

## **Stopping the revolving door: the effectiveness of a mental health court in reducing recidivism among mentally ill offenders**

### **Description of Setting.**

**Southeastern Mental Health Court (SEMHC).** Like other MHCs, the SEMHC arose out of a need to provide better care for mentally ill offenders who are in repeated contact with the criminal justice system. Established in 2008, the SEMHC's overall goal was to promote efficiency and accountability in the processing of mentally ill offenders. The court met twice a month with felony and misdemeanor offenders on separate dockets with one judge presiding over each. Court personnel attended weekly staffing meetings to assess individual cases, prepare for court, and promote collaboration between personnel. All participants received a diagnosis of mental illness at some point in their interaction with the criminal justice system. Any representative of the criminal justice system could identify an offender as mentally ill, at which point a representative from the SEMHC assessed the offender to determine eligibility. The court, police force, and jails worked quickly to identify and divert mentally ill offenders. The SEMHC relied on a collaborative team of individuals to manage the court. Judges and other court employees, the police force, corrections staff, and participants from community mental health organizations worked together to identify and treat the offenders channeled through the MHC.

The SEMHC featured some novel characteristics not reported and/or fully examined in other MHCs. Both felony and misdemeanor offenders (violent and non-violent) were enrolled in the SEMHC. Notably, defendants referred to SEMHC did not have a choice as to which court they are assigned; however, at first appearance, they could withdraw from MHC and be placed in a traditional criminal court. MHCs in other counties and states are provide the option to voluntarily enroll in MHC before the first appearance, yet the necessity of a defendant's ability to "opt in" remains untested (13). While few decline the offer to enroll (10), some argue that this voluntariness is critical to the success of the court (10,47), despite recent evidence suggesting that MHC participants are unaware that their participation is voluntary (38,48). Finally, the overall atmosphere of the SEMHC differs from other MHCs. MHC courtrooms attempt to mirror the methods of mental health treatment. They are often informal and feature hands-on judges who offer direct interaction, attention, praise, support, and instruction to defendants (8,39-41). It is assumed that this courtroom environment and participant-judge interaction is necessary to facilitate the therapeutic goals of MHC (39-40,42). Recent data from the SEMHC, however, indicate that occurrence of judge-defendant interaction is not related to recidivism (45). The SEMHC does not consider itself to be a "therapeutic" court. Direct communication between judge and defendant does occur, but the interaction is limited due to the large number of people seen in the SEMHC at each session (e.g., up to 60 defendants in 2 hours).

**Control group.** The control group consisted of mentally ill offenders assigned to traditional criminal court in the same jurisdiction during the same period of time as the MHC group. Court assignment was haphazard (49), and mentally ill offenders were assigned to or remained in traditional criminal court instead of SEMHC for a number of reasons. When the MHC initially began, given the large number of individuals identified as having mental illness ( $n \approx 600$ ), the decision was made to only accept defendants to the MHC if they were already assigned to the same trial division as the MHC. This decision was made based on administrative and practical reasons. Additionally, at the beginning of the MHC, some defendants assigned to MHC were transferred to traditional court because the docket was full. Initially, the docket had room for 60

defendants, but was eventually capped at 35. For the majority of mentally ill offenders in the traditional court, the defendant was initially assigned to MHC but their defense attorney advised them to “opt out” on the first day, typically because the attorney requested a trial instead of a plea bargain, the only option in MHC. Once a defendant chose to remain in MHC, however, they had to stay on the MHC docket for the remainder of their time. Like any other defendant in traditional court, SEMHC defendants could not request to switch to a different court if they became unhappy later. Finally, some offenders identified as mentally ill were excluded from the MHC due to the nature of their offense(s). In practice, all defendants charged with a capital felony as defined by the state of Florida were excluded (e.g., first-degree murder, felony murder, capital sexual battery), although the judge could also exclude other individuals at his/her discretion.

### **References found only in this supplement**

47. Poythress, NG, Petrila, J, McGaha A, et al: Perceived coercion and procedural justice in the Broward mental health court. *International Journal of Law and Psychiatry* 25: 517-533, 2002.
48. Boothroyd RA, Poythress NG, McGaha A, et al: The Broward mental health court: process, outcomes, and service utilization. *International Journal of Law and Psychiatry* 26:55-71, 2003.
49. Shadish WR, Cook TD, Campbell DT: *Experimental and quasi-experimental designs for generalized causal inference*. Boston, MA, Houghton Mifflin Company, 2002.

### **Data Issues.**

**Data Normality.** Univariate outliers (median  $\pm$  2 interquartile ranges) were identified for re-arrest severity (n = 2), pre-MHC arrest total (n = 24), and pre-MHC severity (n = 8) and “brought to the fence.” Skew and kurtosis values were within acceptable levels with the exception of total number of re-arrests in the 12 months following index charge (skew = 4.07; kurtosis = 20.74). Application of rank transformation resulted in skew and kurtosis values within acceptable levels (skew = 2.19, kurtosis = 3.71).

Neither court membership nor any of the covariates significantly interacted with time; therefore, the proportionality of hazards assumption is considered to be met (35). Squared multiple correlations and multiple regression analyses indicated no problem with bivariate or multivariate multicollinearity (35).

**Matching.** Propensity score matching was utilized to control for non-random assignment (33,34). All demographic, diagnostic, and criminal variables (see Table 1) hypothesized to play a role in court selection were entered into Step 1 of a logistic regression predicting court membership. This analysis produced a propensity score for each individual, estimating the conditional probability of treatment given the covariates. Participants were then matched (1:1 nearest neighbor) based on propensity scores. A caliper of .15 of the standard deviation of the logit of the propensity score was imposed on matching to exclude poor matches.

Balance of all 32 covariates, interactions among all covariates, and quadratic terms of all covariates were examined post-matching. The overall imbalance  $\chi^2$  test was non-significant,  $\chi^2 = 19.70$ ,  $df = 25$ ,  $p = .762$ , and the  $L_1$  statistic was larger in the unmatched sample (.69) than the matched sample (.66). Histograms demonstrated substantial overlap on propensity scores between the two matched groups. Together, these statistics indicate that matching improved overall balance.

Table 5. Comparing MHC participants in the 12 months prior and 12 months following index offense.

	<i>Pre-MHC</i>		<i>Post-MHC</i>		<i>Paired Samples T-test</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>
<i>Arrest Total</i> ( <i>n = 359</i> )	.52	.75	.14	.43	8.77**	358
<i>Arrest Severity</i> ( <i>n = 111</i> )	4.45	2.66	5.12	2.78	-2.16*	110
<i>Months to Re-arrest</i> ( <i>n = 131</i> )	7.18	4.40	10.95	2.81	7.47**	130

\*  $p < .01$ , \*\*  $p < .001$