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Decreasing Recidivism by Creating New Choices: Monterey County's Adult Criminal Mental Health Court

Amanda L. Briseño, MA, MFT

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Abstract

It is estimated that 16% of adults in state prisons, and 17% in jails have a serious mental illness (Council of State Governments, 2012, p. 6). Considering severely mentally ill inmates have an 80% chance of returning ("Incarcerated Mentally Ill", n.d.), some communities have chosen to find a way to reduce that rate of recidivism. In Monterey County, that way may be the adult criminal mental health court, Creating New Choices (CNC). A review of relevant literature has identified courts of its kind as effective in doing so, and in order to determine if CNC does reduce recidivism rates key informants were interviewed: Monterey County Superior Court Judges: the Honorable Russell Scott, the Honorable Sam Lavorato, Jr., the Honorable Albert Maldonado; Deputy Probation Officer Leonel Oliveira; Behavioral Health Program Manager Lynn Maddock and Behavioral Health Social Worker Manuela Reyes. Surveys were emailed to personnel from counties of similar size to Monterey County: Placer, Tulare, Santa Barbara, Solano, Sonoma, and Santa Barbara. Data from Monterey County Health Department and a public justice related website was collected on number of participants in CNC including program completion status and criminal charges received post-entry to the program. The results of this study have shown quantitatively as well as experientially that the purpose of the mental health court in Monterey County is being fulfilled. The rate of recidivism of the mentally ill offenders (MIO) is lower than the state average for both CNC participants and graduates, and this success is likely attributed to the combinations of services offered as well as the collaborations among Monterey County Probation, Superior Court and Behavioral Health. Recommendations include expanding the program to reach more mentally ill offenders, and implementing a better

tracking system so data is readily available. Future research should include looking at "best practices" as well as interviewing clients and their caregivers for first-hand accounts of what works and what does not in the program. This information is also useful for the program collaborators; Probation, Court and Behavioral Health, to see the usefulness of the program as well as validation for the front line staff that their hard work with the clients is paying off.

Chapter 1: Introduction

According to the Treatment Advocacy Center's 2014 report, *The Treatment of Persons with Mental Illness in Prisons and Jail*, there were "estimated to be 356,268 inmates with severe mental illness (p. 6)" in 2012 in jail and prison(severe mental illnesses are the major thought and mood disorders, namely Schizophrenia and Bipolar disorders). This is 10 times the number of mentally ill persons in state hospitals. They do not receive adequate treatment while incarcerated, and those in charge of them are not trained to care for their needs (p. 10). Many times mentally ill prisoners remain incarcerated longer, cause behavioral problems (p. 14), are disproportionately abused, become much sicker (p.15), and cost much more than other prisoners, mainly due to medication costs (p. 17). They are also more likely to recidivate and return to jail than those without mental illness (p.18). In response to this information and

> to increase public safety, facilitate participation in effective mental health and substance abuse treatment, improve the quality of life for people with mental illnesses charged with crimes, and make more effective use of limited criminal justice and mental health resources ("Improving Reponses", 2007, p.vii)

many communities have implemented mental health courts.

Common elements of these courts include

> a specialized court docket, which employs a problem-solving approach to court processing ..., Judicially supervised, community-based treatment plans for each defendant participating in the court which a team of court staff and mental health professionals design and implement, regular status hearings at which... incentives are offered ... and sanctions are imposed,... [and] criteria define a participant's completion of the program ("Improving Reponses", 2007, p. vii).

Monterey County has implemented such a mental health court, known as Creating New Choices (CNC). It is a collaborative agreement between the Superior Court, Probation Department, Sheriff's Office, the Department of Behavioral Health,

District Attorney's Office, and Public Defender's Office. It is aimed at reducing the repetitive cycle of arrest and incarceration for defendants who have serious mental disorders ("Mental Health", n.d.). CNC's day-to-day program consists of 1 probation officer, and 6 behavioral health staff of various training from peer support to licensed clinical staff. Clients who meet eligibility criteria (see Appendix A), and want to be in the program, are sentenced to a probation term of 3 years. During the 3 years, the "full dose" of treatment includes securing benefits (Social Security, Medi-Cal), housing (board and care, supported living environment), 10-12 group sessions a week (cognitive-behavioral therapy, Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings, social skills, wellness and recovery), one-on-one therapy sessions, medication management by a staff psychiatrist, support with physical healthcare, as well as education or employment services. Clients are provided with a phone number they can call afterhours/weekends to speak with a CNC staff member if they need help or support. This on-call line is also used by staff to call and check-in with clients after hours and on weekends if they have been increasingly symptomatic, had a recent medication change, or just need some kind of additional support. Behavioral Health and Probation staff meets with clients one time a week at a minimum, and utilize praise and encouragement to help the clients succeed. Clients appear before the court approximately once a month where a report is given on the record about their progress. If they are doing well in their program, the Judge, District Attorney and Public Defender offer praise, and if they are struggling, they are offered encouragement. Sanctions, i.e. violations of probation, incarceration, etc. are used as a last resort.

According to the Bureau of Justice Assistance, not only do mental health courts resolve cases more quickly, enhance agency communication, oversee services for MIO, and decrease jail time, the attribute most germane to this study is that the mental health courts "may contribute to lower rates of recidivism" ("What Have We Learned", n.d.).

This research for this project was conducted to determine if the CNC program is an effective program in reducing recidivism of the mentally ill offender program participants in Monterey County. Additionally, it was chosen by this researcher as a kind of internal audit. At the beginning of this project, this researcher had only been supervising CNC for 5 months. This seemed the perfect opportunity to see if the program was, in fact, doing what everyone was saying it was meant to do. It was also an opportunity to get feedback on what is working and what could be improved upon. From this aspect, the research has been extremely valuable, not only in validating the hard work put in by this team day in and day out, but the research has really sparked an interest in finding more interventions proven helpful and beneficial for the program participants.

Chapter 2: Review of Literature:

Due to the high numbers of MIO in the nation's jails and prisons, it is important to have an understanding of who they are, and how they fair in the criminal justice system.

Christine M. Sarteschi, in *Mentally Ill Offenders Involved with the US Criminal Justice System: A Synthesis* gathered various governmental reports and literature reviews to give the reader a detailed picture of the mentally ill offender. She reports a "commonly accepted estimate of prevalence would indicate that half or more of all incarcerated prisoners have mental health problems" (2013, p.3). She goes on to report that it is not just mental health issues they are dealing with, but MIO with an incarceration history are more likely to also have significant medical issues including infectious disease, skin and blood disorders, and injuries (p.4). There is very little mental health treatment provided in jail, and for those that are recipients of treatment it is primarily medication only. In her research, she found that not only is the MIO not getting treatment, but the conditions in jails and prisons can make their conditions worse. They are easy targets for abuse and "more likely to be charged with breaking a facility rule, or verbally or physically assaulting correctional staff when compared with non-mentally ill offenders" (p.7).

The high levels of recidivism with this population are not only related to their mental illness. In *Factors associated with Recidivism among Offenders with Mental Illness*, Castillo and Alarid (2011) found that those with the following characteristics: alcohol problems, extensive criminal histories, medication non-adherence, males, single, family dysfunction, anti-social personality disorder, and previous hospitalizations were more likely to recidivate. Laura Hult, a psychotherapist published on the Scientific

Blogging website, Science 2.0, provides a picture of what else may be lacking with MIO based on interviews with corrections officers (2010). Of the MIO with whom they work, they see "a pervasive lack of basic life and social skills..., the inability to communicate effectively.... [and] poor to virtually nonexistent self-regulation of impulses and emotions" (p.1).

Taking into consideration the make-up of the MIO as well as additional characteristics that lead to high levels of recidivism, the research focuses on a few key interventions that target criminogenic thinking and social skills. The present research says that Cognitive-Behavioral Therapy can be highly effective with justice-involved populations and this has translated well to those with mental illness as well (2013, p.2). Castillo and Alarid (2013) agree that interventions that "were created or adapted to specifically target the thoughts, feelings and behaviors associated with criminal justice contact" (p. 723) including addressing substance abuse, education, housing, family and employment are paramount to success (Skeem, et.al., 2011). Sarteschi (2013) recommends Cognitive Behavioral Therapy (CBT), and problem skills training (i.e. Thinking for a Change), as well as programs that address poverty, homelessness and substance abuse. Programs that address intra-personal as well as inter-personal skills are likely to be more effective including Thinking for a Change, Moral Reconation Therapy, and Reasoning and Rehabilitation to name a few. Along these same lines, Skeem, Manchak, & Peterson suggest that to help the offender be successful, "the focus must be expanded beyond linkage with psychiatric treatment" (p. 120). They go on to provide a review of various cognitive behavioral group treatment programs to "reduce criminal thinking and build pro-social skills" (p. 121). In *Reducing Criminal*

Recidivism for Justice-Involved Persons with Mental Illness, Rotter and Carr review a recidivism-targeted intervention called, Risk/Needs/Responsibility (RNR) which endorses assessing the offender's risk level for re-offense, need associated with criminality and what method the offender may be most responsive to. As a basic tenet of mental health service implementation, individualizing services for each program participant can be very successful.

In addition to specific groups or curriculum that are shown to be effective at reducing recidivism rates with MIO, Sarteschi (2013) believes the focus for MIO is prevention and diversion; diversion from incarceration and into treatment. She gives suggestions for law enforcement and emergency responders, and has found mental health courts to have "shown great promise" (p.9) but are not available everywhere. She encourages change as "MIO are constitutionally guaranteed basic mental health treatment...that...is not being adequately fulfilled" (p.1). Castillo and Alarid (2011) also propose outpatient programs that include mental health treatment and medication compliance help reduce recidivism. They recommend a full-time co-occurring disorder specialist in the residential treatment program to help lower recidivism rates (p.111). By treating the MIO in an environment with probation officers or others with some specific training in mental health, those who experience increased mental health symptoms or medication side effects can be offered "problem-solving strategies that do not necessarily involve revocation" (p. 100).

Hult (2010), Cosden, Ellens, Schnell, Yamini-Diouf & Wolfe (2003) recommend intensive case management. This, along with a mental health court can "effectively help clients improve their quality of life, reduce distress, and engage in fewer new criminal

activities" (2003, p.426). Cosden, et.al. conclude that "participants in the Mental Health Treatment Court (MHTC) demonstrated greater gain in terms of developing independent living skills and reducing their problems with drugs" (p.424). The program also used jail time in a therapeutic manner to protect, stabilize or punish.

DeMatteo, LaDuke, Locklair & Heilbrun (2013), recommend that programs include active substance abuse treatment and address criminogenic needs. They recommend for greatest likelihood of success, the participants of the program are given the "full dose" of treatment, and stay till completion. Lamb & Weinberger agree both mental illness and substance abuse must be addressed (2008, p. 723). They also contend that having the MIO return to court several times can have good outcomes including a decrease in psychiatric hospitalizations, arrests, violence and homelessness. They recommend programs include treatment staff, court staff, probation, and case management with individualized treatment plans. The program will assist in adding structure to the MIO lives and provide them with treatment, finding appropriate living situation, funds, vocational rehab, aid in controlling symptoms with medication, and teach anger management (p.723). Because adherence, to the program and medications, is essential to success, the courts can help keep the MIO compliant with services to reduce risk of non-compliance.

Desmond and Lenz (2010) offer research that shows many of the above suggestions to be cost-effective alternatives to incarceration and significantly reduced recidivism in participants (p. 529). Their research was conducted on a program in Eau Claire County, Wisconsin where their target population was defendants who have a major mental illness that contributed significantly to their criminal behavior, which would

be reduced with treatment (2010, p.527). The six principal elements of the program were: mental health evaluation; reduction or elimination of substance abuse by the participant; obtain government financial benefits; physical health care; housing; and employment.

Mental Health Court Outcomes: A Comparison of Re-Arrest and Re-Arrest Severity Between Mental Health Court and Traditional Court Participants, Moore & Hiday found a "full dose" of mental health treatment and court monitoring produce fewer re-arrests (2006, p. 659). The combination of treatment, services, structure, supervision, and encouragement under court monitoring for a sustained time is what is predicted to reduce recidivism (662).

According to the Bureau of Justice Assistance "mental health courts have shown positive outcomes related to treatment and satisfaction with the process" ("What have we learned" p. 1), and most germane to this study, "studies show that MHC... may contribute to lower rates of recidivism" (p.2).

The way the court itself is run is significant as well and as DeMatteo, LaDuke, Locklair & Heilbrun (2013) found, traditional court proceedings do not lead to meaningful improvement in recidivism for mentally ill offenders. They found that mental health courts, utilizing a tool called "therapeutic jurisprudence", in which the court is an active agent in the defendant's treatment (2013, p. 67)" have fewer subsequent arrests for participants than before participation.

McNiel & Binder in, *Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence*, through a retrospective observational design, found Mental Health Courts can "reduce recidivism and violence by people with mental disorders who

are involved in the criminal justice system (2007, p.1)". Their data shows that mental health court participants charged with new crimes was 26% lower than those who received treatment as usual (TAU) (p. 5). Those charged with new *violent* crimes was 55% lower. Graduates of the mental health court were charged with new crimes 34 times out of 100 versus 56 out of 100 for TAU by 18 months. For new violent crimes the data showed 6 out of 100 mental health court graduates versus 13 out of 100 recipients of TAU (p.5). Hiday and Ray (2010) conducted a study of 99 defendants and found those who participated in mental health courts significantly reduced recidivism. They found that those who graduated were much less likely to be rearrested, and this likelihood lasted for a sustained period of time.

Not all of the research, however, found that the recidivism rates were statistically significant. In the 2010 article, *Assessing the Effectiveness of Mental Health Courts*, findings suggest mental health courts are effective but the assertion is not definitive. Additionally, Goodale et al, "found no relationship between the type of treatment and whether the MHC (mental health court) participants were rearrested. Treatment may decrease symptoms and improve quality of life, but it appears not to have a direct effect on reducing recidivism" (2010, p. 299).

Many articles reviewed for this study found positive results with mental health courts, or joint programs between mental health services and the justice system. However, some articles found this relationship as likely futile if not harmful for mentally ill offenders.

Skeem, Manchak, & Peterson, have found that programs like mental health courts that "focus on psychiatric services may poorly match the policy goal of reducing

recidivism" (2011, p. 110). They have found that only a small number of mentally ill offenders in the justice system committed their crimes solely because of their mental illness. Rotter and Carr contend that criminal behavioral is related to mental illness in "fewer than 10% of offenses" (2010, p. 724). The higher recidivism rates for the mentally ill offender cannot then be attributed to mental health symptoms, according to the authors, but because these other factors (homelessness, poverty, etc.) have not been addressed. Skeem et al., also contend that if mentally ill offenders are more closely supervised, they are likely to pick up new charges or violations of probation because they are being watched so closely. Additionally, those who may take a more paternalistic view of the offender may put them in jail more readily if they are emotionally unstable. While some research has shown those who participate in programs like mental health courts, and have been successful, these authors conclude that it is not the mental health focus that reduced recidivism, but the positive relationship building with those supervising them and the skills taught through evidenced-based corrections (2011, p.121).

Luskin (2012) takes a look at the Mental Health Court in Marion County, Indiana. She identifies the purpose of mental health courts as to provide mental health services to those who were not receiving treatment and therefore becoming involved in the legal system. She studied defendants as they were entering the program, as well as those with similar mental health diagnoses who were not referred to see if, in fact, those in the program have not been served prior, and those not in the program were underserved.

She found that at baseline, services did not differ much among defendants, but 6 months later those in the program had an increased number of case management

services. For both groups, the number of inpatient services decreased. This she attributed to "a mental health crisis having precipitated criminal justice contact with a return to more typical, less intense needs after treatment (2012, p. 259)."

She concludes that mental health courts do not "give defendants something more or different in treatment than what they were receiving before or from what they would have received, if they were in the regular criminal court (p. 265)."

This is relevant to the study of the effectiveness of the mental health court system in Monterey County. It provides a cautionary reminder that when studying effectiveness of services, one must be sure that success is attributed to those specific services in that specific program, and not what would have occurred anyway.

Chapter 3: Research Methods

Research question: Does the Creating New Choices (CNC) program reduce recidivism?

Research statement: Monterey County's adult criminal mental health court has reduced the rate of recidivism for mentally ill offender (MIO) program participants.

Independent variable: Monterey County's adult criminal mental health court, also known as Creating New Choices (CNC).

Dependent variable: Reduced the rate of recidivism for mental ill offender (MIO) program participants.

Operational definitions: To clarify the concepts named in the hypothesis, each of the key elements will be further defined:

"Adult criminal mental health court, also known as Creating New Choices (CNC)"

> is a collaborative agreement between the Superior Court, Probation Department, Sheriff's Office, the Department of Behavioral Health, District Attorney's Office, and Public Defender's Office, aimed at reducing the repetitive cycle of arrest and incarceration for defendants who have serious mental disorders ("Mental Health", n.d.).

"Reduced the rate of recidivism" is defined according to the Counsel on Mentally Ill Offenders (COMIO) which states "there is an estimated 80% recidivism rate for prisoners with severe mental illness" ("Incarcerated Mentally", n.d.). For the purpose of this study, recidivism refers to criminal charges obtained after admission to CNC program (civil charges, violations of probation, small claims and traffic infractions were not counted). This will represent a 20% or greater projected reduction of recidivism rates for the program participants as compared to the COMIO estimate based on state norms. In other words, having an average recidivism rate of 60% or less would support the research statement.

"Mentally Ill Offender/participant" is based on the eligibility criteria for the CNC program. To be eligible for the program, the offender:

- Has a primary diagnosis of Schizophrenia, Schizoaffective Disorder or Bipolar Disorder
- Has one arrest or violation of probation
- Has SSI/MediCal (or will likely qualify for such benefits)
- Must reside in Monterey County, be a US citizen or possess a permanent resident alien card
- Voluntarily agrees to participate

Exclusionary criteria for entrance into the program include:

- Serious and violent felonies as defined in Penal Code Sections 667.5(c) and Penal Code sections 1192.7(c) and 1192.8.
- Gang or Sex offenses
- Substance abuse as primary diagnosis
- Parolees
- Organic brain disorders such as traumatic brain injury or dementia
- Developmentally disabled/SARC clients

(for full eligibility criteria, see Appendix A)

The *"Program"* is a three year probation commitment that includes working with

> a multi-disciplinary team consisting of a Forensic Supervisor, Psychiatric Social Workers, a Behavioral Health Aide, a Probation Officer and a Psychiatrist, all of whom work together in developing individualized, comprehensive treatment plans, providing intensive mental health and dual-diagnosis treatment, 24/7 support services, probation supervision, housing and benefit assistance, transportation, vocational and educational services (such as cognitive skills training and anger/stress management training), medication

management/compliance and connections to community resources ("Mental Health", n.d.).

In an effort to obtain data to answer the research question, survey questions were created and then formatted using www.surveymonkey.com. The survey (see Appendix B) was sent to personnel from the 6 California counties closest in size to Monterey County. These counties are Sonoma, Tulare, Santa Barbara, Solano, Placer and Stanislaus. The survey was emailed utilizing email addresses obtained from a contact list available on the Substance Abuse and Mental Health Services Administration (SAMHSA) website, as well as those gathered from individual county websites. Recipients included staff from the courts, behavioral health and probation in the various counties. A total of twelve emails were sent along with the request, "I would also appreciate if you could pass the survey along to any others involved in your program; court officers, behavioral health workers, probation officers, etc."

Data was gathered from key informant interviews. Key interviews were conducted with the Honorable Russell Scott, the Honorable Sam Lavorato, Jr., the Honorable Albert Maldonado, Deputy Probation Officer Leonel Oliveira, Behavioral Health Program Manager Lynn Maddock and Behavioral Health Social Worker Manuela Reyes. They were each given the following directions: "Many of the questions include percentages for rates of recidivism. I'm not looking for you to have the data –that's part of what I'm collecting - but rather your experience having presided over/or worked within the program. What would be your educated guess/opinion based on your knowledge and experience working directly with Monterey County CNC".

They were provided the following questions:

1. Please describe your role (past/present) with Monterey County's adult criminal mental health court
2. According to the California Department of Corrections and Rehabilitation, severely mentally ill inmates have an 80% chance of being re-incarcerated. Is this reflective of what you have seen in your years on the bench/in your work in Monterey County?
3. Do you believe the recidivism rate of mentally ill offenders has decreased with their participation in the CNC program?
4. If yes, what specific aspects of CNC do you see as most effective in decreasing recidivism rates?
5. What do you believe is the recidivism rate for CNC program participants? 0-20%? 30-40%? 50-70%? 80%-100%
6. What do you believe is the recidivism rate for CNC program graduates? 0-20%? 30-40%? 50-70%? 80%-100%
7. What are some suggestions for program improvement?

The interview was then conducted. 4 were in person, and 2 were over the phone.

The researcher is a licensed Marriage and Family Therapist, and Unit Supervisor of the Creating New Choices Program in Monterey County Behavioral Health. This research is not being commissioned or endorsed by the County of Monterey in any way; however permission was received from Program Managers (Forensic and Quality Improvement) to include non-identifiable information on CNC participants. Because this writer has access to program participant information as part of current job duties, it is unlikely, should independent researchers attempt to replicate the study, that the information would be as readily available. However, mental health court and arrest records are public information.

Participants of the mental health court were identified in the electronic medical record system as having been open to the billing episodes "AS Creating New Choices FSP" and "AS Mental Health Court". This is information was only available back to 2007. Participant names and dates of birth were run through the Justice Partners

website (https://www.justicepartners.monterey.courts.ca.gov/Public/JPPublicIndex.aspx). This enabled information to be obtained on additional charges picked up by the clients. Data was collected on criminal charges. Information on violations of probation, civil charges, small claims and traffic infractions was eliminated.

Threats to the internal validity of the study can be other factors that affect recidivism rates including internal motivation, as well as changes in law or sentencing regulations. Time in jail was not controlled for which means due to someone's time in jail, they could not be at risk for rearrests. Only charges documented from a Monterey County database were used. If charges were picked up in another county, they are not counted in this study. Limitations of the data collection include issues regarding the electronic medical records. Records prior to 2009 were only available if they had been uploaded into the current system.

The impact of this study can help other jurisdictions who may be considering a mental health court to determine if it would be successful and good use of resources. Primarily this study is a useful tool for internal analysis of the Monterey County mental health court program.

Chapter 4: Results and Findings

Unfortunately there was not much of a response received from the 6 counties emailed to answer the survey. Information was only gathered from 2 of the 6 counties. A representative from Tulare County responded to the survey (see Appendix C) and shared they believe their program participants have a 21-40% recidivism rate, and their graduates 0-20%. They attributed the low rates of recidivism to "participation in treatment and various supportive services". Their program includes services such as probation supervision, assistance with education, employment, and finances. They have medication management, group and individual therapy, intensive case management, drug and alcohol counseling and a designated judge, district attorney and public defender.

Through a phone call to Solano County to gather contact information to send a survey it was discovered that although their website says that as of 2011 a mental health court is "soon to be established", one has yet to be implemented. They are equipped with a forensic mental health services team who provide group and individual therapy, psychiatric services, and case management to mentally ill clients who are referred by their probation officers. The staff member implied a mental health court is still a goal for the county. A message left for staff so additional information could be obtained was not returned.

An interview with Monterey County Superior Court Judge, the Honorable Sam Lavorato, Jr., was conducted July 8, 2014 over the telephone. In 2006, Judge Lavorato was appointed by then-Governor Arnold Schwarzenegger after years as a deputy district attorney in both Monterey and Shasta counties. He was also in private practice

for a time working in personal injury/wrongful death/elder abuse. Judge Lavorato is currently assigned to the misdemeanor trial department and misdemeanor domestic violence court. This interview was important to this study because Judge Lavorato was the presiding Judge for CNC for 3 years. It was clear throughout the interview that Judge Lavorato Jr., thinks very highly of the CNC program. He spoke of giving people chances, getting them help and teaching them skills they can use for the rest of their lives. He acknowledged the importance of stability whether it is into housing or off drugs. He believes those who participate in CNC do commit fewer crimes because they are able to gain knowledge and acceptance surrounding their issues. He summarized the benefit to the clients as;

> A lot of people that come into this court have never accomplished anything. They can come to court and show they have cleaned their room, or attended group – for some it is their first time. The payback is they become proud and productive members of society. They can incorporate all they have learned into their lives and families.

An interview with Monterey County Superior Court Judge, the Honorable Albert Maldonado, was conducted July 9, 2014 in person. He has experience as a public defender, county counsel, and in private practice. He reports having an interest in mental health and legal services since he was in law school in the 1970s. Since January 2014, he has presided over Department 10 which houses Drug Treatment Court, Criminal Mental Health (CNC), Civil Mental Health (LPS), and the appellate division. Judge Maldonado shared CNC and programs like it (drug court, etc.) reduce recidivism by providing clients with trainings, an opportunity for a paycheck, pride, redemption and self-esteem. For those who do not complete the program, or do not stop committing crimes, he attributes it to addictions and drug abuse. He shared a view

that in order to continue to help those with mental illness and in the criminal justice system, medication stabilization is a key to success. In addition, he believes the longer a person can stay in a program, the more successful they can be. He also shared a vision for more federal funding to be used for education. He remarked that instead of spending $40,000/year on prisons, the money should be spent earlier on in a person's life. Essentially he recommended the government invest the money earlier, so the costs are not as great later.

An interview with Monterey County Superior Court Judge, the Honorable Russell Scott, was conducted August 1, 2014 via telephone. Judge Scott is currently assigned to the felony trial department. Especially significant to this research, Judge Scott formerly presided over CNC. This researcher has been unable to confirm the exact years, but it is approximated that Judge Scott presided over CNC from 2005-2010. Although he denies he was solely responsible, he is often credited as the one who named the adult criminal mental health court, Creating New Choices. He agrees that CNC reduces recidivism rates. He attributes this to the team holding people accountable, building relationships, and implementing routines for participants to turn into lifestyle changes. He believes that for those who do not graduate it is often because they do not have the tools, or know how to access resources.

An interview with Monterey County Deputy Probation Officer III, Leonel Oliveira, was conducted in person July 24, 2014. Mr. Oliveira has been a probation officer with Monterey County for the past 25 years, assigned to the mental health court from its inception in 2001. He has been a part of creating various aspects of the program and was integral in the transition from services under the Mentally Ill Offender Crime

Reduction (MIOCR) program to the current Creating New Choices program. Mr. Oliveira is often referred to as a "therapeutic" probation officer (PO). Although afforded all the powers of a traditional PO he works closely with each program participant to help them succeed, and utilizes arrests, and other sanctions as a last resort. Reflecting on his 25+ years in law enforcement, he agrees that Monterey County is reflective of the California Department of Corrections and Rehabilitation in that severely mentally ill inmates have an 80% recidivism rate. He believes the program is effective in reducing recidivism rates for the participants because of the skills taught to the clients. He further attributes it to the unique role he has as the probation officer and the strong collaboration between probation, behavioral health and the court.

An interview with Monterey County Behavioral Health Social Worker III, Manuela Reyes was conducted in person July 28, 2014. Ms. Reyes has been a Social Worker III with Monterey County since 2004 and a member of the Forensic Team since 2005. She provides case management services to CNC program participants. Her job duties include helping participants apply for state and federal benefits (i.e. social security, MediCal), secure housing, budget finances, and attend medical and psychiatric appointments. She facilitates various psycho-education groups and participates on the on-call rotation; carrying the on-call phone after hours and on weekends. Ms. Reyes believes that CNC helps reduce the rate of recidivism for program participants. This she attributes to the therapeutic nature of the probation officer, and his ability to give each client the chance to succeed. She also sees a great benefit to having an on-call phone line because staff can contact the clients to check-in and perhaps keep a crisis

from occurring. These calls and frequent contact can help keep a client from going to jail or needing a psychiatric hospitalization.

An interview with Monterey County Program Services Manager, Lynn Maddock was conducted in person July 28, 2014. Ms. Maddock is a Licensed Clinical Social Worker and received her Juris Doctorate in 2007. She currently manages the forensic teams for Monterey County Behavioral Health. The teams are the Drug Treatment Court, the AB-109 team and CNC. Ms. Maddock believes CNC does help program participants reduce recidivism. She attributes this to psychiatric services, and a 'wraparound' approach that includes housing, and evidence-based practices that help someone better understand the connection between being un-medicated and poor impulse control and decisions making. She did say treating those with severe mental illness as well as substance abuse issues can be harder and can negatively affect recidivism rates. She recommends utilizing staff who really understand co-occurring disorders along with the criminal justice.

Results from the key informant interviews are:

1. Please describe your role (past/present) with Monterey County's adult criminal mental health court

- Presiding judge over CNC 2010-2013
- Current judge over CNC since 2014
- Presiding judge over CNC for 5 years from approximately 2005-2010
- Deputy Probation Officer since the beginning of the mental health court in 2001
- Social Worker III with the Forensic team since 2005
- Behavioral Health Unit Supervisor since 2007 over CNC

2. According to the California Department of Corrections and Rehabilitation, severely mentally ill inmates have an 80% chance of being re-incarcerated. Is this reflective of what you have seen in your years on the bench/in your work in Monterey County?

All interviewees agreed that this is reflective of their experience in Monterey County.

3. Do you believe the recidivism rate of mentally ill offenders has decreased with their participation in the CNC program?

All interviewees agreed that the recidivism rates of mentally ill offenders did decrease.

4. If yes, what specific aspects of CNC do you see as most effective in decreasing recidivism rates?

- Structure via collaboration with court, prosecution, defense attorney, probation officer, behavioral health. The structure and education is lifelong. A lot of people that go through these courts have never accomplished anything, and they can come to court and show awards they have for cleaning their room or attending group - for some it's their first time. The payback is they become proud and productive members of society. They can incorporate this into their lives and families. Staff - in the trenches, on a day to day basis with people and in home - they are responsible for the success of clients.
- Supervision of medications, length of the program, intensity. Add meds, and mood stabilization increases - success increases.
- The team holds people accountable, relationships, routine becomes a life style, having to go to see the judge whether happy or not.
- Composite of everything is important: education and skills, role of the probation officer, unique position of the probation officer, collaboration.
- Probation giving chances, clients calling and asking for help, clients being honest. The housing piece helps as does staff check-up/ supports.
- Medication (psychiatric services), wraparound services that include housing, Evidence Based Practices that help someone better understand connection with being un-medicated, poor impulse control and poor decision making. Therapeutic court experience so people can have a positive view of court. See them (court) as parental figures and learn adaptive ways to please them, struggle is with those co-occurring disorders which are harder to treat.

5. What do you believe is the recidivism rate for CNC program participants? 0-20%? 30-40%? 50-70%? 80%-100%?

One interviewee responded 20%

Three interviewees responded 50-70%

Additional comments: closer to 50%

Two interviewees responded 80%-100%
Additional comment: because they did not have tools or resources, or they don't know how to use resources.

6. What do you believe is the recidivism rate for CNC program graduates? 0-20%? 30-40%? 50-70%? 80%-100%?

One interviewee responded 0-20%,
Additional comment: way less than 20%. They know their issues and accept themselves.

Two interviewees responded 30-40%
Additional comments: closer to 35%; They become aware of resources available and stay in touch with the resources.

Two interviews responded 50-70%

One interviewee declined to guess at a percentage, but agreed graduates would probably do better than those who did not complete the program.

7. What are some suggestions for program improvement?

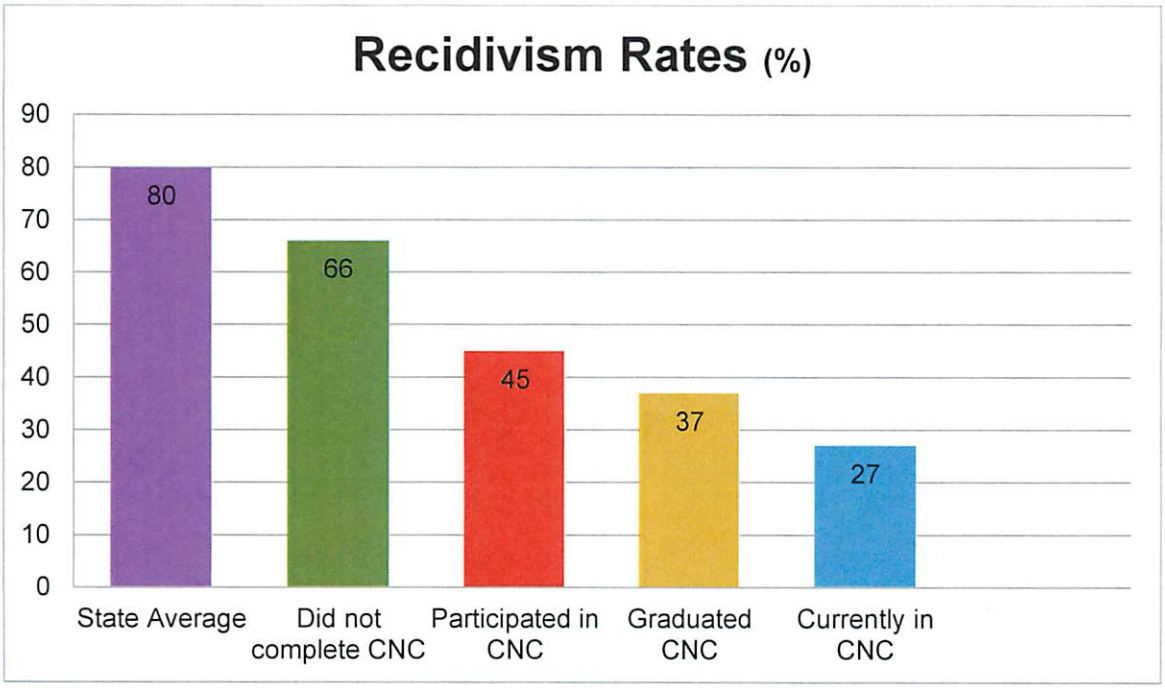
There were many different responses to this question, but all fell under a few common themes: More individuals involved (both participants and providers), more incentives for the clients. Overall, there was a resounding need more money to serve more clients. Interesting to note, there were not many changes that were mentioned, but ways to improve or expand on what is already being done.

Data obtained through Monterey County's electronic health record system, as well as the public website, www.justicepartners.monterey.courts.ca.gov revealed results based on data of 86 clients who were participants in Monterey County's adult mental health court from 2007 to the present (see chart below).

Of the eleven clients currently in the program, three clients have picked up new criminal charges since entry into the program. This is not an automatic dismissal from the program. Staff considers many factors before it is recommended that a client be terminated from services including time in the program, mental health stability,

medication compliance, and dedication to program services. Three clients out of 11 receiving new criminal charges is a recidivism rate of 27%.

There were a total of 29 clients who began the program, but did not graduate. There are many reasons they did not complete. These range from the client deciding to no longer participate, the team deciding to end services to a client, or the consequences of a new charge rendering them unavailable to continue participation (i.e. prison time). 19 of the 29 clients picked up new criminal charges following their entry in CNC. Overall, the program participants who did not graduate the program had a recidivism rate of 66%.



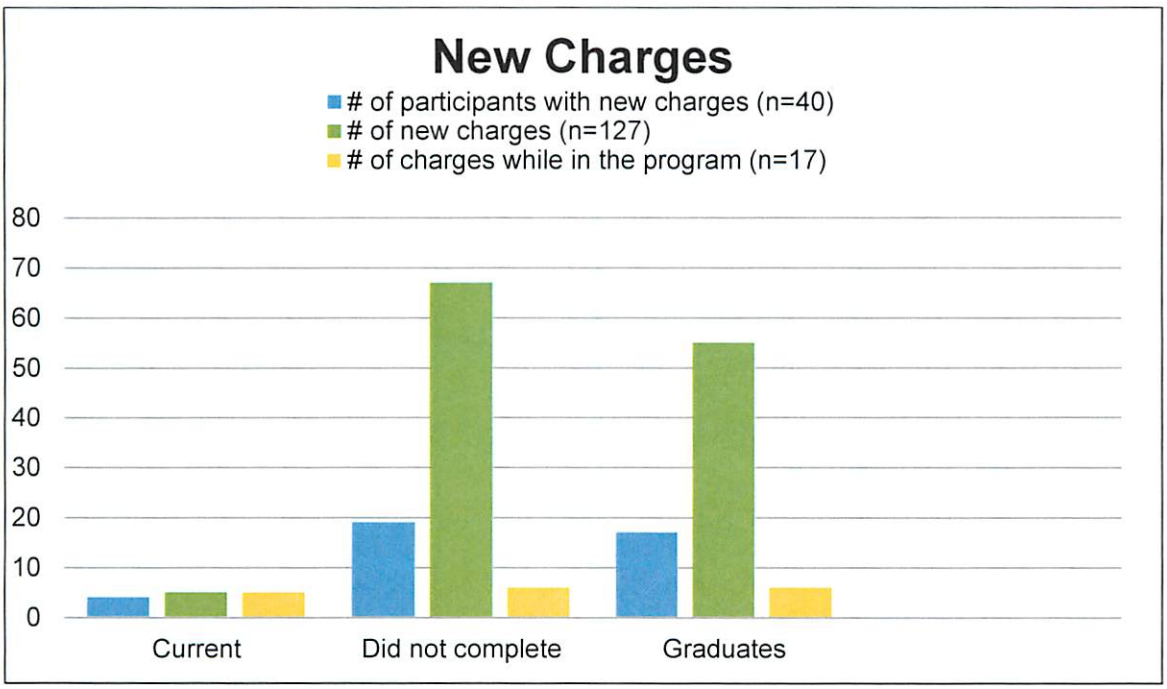
* The 'state average' in the above graph is the state recidivism rate for mentally ill offenders.

Of the 86 client cases reviewed, 46 clients successfully graduated the Creating New Choices program. Successful graduation means they completed a three year probation commitment, completed their therapy groups, and reached a level of stability on their medication and in dealing with their mental health issues. Of the 46 graduates,

17 received new criminal charges. This equates to a 37% rate of recidivism for those who graduated the program.

Adding all the clients who have participated in CNC (the 11 currently in the program, 46 who graduated and 29 who started the program but did not finish), the recidivism rate is 45% (39 recidivated out of a total of 86).

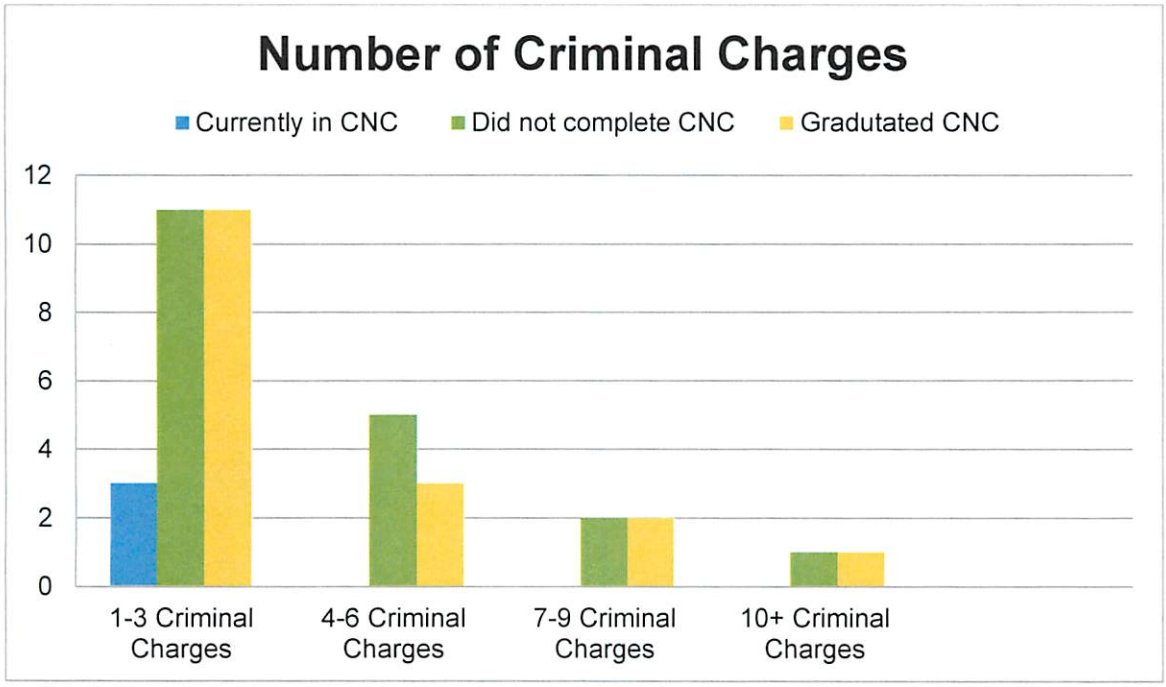
This researcher gathered information not only on the number of program participants with a criminal charge post-entry to CNC, but also on the number of criminal charges received, and if the charges were received during or post-CNC involvement. Represented in the graph below, of the three current program participants who recidivated, two clients each have one new charge; while one client has three. Due to these participants currently being in the program, 100% of these new charges occurred while they were in the program.



The 19 program participates who did not finish the program, and picked up new charges, were responsible for 67 new criminal charges. Six of these charges were

received while the participant was still enrolled in CNC. The 17 graduates who picked up new charges were responsible for 55 criminal charges. Six of these charges were picked up while still in CNC, all others were post-graduation.

The number of criminal charges post-entry to CNC was also tracked. 47% of participants (27 out of 39) who picked up new charges picked up between one and three new charges. Only one client who graduated and one client who did not graduate received more than 10 new criminal charges. The significance of this information can be explored further in future studies, but could lead to an assumption that in cases where participants did not completely eradicate criminal behavior, it was certainly lessened.



Chapter 5: Conclusions:

A. The literature provides recommendations on services to offer MIO for the best results in reducing recidivism. These services include addressing housing and financial issues, teaching basic social skills, and building supportive relationships. The literature concludes that cognitive behavioral group therapy, especially those that address criminogenic thinking may be very effective in reducing recidivism. Based on the literature review discussed in Chapter 2, CNC is providing more than adequate services. The program staff coordinates housing for clients; housing that is very specific to the client's needs. Some housing options include staff who fix meals and monitor medication, whereas others are in independent housing. Staff also work closely with clients in submitting applications for social security benefits and MediCal. These benefits ensure the client has money to pay for rent, medical and mental health services, The social worker will often work with the client on budgeting, and help them obtain a payee if they need more help managing their money, as well as assist them with shopping trips if needed. In addition to case management services, clients are also expected to attend 10-15 group sessions per week. Several of the groups are taught by program staff. These include utilizing curriculum such as SkillStreaming which teaches basic social skills, Thinking for a Change, a cognitive behavioral therapy group that also addresses criminal thinking, Seeking Safety that addresses trauma and substance abuse as well as a group creating a Wellness Recovery Action Plan (WRAP).

B. It is clear from the literature that clients reduce their recidivism significantly by finishing their program and getting a "full dose" of treatment. This is reflected in the

results found in Monterey County as well. Those who graduated the CNC program had a lower rate of recidivism by 29%.

C. The key informants all agree CNC is effective at reducing recidivism. There was a difference of opinion in how much of a reduction, as well as the key components to success. Educated guesses on the rate of recidivism for program participants (who did not complete the program) ranged from 20% - 80%, and for graduates less than 20% - 70%. They attribute the successes to collaboration between agencies, structure and education, the pride clients gain by doing well, holding clients accountable, dedication of line staff, help with housing, recognition of client accomplishments, medication stabilization, therapeutic probation supervision, on-call check-ins over the weekends or afterhours, and evidence based practices used for group curriculum.

D. For those clients who were not successful, some of the experts weighed in on those reasons as well. These reasons include that the clients did not have "buy-in", and did not have the tools or know how to utilize resources. All were asked what they would do to improve the program, and the answer time and time again, was to have more: more resources, more incentives, more staff, more money.

E. The researcher identified in Chapter 3, that "having an average recidivism rate of 60% or less would support the research statement". As shown in the chart on page 26, CNC program participates had an average rate of recidivism of 45%. This data clearly shows that Monterey County's adult criminal mental health court has reduced the rate of recidivism for mentally ill offender (MIO) program participants. The research statement has been supported.

Chapter 6: Recommendations and Future Research:

A. Recommendations:

1. Recommendations would consist of very little as far as any major program changes. It appears the program is doing well, and the clients are benefiting from what is being offered. Interventions mentioned in the literature such as Reasoning and Rehabilitation, Risk/Needs/Responsibility, and additional curriculum that utilizes Moral Reconation Therapy may increase the effectiveness of the program thereby benefiting not only the client, but the community as well. These interventions should be reviewed and considered for the CNC program.

2. In order to respond to the key informants who suggest program expansion, additional research would need to be done to determine what growth of the program would look like. For starters, how many mentally ill offenders are there in the county? How many would meet eligibility criteria for the program? Could the current staff meet the needs of additional clients? If so, how many more? If not, how many additional staff would be needed? From staffing needs to office space, there are many questions that would need to be answered. This would help to determine how much to grow the services, and where to begin with outreach and engagement. In additional, the integrity of the program would need to remain to continue providing the services that are currently working to reduce recidivism rates.

3. Creating a tracking system will be an essential task for the program supervisor. This will be particularly helpful should additional funding be requested for the program; however it is also a beneficial tool for internal program evaluation. This will help keep statistics and trends current. The National Center for State Courts

created a tool designed to track 14 performance measures to monitor the performance of mental health courts. In their Implementation and User Guide (2010) these performance measures are broken down into 7 key domains that include participant accountability, social functioning, case processing, collaboration, individualized and appropriate treatment, procedural fairness, aftercare/post-exit transition. This is an option for CNC administration to take advantage of as it will help collect information for day-to-day operations, as well as provide key information for accountability and fiscal considerations.

4. An additional recommendation is better communication with other California counties. A quarterly meeting or on-line forum to share ideas and problem-solve could help to enrich programs and improve success rates. Since most of the mental health courts are no longer grant driven, there is not a mandated reporting system or conference calls that often are required to the state or funding source. There would need to be motivation on the part of other program administrators for a resource like this to be sustainable.

B. Future Research:

1. With more time and additional resources, further research should be done that includes information from other counties in California. The information in regards to recidivism rates in counties of similar size to Monterey would help support the validity of this study.

2. Future research should consider gathering information from clients themselves. A research project focusing on the client perspective on the program would be fascinating, as well as informative for program improvement. A longitudinal, or

ongoing study could include interviews and surveys prior to beginning the program, at intervals throughout, and at various times post-CNC with clients and in some cases, with family members or caregivers. Although research is based on data, and administrative decisions are often based on the numbers; in the end, this is a program not just looking at reducing recidivism which affects community safety, but this is a program working with people to enrich their quality of life through symptom management outside of jails and prisons where they can, in the words of Judge Lavorato, "become proud and productive members of society".

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APPENDIX A

Eligibility for Creating New Choices (CNC) Program/Adult Mental Health Court

1. QUALIFYING DIAGNOSIS
An eligible CNC applicant must have a qualifying psychiatric diagnosis of either:
1) Schizophrenia,
2) Schizoaffective Disorder, or
3) Bipolar Disorder
•The applicant's mental illness must rise to the level that qualifies for Medi-cal and Social Security disability benefits based on inability to work for a year or more.

2. LEGAL STATUS/CHARGES
•Applicants must have one arrest or a violation of probation (VOP) on an existing probation grant.
•Charges may be misdemeanor, felony or a violation of probation.

3. BENEFIT STATUS
•Applicants must already be receiving Medi-cal and Social Security Disability, or
•are eligible for benefits based on their inability to work for a year or more due to their mental illness.

4. CITIZENSHIP/RESIDENCY
•Must reside in Monterey County,
•Must be a US Citizen, or
•Possess a permanent resident alien card/green card

5. SUBSTANCE ABUSE SECONDARY
•Eligible applicants may have a secondary diagnosis of substance abuse or dependence. Substance abuse/dependence cannot be the primary problem or presenting diagnostic issue.

6. VOLUNTARY STATUS
•Agree to participate in the program
•Must be eligible for placement on formal probation, and
•Sign a consent allowing all agencies involved to coordinate services.

7. EXCLUSIONS
•Serious and violent felonies as defined in Penal Code Sections 667.5(c) and Penal Code Sections 1192.7(c) and 1192.8.
•Gang offenses or sex offenses
•Substance abuse or dependence as a primary diagnosis
•Parolees
•Organic brain disorders such as traumatic brain injury, dementia, ADHD
•Developmentally disable/San Andreas Regional Center (SARC) clients
•Post Traumatic Stress Disorder, depression, personality disorders as primary diagnoses

8. REFERRAL PROCESS
•Referrals should be calendared for CNC court in Department 10 at 2pm on Fridays
•Referral packet and supporting documentation should be submitted at the first hearing in Department 10

APPENDIX B

PAGE 1

Q1: In what year was your mental health court established?

Q2: Do your program participants have charges that are: (please check all that apply)

- Misdemeanors
- Felonies

Q3: Please check those services offered to your program participants

---

- Probation supervision
- Assistance with Education
- Assistance with employment
- Assistance with finances (i.e. benefits, payeeship)
- Designated mental health court judge, district attorney, public defender
- Medication management
- Group therapy
- Individual therapy
- Intensive case management
- Drug and Alcohol counseling
- On-call services
- Other (please specify)
-

Q4: Approximately how many clients do you serve at one time?

Q5: Approximately how many months do clients participate in your program?

Q6: Has the recidivism rate of mentally ill offenders decreased with participation in your program?
Yes
No
Unknown

Q7: If "Yes" to #7, to what do you attribute the decrease?

Q8: If "no", please explain why you believe it has not decreased:

Q9: According to the California Department of Corrections and Rehabilitation, severely mentally ill inmates have an 80% chance of being re-incarcerated.

- **Do you believe your program participants have an 80% recidivism rate?**
- **Does this differ from the recidivism rates of your graduates?**
- **What do you believe is the recidivism rate for your program participants? 0-20%? 21-40%? 41-60%? 61-80%? 81-100%?**
- **What do you believe is the recidivism rate for your program graduates? 0-20%? 21-40%? 41-60%? 61-80%? 81-100%?**

Q10: Please tell me which county you represent and your relationship to the mental health court. Please add any other additional information on your program you wish to share. (If you would prefer your responses remain confidential, please indicate that here).

APPENDIX C

COMPLETE

- **Collector:** New Web Link (Web Link)
- **Started:** Monday, July 14, 2014 12:50:21 PM
- **Last Modified:** Monday, July 14, 2014 2:40:59 PM
- **Time Spent:** 01:50:38
- **IP Address:** 209.78.90.7

PAGE 1

Q1: **In what year was your mental health court established?**

2008

Q2: **Do your program participants have charges that are: (please check all that apply)**

- Misdemeanors
- Felonies

Q3: **Please check those services offered to your program participants**

- Probation supervision
- Assistance with Education
- Assistance with employment
- Assistance with finances (i.e. benefits, payeeship)
- Designated mental health court judge, district attorney, public defender
- Medication management
- Group therapy
- Individual therapy
- Intensive case management
- Drug and Alcohol counseling

Q4: **Approximately how many clients do you serve at one time?**

40

Q5: **Approximately how many months do clients participate in your program?**

21

Q6: **Has the recidivism rate of mentally ill offenders decreased with participation in your program?**

- Yes

Q7: **If "Yes" to #7, to what do you attribute the decrease?**

Patricipation in treatment and various supportive services.

Q8: **If "no", please explain why you believe it has not decreased:**

Respondent skipped this question

Q9: **According to the California Department of Corrections and Rehabilitation, severely mentally ill inmates have an 80% chance of being re-incarcerated.**

- Do you believe your program participants have an 80% recidivism rate? No
- Does this differ from the recidivism rates of your graduates? Yes
- What do you believe is the recidivism rate for your program participants? 0-20%? 21-40%? 41-60%? 61-80%? 81-100%? 21-40

- **What do you believe is the recidivism rate for your program graduates? 0-20%? 21-40%? 41-60%? 61-80%? 81-100%?** 0-20

Q10: Please tell me which county you represent and your relationship to the mental health court. Please add any other additional information on your program you wish to share. (If you would prefer your responses remain confidential, please indicate that here).

Tulare County