Montgomery County’s Managed Assigned Counsel/Mental Health Program: Preliminary Report - October 2012

Submitted by:
Gaylene Armstrong
Jeff Bouffard
Phillip Lyons
Holly Miller

College of Criminal Justice
Sam Houston State University
Background

The information presented in this preliminary report is based on the first two quarters of operation for the MACMH program. Such preliminary evaluation efforts often capture data that reflects program processes that are being revised as the program gets “up to speed” and establishes the most efficient processes. As such, program outcomes should be interpreted cautiously as they result from the earliest stages of program implementation and ongoing revision/improvement.

As of the preparation of this report, the MACMH Program has hired all staff members and obtained clinician services (for psychological assessment of potential clients) through a contract with Our Lady of Lake University (OLLU). This preliminary report includes information collected on cases processed through the first half of 2012. Such information presented includes the background characteristics of these cases, the time these cases spent in jail, the timing of their case disposition, and the support/treatment services provided by the MACMH program (for those clients with a qualifying diagnosis—that is Major Depression, Schizophrenia Disorders or Bipolar Mood Disorder). Individuals who have a history of treatment for a mental illness, who are indigent and charged with crimes in Montgomery County are eligible for the MACMH program. Individuals accepted into the MACMH are appointed a specially trained defense attorney from among a select list maintained by the MACMH Managing Attorney. In addition, defendants who are diagnosed with a qualifying diagnosis (i.e., Major Depression, Schizophrenia Disorders or Bipolar Mood Disorder) receive not only a specially trained defense attorney, but also receive additional support services provided by the case worker staff from the MACMH office, including referral to needed mental health treatment and other social services.

Client Identification Procedures

As the MACMH program has evolved over the first several months, ongoing challenges have been dealt with in terms of identifying appropriate potential participants from the many points in the booking and court processes where these defendants may enter the program. The current processes are described here. Each day (including weekends and holidays) the MACMH receives a list from the jail of newly booked inmates, who are in the TLETS CCQ database as having received treatment for a mental health condition at a Department of State Health Services (DSHS) agency (this is known as a “jail referral”). The TLETS CCQ database, however, does not provide a specific diagnosis. The MACMH staff keeps a master database of all jail referrals. This list is cross-referenced with all court dockets and with the Office of Indigent Defense’s interview lists in order to determine which defendants have asked for a court appointed attorney. At the point the defendant asks for a court appointed attorney, is interviewed for a court appointed attorney and is determined to be indigent and therefore qualifies for a court appointed attorney, the Office of Indigent Defense appoints the MACMH program which then appoints the specific specially trained attorney who will handle the legal case from that point. After the appointment occurs, the MACMH case worker conducts an intake interview. During that interview, if the defendant self-reports a qualifying diagnosis, and wishes to participate in the program, the defendant is designated as a participant and begins to receive services and works with the case worker. If the person does not self-report a qualifying diagnosis, then the case
worker makes a referral to the OLLU clinician student who conducts an assessment. The OLLU supervisor reviews the student’s assessment and a final determination is made as to a diagnosis. If the defendant has a qualifying diagnosis, and is willing to participate, then the defendant is designated as a participant. If the defendant does not have a qualifying diagnosis, the MACMH “social case” is closed, but the MACMH Program attorney continues to handle the legal case through disposition.

It should be noted that the OLLU clinician services did not begin until July 2012. This system of assessing defendants who did not self-report was not in place during this report’s study period. During that period, the MACMH Program case staff was dependent on self-reporting and/or obtaining medical records (with the defendant’s consent) to determine a diagnosis. With the new system in place with the OLLU clinician services, the MACMH Program anticipates that more defendants will be determined to have a qualifying diagnosis. In addition to the process just described, the MACMH also receives referrals from courts and Program attorneys. These defendants generally have not been referred by the jail through a TLETS CCQ match.

**Cases Processed**

During the first half of calendar year 2012 (January 1st through June 30th) the MACMH program appointed 233 defendants. The evaluators from SHSU have identified a sample of 214 similar defendants who were not admitted to the MACMH program to use as a matched comparison sample. These individuals are statistically similar to the MACMH defendants in terms of their average age, racial composition and gender. Specifically, the average age of a MACMH defendant is 33.5 years, while for the comparison group it is 35.2 years. The MACMH sample is comprised of 39.5% males, while the comparison sample is comprised of 43% males. Finally, the MACMH group is 87.6% White, while the comparison group is 84.1% White. None of these demographic factors are significantly different between the two samples. Defendants in the MACMH program are slightly more likely to have a most serious current charge that is a drug or alcohol related offense (about 32% vs. 23% for comparison group cases) and are less likely to have DUI charge as their most serious current offense (about 9% versus about 19% for the comparison group). However, other crime types are generally similar between the two groups (e.g., about 15% of each group has a most serious current offense involving theft or burglary). About 45% (n=105) of the MACMH group has been identified with a qualifying diagnosis (i.e., Major Depression, Schizophrenia Disorders or Bipolar Mood Disorder).

**Treatment and Support Services Received**

As noted above, casework staff in the MAC program provides additional case management services to participants who suffer from one of three qualifying mental health diagnoses, with 105 participants meeting this standard. Of these 105 cases, about 72% (or 76 cases) received at least one referral from the program caseworkers to some sort of needed service (either mental health related services or some other form of social support service) during the first two quarters of 2012. Among those who received at least one referral for such services, the average number of referrals was 1.3 referrals per case, with a high of about four service referrals per case. In addition, the caseworkers also consult with defense attorneys for the participants who suffer from one of these three diagnoses. Caseworkers conducted consultations with the
attorneys for 96 of these participants (about 91%) and among those who they did consult with, the average number of consultations was 1.2 per case. Finally, casework staff also consulted with various community-based mental health providers on behalf of the participants enrolled in this program. Caseworkers consulted with mental health treatment providers on behalf of about 51% of the cases (54 cases) and among those who they did have such a consultation, the average number of such contacts was 0.8 per case. Additional detailed information about the type of specific referrals for community-based mental health and other social support services (e.g., housing, education, employment) is being collected for inclusion in future reports.

**Preliminary Outcomes**

Participants in the MACMH program during the first half of 2012 were not more likely to be released from jail into the community. Specifically, about 81% of each group was released from the jail, either after the disposition of their case or as a pretrial release. MACMH participants however were significantly more likely to have bonded out of jail (either some form of financial bond or a Personal Recognizance bond). In fact, about 57% of the MACMH participants were released from jail via bond, while only about 34% of the similar comparison sample of defendants was released on bond. This may reflect some increased willingness on the part of the courts to release individuals involved in the MACMH program. Among those defendants released to the community, MACMH participants had stayed an average of 18.9 days in jail (from arrest to release date) while defendants in the comparison sample spent an average of 17.3 days in jail, however this difference was not statistically significant.

Overall, during the first two quarters of 2012, MACMH participants do not appear to be released to the community more quickly than do other similar offenders, however the MACMH participants were released to the community about 7 days sooner (16.6 days) during the second quarter than the first (about 23 days). This difference however is not statistically significant. Thus, it may be that as the MACMH program improved its procedures for identifying, assessing and admitting mentally ill jail inmates, the time these individuals spent in the jail has decreased. Ongoing analyses of additional months of data for program participants will be help determine whether the MACMH program is shortening the amount of time that mentally ill arrestees spend in jail. If there are significant reductions in the amount of time in jail, additional cost analyses can also be used to determine how much is saved (i.e., housing costs, psychiatric medications) from these avoided jail days.

Among those individuals released to the community (either pre-trial or post-disposition) during the first half of 2012, MACMH participants were more likely to return to jail (about 42%) than were members of the comparison group (about 30%) and this difference was statistically significant. MACMH participants, however were no more likely to return to jail for a new crime (about 51% of those who returned to jail were for a new charge) than were members of the comparison group (about 53% of those returned were for new charges). It is common for individuals released to community-based correctional programs involving increased criminal justice supervision to experience higher rates of technical violations, as an artifact of their having been more closely supervised than individuals released without enhanced supervision. In the case of the MACMH program, many felony level offenders are assigned to a specialized probation program for mentally ill offenders. Likewise, many misdemeanor offenders involved
in the MACMH program also experience enhanced bond conditions as a result of their program participation. Given that MACMH participants do not appear any more likely to return to jail for new crimes, it is possible that increased rates of return to jail simply reflect the fact that they are subject to more scrutiny as part of the MACMH program than are similar mentally ill offenders not engaged in this program.

While MACMH participants were more likely to return to jail than defendants in the comparison group, MACMH participants did spend about 12 days longer in the community before returning to jail than did the comparison group (about 74 days vs. 62 days), however this difference was not statistically significant. The fact that this relatively sizable difference fails to reach statistical significance may be due to the relatively small number of cases involved, which reduces the ability of statistical testing to detect meaningful between-group differences. Again, ongoing analysis of additional months of data for these two samples will be used to determine whether this difference (about 12 days at this point) can be credibly attributed to the efforts of the MACMH program.

As of October 23, 2012, approximately 45% of the 233 MAC participants (n=104) who entered the program in the first two quarters of the year had received a disposition for their current charges. This rate of case disposition was not significantly different from that of the non-MAC, comparison sample, in which 102 of 214 (about 48%) had received a disposition. While MAC program participants were not more likely to have had their case disposed of than were similar non-MAC defendants, it took about 3 weeks longer (18 days on average) for MAC program participants to have the case disposed of (53 days vs. 35 days, respectively) than it did for non-MAC defendants, and this difference was statistically significant.

**Evaluation Status**

Program evaluation efforts related to the MACMH program are ongoing in several areas. First, SHSU researchers will receive additional program data for the third quarter of 2012 on or before October 31, 2012. The researchers will then “clean” this data so that additional analyses along the lines of those presented in this report can be generated for the up-to-date sample. Additionally, data is being collected related to the criminal histories of participants in the MACMH program, as well as the comparison sample of similar non-MACMH defendants. This information is important as it will be used to control for criminal propensity in later recidivism analyses. Similarly, the SHSU research staff members are awaiting specific clinical diagnoses for those defendants in the non-MACMH comparison sample so that more thorough comparisons of the two groups can be made in terms of particular mental illnesses, as this information is not immediately available from the TLETS CCQ system. This information will also be useful as a control variable in later recidivism analyses examining the impact of the MACMH on this outcome measure.

The tentative plan at this point is to examine defendants from the MACMH and comparison samples through the first three quarters of 2012 and compare their the recidivism rates at least 6 months (and preferably 12 months) after the disposition of their current case in order to see if participation in the MACMH program has any impact on the likelihood of being re-arrested for any type of offense in the state of Texas.
Near the end of calendar year 2012, the SHSU researchers will also field a survey of the defense attorneys participating in the MACMH program to assess their perceptions of and satisfaction with the program. Information from these surveys will be included in the first year annual report on the evaluation of the MACMH program. Finally, additional data collection is underway to document the delivery of clinical and social support services to program participants by the casework staff of the MACMH program. Descriptive information on these referral and case management services will also be included in the first year annual report.