currently in the process of implementing more interventions across this system. One example is the Indianapolis Metropolitan Police Department's recent partnership with Midtown Mental Health and Emergency Medical Services to develop and pilot a Mobile Integrated Crisis Outreach Unit. This unit joins specially trained police officers, social workers, and paramedics to create teams who respond in real time to dispatched 911 calls, assess the clients, and triage them into appropriate treatment. This type of service would fall into the Intercept 1 intervention category, while the BHC and PAIR programs are Intercept 3 (jails and courts), and MHP is an Intercept 5 intervention (community corrections). It is important that interventions continue to be developed across the system but also in a coordinated and collaborative way. Conducting brief screenings at jail booking to identify people who may have a mental or substance use disorder would inform the housing classification and inmate management processes, but could also help to streamline referrals to specialty courts and other diversion programs.

Finally, as more interventions are developed, it is essential to include an evaluation component. Evaluating program implementation and outcomes is an important step in educating community stakeholders about program effectiveness and should continue at regular intervals (at a minimum every 1-2 years) throughout the life of the program. Future research among these programs should focus on measuring long-term treatment and criminal justice outcomes, including continued access to treatment and services, changes in risk/need, and recidivism among program participants.

Marion County Interventions for Justice-Involved Persons with a Mental Illness

Behavioral Health Court

Marion County has taken several steps to reduce rates of serious mental illness in the criminal justice system. 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. However, in late 2014, Judge Barbara Cook-Crawford led development of the BHC proposal, and the Indiana Judicial Center (IJC) and Indiana Department of Corrections (IDOC) provided the initial funding for a pilot program.

According to the *Marion County Superior Court Behavioral Health Court Program and Policy Procedure Manual,*

> …"the goal of the BHC 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 BHC 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 BHC 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 BHC 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."

The BHC has adopted, with slight modifications, the essential elements of the ten key components as described in the U.S. Department of Justice Publication (1997) entitled "Defining Drug Courts: The Key Components." These modifications include the following ten components:

1. BHC is composed of members of the criminal justice system, health care professionals, and community programs to administer well-rounded treatment for defendants.
2. Eligibility for participation in the mental health alternative court is based on confirmed diagnosis of a mental illness, the existence of which affects the offenders criminal behavior to some degree; a conviction for a criminal offense for which the defendant is serving a sentence through probation or community corrections; and the successful completion of that sentence is jeopardized by the defendant's behavior.
3. Eligible participants need to be identified early and linked to appropriate community-based service providers as quickly as possible.
4. Terms of participation achieve public safety goals through clear and precise program parameters that can be individualized based on the needs of the defendants.
5. Defendants voluntarily agree to participate in the program and have full capacity to understand all of the requirements.
6. Health care professionals and community providers use evidence-based practices and services in order to provide comprehensive and individualized care.
7. Information concerning the defendant's treatment is kept confidential throughout his or her participation in the program.
8. The court team is composed of a judicial officer, a court coordinator, community corrections, probation, prosecutor, public defenders, any independent contractor the court team deems appropriate. Each member participates in staff meetings and trainings.
9. The court team monitors participants' adherence to the court conditions and enforce graduated incentives and sanctions, or modify treatment to promote recovery.
10. Data is collected concerning court performance to ensure that the court is having a positive impact; if not, then appropriate modifications may be made based on the collected data.

HOW BHC WORKS

The BHC is a post-conviction program located in Marion County designed 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 diagnosed mental health illness. BHC 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 BHC team members meet to share information about participants and review new referrals. Once identified, individuals referred to the program will be provided with the opportunity to receive treatment and community services and are expected to comply with treatment and court mandates for a minimum of 12 months and maximum of three years. The BHC team use incentives and sanctions to promote adherence though if a participant is continually non-compliant they are removed from the BHC docket and serve their sentence.

MARION COUNTY INTERVENTIONS FOR JUSTICE-INVOLVED PERSONS WITH A MENTAL ILLNESS *(continued)*

BHC 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 one to three months. 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 or are at high risk to do so. Referred participants are given a six-week opt in period where either party (the defendant or the court/team) can reject participation without any consequences to the original sentence. If not already obtained, a treatment provider must be obtained and a treatment plan received by the team.. 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 to weekly drug tests, and regularly meet with probation or community corrections officers. Participants must also remain medication compliant and have no new arrests.

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 to weekly drug tests and remain drug-free for a consecutive thirty days and have no new arrests. If the participants continue to remain compliant, the BHC team will recommend they proceed to Phase III.

Phase III lasts a minimum of six months with required appearances in court once every three weeks. Participants must continue to comply with all treatment programs and therapies, submit to random drug tests twice a week 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 BHC 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 BHCC team will promote participants to Phase IV of the program.

Phase IV lasts two months with two required court appearances to mark graduation. Participants must have no new arrests, continue to comply with submitting drug tests twice per month 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.

Psychiatric Assertive Identification and Referral Program

In March 2016 the BHC received state certification and shortly thereafter developed a collaboration with the Psychiatric Assertive Identification and Referral (PAIR). PAIR is one of the first post-booking, pre-trial conditional deferment courts and became a formal court program in the mid-1990s (Coons and Bowman 2010). However, the program did not contain all ten essential elements of a MHC (Council of State Governments Justice Center, 2008), did not receive any federal government funds, and had little scholarly research was done to evaluate the court. Over the past 20 years PAIR has undergone several changes but continues to use a pre-conviction model that focuses on the mental health needs of low risk misdemeanor offenders. Judge Amy Jones oversees the PAIR program and like the BHC, defendants are provided an opportunity to receive treatment and community services and are supervised for 12 months; however, the supervision standards and court hearings are less stringent than the BHC.

PAIR participants progress through a three phase program developed by the court over the course of 12 months.

Phase I of the program lasts one to three months. During this portion of the program, participants appear in court once every 2 weeks and participate in treatment as directed to stabilize their mental health through medication, therapy, and addressing other medical issues.

Phase II lasts a minimum of six months. During this period, participants must remain compliant with their treatment plan, attend court every four weeks, focused on continued stabilization and lifestyle maintenance, including employment or structured meaningful activity.

Phase III lasts the remainder of the 12 month period with required appearances in court once every six weeks. Participants must continue to comply with all treatment programs and therapies, and maintain negative drug and alcohol screens. Throughout the program participants are required to submit to random drug tests two times a week.

Specialized Mental Health Probation Unit

At the onset of the BHC, case management was provided and referrals were largely driven by the Marion County Probation. As local probation officials continued to see high rates of persons with a mental illness under supervision the Marion County Probation Department developed a specialized Mental Health Probation Unit (MHPU) in May 2015. The unit is encouraged to meet regularly with treatment providers and other relevant entities to develop a team approach to supervision, focusing on support and accountability. There is also a focus ongoing training that might improve outcomes. For example, officers have been through crisis intervention training and attend specialized mental health trainings every year as provided by National Alliance for Mental Illness and Mental Health America. The MHPU is currently comprised of six probation officers. Like the BHC the MHPU targets moderate to high risk offenders and has a supervision period of 12 to 18 months.

Sources: Marion County Superior Court Behavioral Health Court Program and Policy Procedure Manual and Psychiatric Assertive Identification and Referral Program (PAIR) Program and Policy Procedure Manual

References

1. *SAMHSA's Efforts on Criminal and Juvenile Justice Issues.* (2017, March 28). Retrieved from SAMHSA: https://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts

2. Ray, B., Sapp, D., & Thelin, R. (2016, March). *Evaluation of the Marion County Mental Health Alternative Court.* Retrieved from IU Public Policy Institute: http://policyinstitute.iu.edu/publication/details/728

3. Gilligan J: The last mental hospital. Psychiat Quart 72:45-61, 2001

4. Lamb HR, Bachrach LL: Some perspectives on deinstitutionalization. Psychiat Serv 52:1039-45, 2001

5. Morrissey J, Meyer P, Cuddeback G: Extending assertive community treatment to criminal justice settings: Origins, current evidence, and future directions. Community Ment Hlt J 43:527-44, 2007

6. Morrissey JP, Cuddeback GS, Cuellar AE, et al.: The role of medicaid enrollment and outpatient service use in jail recidivism among persons with severe mental illness. Psychiat Serv 58:794-801, 2007

7. Abram KM, Teplin LA, McClelland GM: Comorbidity of severe psychiatric disorders and substance use disorders among women in jail. Am J Psychiat 160:1007-10, 2003

8. Teplin LA: The Prevalence of Severe Mental Disorder among Male Urban Jail Detainees - Comparison with the Epidemiologic Catchment-Area Program. Am J Public Health 80:663-9, 1990

9. Teplin LA: Prevalence of psychiatric disorders among incarcerated women. Arch Gen Psychiat 53:664-, 1996

10. Steadman HJ, Osher FC, Robbins PC, et al.: Prevalence of Serious Mental Illness Among Jail Inmates. Psychiat Serv 60:761-5, 2009

11. Fazel S, Danesh J: Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys. Lancet 359:545-50, 2002

12. Rice ME, Harris GT: The treatment of mentally disordered offenders. Psychol Public Pol L 3:126-83, 1997

13. Regier DA, Farmer ME, Rae DS, et al.: Comorbidity of mental disorders with alcohol and other drug abuse. Results from the Epidemiologic Catchment Area (ECA) Study. JAMA 264:2511-8, 1990

14. Morris SM, Steadman HJ, Veysey BM: Mental health services in United States jails - A survey of innovative practices. Crim Justice Behav 24:3-19, 1997

15. Morris N, Tonry MH: Between prison and probation : intermediate punishments in a rational sentencing system. New York: Oxford University Press, 1990

16. Almquist L, Dodd E: Mental health courts: A guide to research-informed policy and practice. New York: Council of State Governments Justice Center., 2009

17. Sarteschi CM, Vaughn MG, Kim K: Assessing the effectiveness of mental health courts: A quantitative review. J Crim Just 39:12-20, 2011

18. Peterson JK, Skeem J, Kennealy P, et al.: How Often and How Consistently Do Symptoms Directly Precede Criminal Behavior Among Offenders With Mental Illness? Law Hum Behav 38:439 – 49, 2014

19. Rezansoff S, Moniruzzaman A, Gress C, et al.: Psychiatric Diagnoses and Multiyear Criminal Recidivism in a Canadian Provincial Offender Population. Psychol Public Policy Law 19:443 – 53, 2013

20. Skeem J, Winter E, Kennealy P, et al.: Offenders With Mental Illness Have Criminogenic Needs, Too: Toward Recidivism Reduction. Law Hum Behav 38:212 – 24, 2014

21. Skeem J, Manchak S, Peterson J.: Correctional Policy for Offenders With Mental Illness: Creating a New Paradigm for Recidivism Reduction. Law Hum Behav 35:110 – 26, 2011

22. Wilson AB, Draine J, Hadley T, et al.: Examining the Impact of Mental Illness and Substance Use on Recidivism in a County Jail. Int J Law Psychiatry 34:264–68, 2010

23. Andrews DA, Bonta J: The psychology of criminal conduct (3rd ed.). Cincinnati, OH: Anderson, 2003

24. Anestis JC, Carrbonell JL: Stopping the revolving door: Effectiveness of mental health court in reducing recidivism by mentally ill offenders. Psychiat Serv 65:1105-1122, 2014

25. Campbell MA, Canales D, Wei R, et al.: Multidimensional Evaluation of a Mental Health Court: Adherence to the Risk-Need-Responsivity Model. Law Hum Behav 39:489-502, 2015

26. Hiday VA, Wales HW, Ray B: Effectiveness of short term mental health court: Criminal recidivism one year postexit. Law Hum Behav 37:401-411, 2013

27. McNiel DE, Binder RL: Effectiveness of a mental health court in reducing criminal recidivism and violence. Am J Psychiatry 164:1395-1403, 2007

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