

Colorado Probation Research in Brief

Recidivism Outcomes for Suburban Mental Health Court Defendants

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Key Words: Mental Health Courts, Recidivism, Substance Abuse, Problem solving courts.

Summary/Conclusions

Mental health courts have recently emerged to provide specialized services to a unique population. This study examined recidivism rates for one year post termination of 577 mental health court cases. Terminations were compared using data from cases that were terminated successfully, discharged negatively, and cases that met the criteria for mental health court but declined participation. The post one year recidivism rate for successful completion of mental health court cases was 14.5% compared to 25.8% for cases that declined to participate and 38% for cases that were terminated negatively.

Limitations of Information

This study evaluated a low risk problem solving court, servicing a population that is expected to have lower recidivism and higher success rates than traditional problem solving courts that provide services to high risk and/or high need clients. The study measured success of cases as opposed to individuals, creating duplicate data in 95 cases. Accuracy of the data was also a concern as randomized data was substituted for missing data.

Caveat: The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

The Effectiveness of Mental Health Courts

An analysis was performed on 577 mental health (MH) court cases from October 1, 2001 to September 30, 2007. The cases were analyzed for recidivism rates (re-arrest data) one year after being terminated from a St. Louis MH court. In a post-test only comparison group study, cases were categorized into successful terminations, negative terminations and cases that were eligible to enter the MH court but declined to enter. Individual case data (race, age, gender, medication, substance abuse issues, and etc.) was also collected and analyzed. A total of 351 cases completed the program successfully, 137 cases were terminated negatively, and 89 cases chose not to enter the program.

The total one year recidivism rate for the MH court was 21.8%. Positive terminations were the lowest category to recidivate at 14.8% followed by cases that did not enter at 25.8%. Cases that were terminated negatively had the highest recidivism rates at 38%. Cases that were negatively terminated were 2.62 times more likely to recidivate than cases that had terminated successfully. Cases that did not enter the program were 1.78 times more likely to recidivate.

Additionally the study concluded, the four factors associated with re-arrest after termination from the MH court were having never been married (no positive significant relationship), cases heard in the North Court, substance

abuse issues, and having a driving offense. Being prescribed medication decreased the likelihood of re-arrest after the mental health court program. The researchers hypothesized the increased recidivism rates in the North Court were due to case coming from the city of St. Louis, which traditionally has higher rates of poverty and crime.

Practical Applications

- ✓ Engage MH clients in treatment programs using cultural competency and motivational interviewing techniques.
- ✓ Try normalizing MH disorders and medications with clients that feel stigmatized about their situation.
- ✓ Collaborate with mental health providers to coordinate medication and treatment plans.
- ✓ Case plan with the client to ensure access and availability of future medications.
- ✓ Officers supervising caseloads heavy in mental health should attend specialized trainings like Mental Health First Aid.
- ✓ Consider collaborating with clients to repair and rebuild pro-social peer and family relationships.
- ✓ Address substance use. Often substance use amplifies the symptoms associated with MH disorders or is a sign medications aren't addressing the MH symptoms.
- ✓ Help clients find and maintain resources for housing and basic needs.

State Court Administrator's Office
Colorado Division of Probation Services, Evaluation Unit
303.861.1111; www.courts.state.co.us
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