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**COMPARATIVE EVALUATION OF
COURT-BASED RESPONSES TO
OFFENDERS WITH MENTAL ILLNESSES**

2010-IJ-CX-0033

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FINAL SUMMARY OVERVIEW

Purpose of Study

Persons with serious mental illness (SMI) are overrepresented in the criminal justice system and criminal justice agencies have struggled for years with managing and serving this population. In recent years, probation departments have forged new collaborative relationships with mental health treatment providers and adopted problem-solving approaches in responding to the needs of people with SMI in the criminal justice system. These efforts have resulted in two prevailing court-based models for offenders with mental illnesses: mental health courts and specialized probation.

Both mental health courts and specialized probation units have experienced rapid growth over the past decade. However, most evaluation research on these programs has been criticized for studying new programs that are still in development, employing short follow up periods that are unable to examine sustained effectiveness, and utilizing less than ideal comparison conditions. In response to these methodological issues, this study employed a mixed methods comparative evaluation of three established court-based programs that serve offenders with SMI: mental health court, specialized probation, and standard probation. The primary aims of the study were to examine and compare each program's: 1)Structure; 2)Operation; and 3)Effectiveness.

Research Methods

The study was conducted in Cook County, Illinois; data were collected from three distinct court-based programs. The Cook County Felony Mental Health Court (MHC) was implemented in 2004 and serves individuals with SMI who have been arrested for nonviolent felonies. The Specialized Mental Health Probation Unit (herein "specialized probation") has been in operation in Cook County for more than 25 years and involves specially trained probation officers who supervise a reduced caseload of probationers diagnosed with SMI. The Cook County Adult Probation Department (herein "standard probation") has an active caseload of approximately 25,000 probationers, a portion of whom have SMI.

Data for the study were derived from three sources: 1) Qualitative, in-depth interviews with 26 probation officers and staff from all three programs; 2) In-depth interviews and administration of the Dual Role Relationship Inventory – Revised (DRI-R), with 98 probationers with SMI; and 3) Administrative data on 864 individuals who exited the three programs in 2008 or 2009, consisting of demographic, SMI diagnosis, and longitudinal criminal history information through 2014.

Transcribed interviews with probation staff and probationers with SMI were analyzed using grounded theory approaches, primarily grounded dimensional analysis. Probation officer interviews were coded for themes regarding beliefs about the relationship between mental illness and crime, views on the purpose of their program, and approaches used with probationers with SMI. The coding of probationer interviews focused on experiences related to having SMI and being on probation, including: the extent to which probation was involved with mental health treatment; development of awareness of mental health issues; evaluations of the programs based on subjective experiences; and the relationship dynamics between probationers and staff. Subsequent rounds of coding identified themes in areas of interest, grouped quotes by theme, and interpreted themes by comparing and contrasting programs.

For the DRI-R data, descriptive statistics were calculated and tested for differences between probation program (MHC, specialized probation, and standard probation) using chi-square and one-way analysis of variance (ANOVA) tests. The DRI-R total and subscale scores were analyzed on the basis of probation program type, using a stepwise backward elimination procedure to select additional control variables. For the administrative data, several longitudinal analysis methods were utilized, including logistic and zero-inflated negative binomial regressions estimated with generalized estimating equations and mixed effects models. Individuals who successfully completed probation and those who were terminated unsuccessfully were included in the analyses. Program-level effects were tested on arrest outcomes, controlling for demographic factors, SMI diagnosis, and successful vs. unsuccessful termination. Consistent results were found across model types and specifications.

Summary of Findings

Probation Officer Interviews

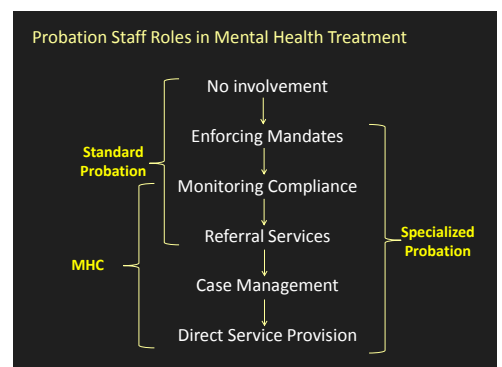
Probation officers described several perspectives on the relationship between criminal justice and mental illness, including: direct links between symptoms of SMI and criminal justice involvement; substance use and self-medicating; and environmental, individual, and multi-level risk factors. Specialized officers (from MHC and specialized probation) were more likely to attribute criminal justice involvement directly to mental illness, whereas standard probation officers endorsed individual factors such as lack of social skills and stress management. Specialized and standard probation officers alike stated that the primary purpose of probation is to monitor probationers and reduce recidivism. Specialized officers tied these purposes to providing and facilitating access to a variety of mental health services, as well as ensuring medication compliance. Standard officers

“...we walk the line between social worker as well as court employee or law enforcement. We still walk that line, but the line is wider now, and it seems like I find myself more on the side of social worker than law enforcement.” Specialized Officer

focused more solely on probation as an alternative to incarceration, and a mechanism to promote public safety.

Approaches used in supervising probationers with SMI reflected beliefs about the purpose of probation and the connection between criminal justice involvement and mental illness. Standard officers described a straight-forward approach focused mostly on enforcing probation conditions, whereas specialized officers talked about their work in more complex ways, describing the various roles that probation officers occupy. Specialized officers saw themselves as direct providers of mental health services and bridges to community treatment.

Standard officers took a “hands off” approach to mental health treatment, reflecting on their lack of familiarity and training on the subject. Officers described a continuum of involvement in facilitating mental health services, with MHC and specialized probation officers providing more direct services and referrals for treatment. Specialized probation officers discussed the greatest range on the continuum.



Specialized officers more frequently discussed their use of discretion in using sanctions and violations as a means to foster probationer compliance and treatment engagement, whereas standard officers relied on a relational approach.

Probationers with SMI Perspectives on Probation

Probationers with SMI saw probation as a “second chance” to avoid incarceration, as well as an opportunity to improve their life circumstances. Probationers in specialized programs (MHC and specialized probation) discussed probation’s role in helping them understand their mental illness and recognize the importance of mental health

“They look at you from the mental health disposition... If you just go and find a... regular judge you know he just looks at you like you’re a criminal but in mental health court he looks at... the crime you committed... but he then looks at your mental health disposition.” MHC Probationer

treatment. Although probationers with SMI in all three programs discussed many frustrations with probation supervision (i.e. lack of assistance with basic needs and excessive expectations), generally, programs with a more specialized mental health focus received more favorable evaluative comments. Probationers most consistently described MHC as being the program that was most closely tailored to their individual needs.

Importance of the Relationship between Probationers with SMI and Probation Staff

Overall, probationers scored the quality of the relationship with their probation officer quite favorably, with an average item DRI-R total score of 5.94 (on a 1-7 scale). MHC probationers rated the overall relationship with their probation officer higher than did standard probationers ($\beta=.635$, $p<.05$). Similarly, MHC participants rated the caring/fairness ($\beta=.627$, $p<.05$) and toughness ($\beta=.603$, $p<.05$) subscales more favorably than did standard probationers. Being on probation for a longer period of time was associated with lower ratings on the quality of the relationship with the probation officer. Having previously been on probation was also associated with lower scores on the DRI-R total ($\beta=-.508$, $p<.05$) as well as the caring/fairness ($\beta=-.507$, $p<.05$) and trust ($\beta=-.646$, $p<.05$) subscales.

Sample Characteristics: Probationers Participating in DRI-R and In-Depth Interviews

	Total sample (N = 98)		Standard probation (N = 30)		Mental health probation (N = 37)		Mental health court (N = 31)	
Gender								
Male	57	58%	22	73%	20	54%	15	48%
Female	41	42%	8	27%	17	46%	16	51%
Ethnicity								
African American/Black	71	73%	19	63%	31	84%	21	68%
Caucasian/White	9	9%	3	10%	0	0%	6	19%
Hispanic/Latino	10	10%	5	17%	3	8%	2	6.5%
Other/Multiracial	8	8%	3	10%	3	8%	2	6.5%
Previous probation								
Yes	45	46%	16	53%	14	38%	15	48%
No	53	54%	14	47%	23	62%	16	52%
	M	SD	M	SD	M	SD	M	SD
Age	37.55	12.19	38.5	12.42	32.27	11.87	42.94	9.83
Months on probation	12.46	10.14	11.47	13.01	12.08	10.08	13.87	6.64
Prior arrests	24.37	32.34	23.9	28.1	18.95	35.53	31.29	31.89

Qualitative analyses revealed that caring was perceived by probationers with SMI as a central relational factor – the foundation on which other relationship dimensions rested. Caring was described as a humanizing experience that allowed probationers to feel that probation officers were treating them as people with dignity and worth. If probationers had a sense that their officer cared about their well-being, they were more likely to interpret officer actions as fair, even when officers were holding them accountable to behavioral expectations. For standard probationers, fairness was

“I think--well for me with my probation officer I feel like he understands me, he knows...he knows my weaknesses, because I kind of explain it to him. And he knows my strongest points. And I just feel like as the overall, he deals with my mental health issue just as it should be treated” Specialized Probationer

typically described as officer consistency and predictability, whereas specialized probationers discussed fairness as officer flexibility and responsiveness to their individual circumstances.

Probationers in MHC describe a unique multi-relational structure with MHC staff. Because MHC probationers regularly interact with a team of staff members, including a judge, case manager, and probation officer, there is a potential for probationers to feel a more comprehensive sense of support and caring. Conversely, having to navigate relationships with several court staff can be

experienced as a challenge for MHC probationers. In these instances, probationers tended to focus on the most problematic and challenging relationships.

Support, both emotional and instrumental, was discussed more often by specialized probationers, and demonstrations of support were viewed as the officer going above and beyond the probationers' expectations. Probationers described a continuum of trust/distrust for their probation officer and staff, with standard probationers more likely to discuss a lack of trust

"Yes, um...it's like with mental health probation they're like taking you by the hand and leading you, and with other services that I worked with...it's like they let you go out in the field, and it's like, 'ok, you know right from wrong', but with mental health probation...it's more of a... 'come on, let me guide you' thing."
Specialized Probationer

for their officer because of overt authoritarianism and lack of caring. When probationers felt a level of trust with their officer, they were more likely to be engaged in mental health treatment.

Characteristics of Probationers with SMI Discharged from Probation

Examining the administrative data for probationers with SMI discharged from MHC, specialized probation, and standard probation, nearly every demographic and criminal history characteristic was significantly different among programs. MHC probationers were more likely to be African American, older, and have a primary diagnosis of schizophrenia or schizoaffective disorder than probationers in specialized or standard probation. MHC probationers also displayed the most extensive involvement with the criminal justice system prior to their current probation program, with two to three times the number of total arrests and drug arrests, and two to five times the number months incarcerated, compared with specialized and standard probationers.

Experiences of Probationers with SMI while on Probation

Rates of successful completion for each program were as follows: MHC: 56%; specialized probation: 50%; and standard probation: 63%. Average time spent on probation for each program was: MHC: 21.4 months; specialized probation: 24.7 months; and standard probation: 23.4 months. Specialized probation handled approximately 10 times the number of cases as MHC. Probationers on specialized probation were significantly more likely to be arrested while on

probation, with an average of 1.7 arrests, compared with an average of 1.1 arrests for MHC probationers and 1.0 arrests for standard probationers with SMI.

Sample Characteristics: Probationers with SMI Discharged in 2008-2009				
	Total Sample (N = 864)	Mental Health Court (N = 78)	Specialized Probation (N = 700)	Standard Probation (N = 86)
Gender				
Male	65%	54%	65%	73%
Female	35%	46%	35%	27%
Ethnicity				
African American/Black	66%	75%	68%	37%
Caucasian/White	25%	14%	23%	49%
Hispanic/Latino	9%	6.5%	9%	12%
Asian	.2%	1%	0%	1%
Other	.35%	3%	0%	1%
Age (mean, SD)	37.5 (11.9)	42.9 (10)	37.1 (11.9)	35.8 (12.5)
Education (mean, SD)	11.35 (1.95)	11.1 (1.65)	11.33 (1.93)	11.96 (2.41)
Primary Diagnosis				
Schizophrenia	19%	22%	20%	9.3%
Schizoaffective	8%	23%	6.5%	6%
Bipolar	30%	26%	30%	36%
Major Depression	21%	17%	20%	35%
PTSD	9%	5%	9%	13%
Other	12%	6%	14%	0%
Prior Arrests (mean, SD)	17.8 (23.3)	31.7 (23.6)	17.3 (23.6)	9.8 (13.3)
Prior Months Incarcerated	30.5 (73.1)	64.3 (110.6)	28.5 (69.4)	9.7 (23.2)
Prior Prison Sentence				
Yes	24%	43%	23%	13%
No	76%	57%	77%	87%

Probation Program Effects on Recidivism

In the time between discharge from probation in 2008/9 and September, 2014, average arrests for each program were: MHC: 4.4; specialized probation: 3.6; and standard probation: 2.5. MHC probationers spent the most time incarcerated post-probation, with an average of 8.7 months incarcerated, compared to 4.2 months for specialized probationers and 3.9 months for standard probationers. In the five to six years post probation, 11% of MHC probationers were sentenced to prison. Prison sentence rates were lower for specialized probationers (4.3%) and standard probationers (5.7%). After controlling for demographic and criminal history variables, no significant differences were found in the likelihood of recidivism among probationers in the three programs.

When controlling for background variables, compared with MHC, the odds of arrest post-probation were very similar for specialized probationers (OR: 1.03, 95% C.I.: .55-1.9) and standard probationers (OR: .82, 95% C.I.: .37-1.8). Significant predictors of lower odds of arrest post-probation were successful probation completion (OR: .51, 95% C.I.: .36-.72); age (OR: .95, 95% C.I.: .94-.97) and amount of time on probation. Number of arrests prior to probation was associated with increased odds of arrest post-probation (OR: 1.04, 95% C.I.: 1.02-1.05).

In fully-adjusted longitudinal regression models, compared with MHC no significant difference in months incarcerated post-probation was found for specialized probationers ($\beta = -.101$, $p = .78$) or standard probationers ($\beta = .504$, $p = .32$). Successful probation completion was strongly correlated with reduced months of pre-probation incarceration ($\beta = -1.19$, $p < .0001$), as was the number of days on probation ($\beta = -.001$, $p < .01$). Months incarcerated pre-probation ($\beta = .006$, $p < .05$) and a primary diagnosis of schizophrenia or schizoaffective disorder ($\beta = .497$, $p < .001$) were associated with longer incarceration post-probation.

Discussion of Findings

The three programs examined in this study – MHC, specialized probation, and standard probation – varied significantly in their structure, operation, and probationer characteristics. MHC provided the most intensive programming and supervision, and it also served probationers with more significant criminal involvement and symptom severity. Mental health probation was a somewhat less intense program, but serves a much higher number of probationers with SMI. Standard probationers with SMI had the least intense criminal histories and mental health diagnostic severity, and the services provided to standard probationers with SMI focused little on mental health treatment. Approximately half of probationers with SMI in specialized programs failed to complete probation successfully, and unsuccessful termination was strongly associated with subsequent arrest and incarceration across programs. Though post-probation recidivism is common, frequency of arrest and length of incarceration post-program is significantly lower for probationers with SMI in

all three programs who successfully complete probation. Controlling for demographic and criminal history differences, each of the three programs had similar effects on recidivism.

Probation officers utilize a range of techniques to supervise probationers with SMI. Program differences included attention to mental health treatment, use of discretion in response to noncompliance, and views of the purposes of probation. Relational factors between probationers officers and staff appear to play a considerable role in receptiveness to probation supervision, participation in mental health treatment, and engagement in the process of behavioral change. MHC probationers report higher quality relationships than standard probationers.

Study Limitations

Although this study is one of the first to compare two specialized programs for probationers with SMI, the findings might not apply to all MHCs or specialized probation programs. Limited quantitative data were available on the clinical factors related to SMI, which limited the study's ability to assess whether programs had different effects on mental health treatment engagement and symptomology. Future research can build on this study by more closely examining the clinical impact of probation programs. Standard probationers with SMI were difficult to identify, and the SMI diagnostic information for this group was inconsistently recorded. The findings are more limited in estimating the overall effects of standard probation for persons with SMI.

Conclusions

The current investigation is one of the first empirical studies to examine two specialized programs for probationers with SMI, as well as standard probation. It is also one of a handful of studies to explore the experiences of probation staff and clients in such programs. Another strength of the study is its five years of post-probation administrative data. Court-based alternatives to incarceration for offenders with SMI demonstrate some promise in improving recidivism outcomes. However, many challenges remain, including improving successful probation engagement and completion. Local

systems that can develop a range of programs and service intensity will have better capacity to respond to the heterogeneity among offenders with SMI.

Training and support of probation officers is a critical factor in reducing the incarceration of persons with SMI. A focus on enhancing therapeutic relationship skills among court and probation staff is indicated. Additionally, training for probation officers should incorporate evidence on SMI and criminal justice involvement, and the importance of criminal risk factors as targets of rehabilitative intervention. The knowledge base on the effectiveness of specialized programs for offenders with SMI must continue to expand. Future research should explore effective mechanisms within interventions, as well as a broader range of criminal justice and mental health outcomes.

Scholarly Products Produced or In Process

- Epperson, M.W., Canada, K.E., Thompson, J.G., & Lurigio, A.J. (2014). Walking the line: Specialized and standard probation officer perspectives on supervising probationers with serious mental illnesses. *International Journal of Law & Psychiatry*, 37, 473-483.
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- Epperson, M.W., Thompson, J.G., Lurigio, A.J., Kim, S. (*Under Review*). Relationships between probationers with serious mental illnesses and probation and court staff: A mixed methods investigation.
- Epperson, Lurigio, Thompson (*In Process*). Comparative effects of specialized probation, mental health court, and standard probation on recidivism for probationers with serious mental illnesses.
- Epperson, Thompson, Lurigio (*In Process*). Pathways to criminal justice involvement for persons with serious mental illnesses.
- Epperson, Azhar, Thompson, Lurigio (*In Process*). Probationers with serious mental illnesses: Experiences in specialized and non-specialized programs.
- Epperson, Thompson, Lurigio (*In Process*). Mental health treatment coordination in specialized probation and mental health court: Perspectives from probation officers and probationers with serious mental illnesses.