

Evaluation of the Wayne County Mental Health Court

Report of Long-term Outcomes and Cost Savings

The Wayne County, Michigan, mental health court (MHC) is a problem-solving court for adults with seri-



Honorable Timothy M. Kenny offers an encouraging word to a MHC participant. Photo courtesy of the Detroit Free Press.

ous mental illness who have a history of non-violent offenses and previous failure in community supervision or mental health treatment.

The MHC admitted its first participant in April 2009. The fifth year of operation provided the opportunity to assess the long-term (one year or longer) outcomes and cost savings associated with the MHC program as those involved in the first few years of

operation were discharged or rejected from the program for one year or more.

As of 09/30/13, nearly 300 individuals were referred to the MHC and screened for eligibility. Of those screened, 199 were admitted to the MHC and 91 were rejected. Those rejected present an equivalent comparison group to assess differences between those who did and did not participate in the program. As a result, this long-term evaluation included three groups who were out of the program for one year or longer including 40 successful participants, 65 unsuccessful participants, and 45 rejected participants.

The three groups—successful, unsuccessful, rejected—were similar at assessment. Despite these similarities, those who successfully graduated from MHC had better crim-

inal justice and treatment outcomes than those who were unsuccessful or rejected from MHC. Only 18% of successful participants were sent to jail or prison in the one year post-MHC period, compared to 69% of unsuccessful and 88% of rejected participants. Successful participants incurred just 10 days of incarceration in the one year post-MHC period versus 153 days incurred by unsuccessful participants and 98 days incurred by rejected participants.

Those successfully discharged from MHC also realized better mental health outcomes. Successful participants demonstrated optimal treatment engagement by increasing use of low-level mental health services (e.g. case management and medication reviews), and thus decreasing need for high-level services (e.g. hospitalization, crisis residential).

Cost Savings Associated with MHC Participation

Reduced criminal justice involvement and use of high-level mental health treatment by MHC participants yielded significant cost savings.

Unit costs were applied to treatment and criminal

justice activities incurred by participants in the one year period beginning 12 months after discharge or rejection from MHC. Cost savings of \$22,865 and \$7,741 were achieved for each successful and unsuc-

cessful participant, respectively. Savings were driven by lower victimization and incarceration costs experienced by MHC participants. Total savings of \$1,417,740 were achieved for the one year period beginning 12 months after MHC.

Key Findings:

When compared to those unsuccessfully discharged or rejected from the MHC...

- > MHC graduates had significantly better criminal justice outcomes including lower rates of incarceration and fewer days in prison or jail following MHC.
- > MHC graduates demonstrated improved treatment engagement, increasing use of maintenance services and reducing need for crisis services.
- > MHC graduates were more likely to receive integrated mental health and substance abuse treatment, a best practice for treatment of co-occurring disorders.
- > Each graduate yields a savings of nearly \$23,000 in the 1-year period after discharge; those unsuccessfully discharged from the program still yielded a savings of nearly \$8,000 per person compared to those rejected from MHC.
- > Participation yielded total cost savings of \$1.4 million for successful and unsuccessful participants in the 1-year period beginning 12 months after discharge.
- > Findings reflect a dose-response relationship. Successful participants who received a "high-level dose" yield the best outcomes and highest cost savings. Those unsuccessfully discharged, who received a "medium-level dose", still yielded better outcomes and cost savings than those rejected from MHC.

This evaluation of the Wayne County Mental Health Court was funded by the Flinn Foundation and conducted by Sheryl Kubiak, Ph.D. (PI), Liz Tillander, LMSW, and Jessica Trudel, Michigan State University; Erin Comartin, Ph.D., Oakland University; and Juliette Roddy, Ph.D., University of Michigan Dearborn.

For a copy of the full report, please visit: <http://detroitcenter.msu.edu/>

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