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Montgomery County's Managed Assigned Counsel/Mental Health Program: Final Report (2014)

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EXECUTIVE SUMMARY

- This study examined 888 indigent, mentally ill defendants appointed to the MACMH program during January 2012 through March 31, 2013, and compared them to 915 similar defendants not appointed to the MACMH program.
- The study also surveyed 14 specially selected and trained defense attorneys who participate in the program, and 8 court coordinators/clerks who interact with the program.
- MACMH program caseworkers provided over 2,500 consultations with defendants' attorneys and over 1,500 referrals for mental health and other needed social services, during the 15 month study period (01/2012- 03/2013).
- MACMH participants were similar to the comparison group in their likelihood of being returned to the Montgomery County Jail for a new criminal charge. MACMH participants were significantly more likely to return to the Montgomery County jail for any reason (including revocation of bond).
 - Research on community-based correctional programs with an increased supervision component (like the MACMH) has commonly found that these programs result in increased levels of return to custody for violations of conditions (in this case bond conditions). It is possible that increased supervision leads to increased violation of conditions, however MACMH clients do not appear more likely to return to the jail for new criminal charges that occur within Montgomery County.
- MACMH participants who returned to the Montgomery County Jail for any reason, did remain in the community for a significantly longer period of time (70 days) than did individuals in the Comparison group (53 days), an average of 17 days. In addition, MACMH participants who were returned to the jail for a new criminal charge also remained in the community for a longer period of time (72 days) than did individuals in the Comparison group (55 days), also an average of 17 days.
- MAMCH participants were 22% less likely to be released from jail than were similar defendants not participating in the program.
 - A number of individuals in the comparison group, however, were released from jail prior to being assessed as potentially eligible for the MACMH program, because the Montgomery County jail has no mechanism, such as an on-staff clinician or a pretrial services program, in the jail for a diagnosis to be made and an assessment for program eligibility to be made before the appointment of an attorney. Some of these quickly-released individuals could have been assigned to the MACMH group had they been assessed for MH issues prior to release, so this comparison is somewhat biased toward the appearance that those in the MACMH participant group were likely to stay in the jail longer.
- MACMH participants are also 20% less likely to be released from jail through some form of bond.
 - The caveat described above also applies to this result, because many potentially MAC eligible defendants may bond out prior to being assessed for MH issues.
- MACMH felony level offenders were similar to those in the comparison group in terms of their likelihood of being rearrested somewhere in the state of Texas (using DPS data) after having been

released from the jail. Conversely, misdemeanor participants were significantly more likely to be rearrested (about 36% higher odds) based on statewide DPS data, once released.

- Among defendants who received any form of case disposition (i.e., sentence, dismissal, etc.) during the 15 month evaluation period, MACMH participants had a similar likelihood of receiving a case disposition as did those in the comparison group. Among MACMH cases which had received a disposition, it took significantly longer (about 89 days) to reach a disposition than did comparison group cases (about 75 days).
- Defense attorneys participating in the MACMH program were consistently positive about the operation of the program and the support services it provided them to aid in the defense of these mentally ill, indigent participants.
- Court coordinators and scheduling clerks were also positive about the efficiency of the MACMH program and its services to help meet the needs of mentally ill, indigent defendants.
- Recommendations include earlier assessment of indigency and mental health status prior to release from the jail, earlier assignment of defense counsel, and more extensive use of mental health diversion programs in the county.

Background

The information presented in this 2014 Final Report is based on data collected from cases during the first four quarters of 2012 and the first quarter of 2013, the first fifteen months of the MACMH program's operations. Many programs undergo substantial refinement during their early months of operation and as such, evaluation efforts often capture data reflecting program processes that are being revised as the program becomes more refined and establishes the most efficient processes. As such, the program outcomes presented in this report should be viewed as preliminary, because they reflect the program's effectiveness during the earliest stages of implementation and ongoing revision/improvement.

This Final report includes information collected on cases processed through the 2012 calendar year and January to March 2013, as well as a similar sample of indigent offenders who did not participate in the MACMH program during this timeframe. Information presented includes the background characteristics of these cases, the time these defendants 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 referrals to needed mental health treatment and other social services.

Client Identification Procedures

1. Appointment of Attorneys

In order to understand the client identification procedures and the appointment of attorneys to those clients, it is important to understand the process for the appointment of attorneys to defendants in Montgomery County. The schedule for appointment of attorneys is governed by Texas Code of Criminal Procedure Section 15.17. Pursuant to this section, the defendant is brought before a magistrate within 48 hours of arrest (in Montgomery County, this occurs within 24 hours). At this hearing, the magistrate sets the bond and informs the defendant of his right to counsel. If the defendant requests counsel be appointed, the magistrate transmits the request to the Office of Indigent Defense, which interviews the defendant by video by the end of the next working day after receiving the request for counsel if the person is still in jail at the time of the video interviews. However, if the defendant bonds out before that interview takes place, or the defendant said he did not want to be interviewed at the magistrate's hearing, but then changes his mind, the defendant will not be interviewed generally until their next court appearance. Occasionally, a defendant will come into the Office of Indigent Defense to be interviewed before their next court appearance, but most defendants wait until that next court appearance. For a felony defendant who told the magistrate that he did not want to be interviewed, but fails to bond out before his first court appearance, he can request an attorney at that first court appearance and be interviewed at that time. Sometimes, the district court in which the felony defendant's case has been filed may specifically ask the Office of Indigent Defense to

go ahead and interview the person if their first court date is approaching, they have not bonded out and they have not made a request while in the jail to be interviewed (such a request would be on an inmate request form). Further, some defendants will file inmate requests to be interviewed while still in jail.

For misdemeanor defendants who fail to bond out since their arrest during the previous week, every Friday, the county courts at law conduct a “jail docket.” Only cases filed by Noon on the Thursday before the Friday jail docket will appear on that jail docket. Otherwise, the defendant must wait until the next week’s jail docket, or until whenever the case is actually filed, in order for the case to go to court. The MACMH clients are interviewed on the same schedule as the other defendants and the MACMH is appointed at that time.

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 appointment process (outlined above) when 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 infirmary of newly booked inmates, who appear 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 generally, however, does not provide a specific diagnosis; it only provides notification that the person has previously received some kind of treatment for a mental health condition. There is no mechanism, such as an on-staff clinician or a pretrial services program, in the jail for a diagnosis to be determined before the appointment of an attorney. 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, but wishes to participate in the program in the event s/he has such a diagnosis, then the case worker makes a referral to the student clinician from Our Lady of the Lake University, who conducts an assessment. The clinical supervisor from Our Lady of the Lake University 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 part of this report’s study period (01/2012 through 03/2013). During part of the study 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.

METHODS

Much of the data related to MACMH participants and Comparison group cases was collected from county court records. For instance, information on defendant's date of arrest, release from jail, current offense, final case disposition and various demographic factors (age, race, and ethnicity) was collected from various computerized court and jail database systems. Sam Houston State University College of Criminal Justice assigned several graduate student research assistants, each working 10 to 20 hours a week at no cost to the County, who assisted MACMH program staff with the collection of needed data.

County court and MACMH program records did not contain information on defendants' criminal histories, nor information related to defendants' recidivism after their current offense. Because of this, during 2013, research staff gathered data from the Texas Department of Public Safety's criminal information system related to each defendant's prior adult arrests, as well as any officially recorded re-arrests within the state of Texas. This information was collected for all defendants in both the MACMH sample and the comparison sample. The time period for which the subjects were followed for recidivism (from the date of jail release until the individual's arrest record was checked in the DPS system) for both groups was a minimum of 12 months. For MACMH participants, the recidivism follow-up time period was an average of 403 days from jail release until research staff checked the DPS system for re-arrest data. Among those in the comparison sample the average follow-up time frame was 392 days, and this difference was not statistically significant.

In addition, the evaluators worked with MACMH program staff to develop a monthly tracking form used by case management staff to record referral and consultation activities for those defendants who were diagnosed with Bipolar Disorder, Major Depression or Schizophrenia-related disorders. SHSU's graduate research assistant(s) also abstracted information from these paper-and-pencil tracking forms into a computerized research database that was then analyzed to produce this report.

Finally, to supplement the often quantitative information collected from the computerized court/jail databases and the monthly tracking forms, SHSU researchers also developed (in consultation with MACMH program staff) a series of surveys which were then distributed to defense attorneys involved in the MACMH, as well as those scheduling clerks and court coordinators who interact with the MACMH program on a regular basis. These surveys were distributed during the end of 2012, after each group had several months experience interacting with the program so that they could report their impressions of how the MACMH was operating.

SAMPLES

Defendant Samples

During the period from January 1, 2012 through March 31, 2013, the MACMH program appointed attorneys to 888 different court cases. The evaluators from SHSU identified a sample of 915 similar cases where the defendants were not admitted to the MACMH program to use as a matched comparison sample. These “Comparison Group” defendants were also determined to be indigent and had been “flagged” by the jail for being in the TLETS CCQ system (as having received mental health treatment at some point in the past). These individuals are generally similar to the MACMH defendants in terms of their average age and racial/ethnic composition, as well as the number or prior arrests (criminal history). On the other hand, the MACMH program sample contains a smaller proportion of male defendants than does the Comparison group (see Table 1).

Table 1. Characteristics of the MACMH and Comparison Samples

Variable	MACMH Group	Comparison Group	Test Statistic
Age	32.6	33.4	$t = 1.489$
% Male	53.9	63.8	$\chi^2 = 18.193^{**}$
% White	86.0	86.5	$\chi^2 = 0.086$
% Hispanic	8.4	8.4	$\chi^2 = 0.001$
% with Any Current Felony	47.7	49.4	$\chi^2 = .492$
% with Current Drug/ Alcohol Offense	34.3	40.2	$\chi^2 = 6.738^{**}$
% with Current Violent Offense	20.5	16.3	$\chi^2 = 5.323^{**}$
% with Current Property Offense	24.1	20.9	$\chi^2 = 2.636$
Average # of Prior Arrests	4.55	4.68	$t = .527$

Statistical Significance levels: † $p < .10$, * $p < .05$, ** $p < .01$.

Specifically, the average age of a defendant in the MACMH program is 32.6 years, while for those in the comparison group the average age is 33.4 years, such that these two groups are statistically equivalent in their average ages. MACMH participants had an average of about 4.5 prior adult arrests (4.55), while those in the comparison sample had just under 5 (4.68 per offender; $t = .527$, n.s.). The MACMH group is comprised of 86.0% White defendants, while the comparison group includes 86.5% White defendants. In terms of Hispanic ethnicity, 8.4% of each group were so identified. Finally, the MACMH sample is comprised of 53.9% males, while the comparison sample is comprised of 63.8% males, such that there are significantly fewer males in the MACMH sample.

The highest charged current offense for the MACMH sample is also generally similar to that faced by defendants in the Comparison group (see Table 1). For instance, 47.7% of MACMH participants faced at least one Felony level charge, compared to 49.4% of the comparison cases, although this difference is not statistically significant. Defendants in the MACMH program are significantly *more* likely to have a violent offense as their most serious current charge (20.5% vs. 16.3%), and are significantly *less* likely to have a drug or alcohol related offense, including DUI (34.3% vs. 40.2%) than are cases in the Comparison group. The higher proportion of cases with a violent charge, and the lower proportion with a drug/alcohol offense suggest that the MACMH sample may be comprised of more serious offenders (i.e., higher risk of recidivism, more crime-related needs to be addressed) than the Comparison group. The two groups are similar in the proportion of each that is facing a property crime as the most serious current charge (24% of the MACMH and 21% of the comparison sample).

Information about the specific mental health diagnoses of most of those in the comparison group is not available for this evaluation. For instance, among 77.8% of the comparison sample, records only indicate whether the individual's name had appeared in the TLETS CCQ system. According to information provided by the MACMH program staff (and originally recorded in the TLETS CCQ system), only 12.9% of the comparison sample ($n = 118$) had a recorded diagnosis of either bipolar disorder, major depression, or some type of schizophrenic disorder. Information on the specific diagnoses for those individuals in the MACMH program however demonstrates that about 30.4% ($n=270$) of the 888 cases in the MACMH group has been identified with a qualifying diagnosis (i.e., Major Depression, Schizophrenia Disorders or Bipolar Mood Disorder), although all MACMH participants did appear in the TLETS CCQ database or were referred to the program by attorneys or courts because they were either suspected of or known to have a history of mental health issues.

Courthouse Partners

The 14 defense attorneys who are involved in the MACMH program were surveyed during December, 2012. These attorneys have all been specially screened and received relevant training in the MACMH and general issues related to the mentally ill offender from the MACMH program. On average, these attorneys have approximately 15 years of experience in criminal defense. In addition, several court coordinators/scheduling clerks were surveyed about their perceptions of the MACMH program, including seven of twelve coordinators and 1 of 3

scheduling clerks (note that one of these clerks was discharged prior to survey administration and a third was out on personal leave at that time).

RESULTS

Treatment and Support Services Received

As noted above, caseworkers in the MAC program provide additional case management services to participants who suffer from one of three qualifying mental health diagnoses, with 270 cases (30.4% of 888 total cases) identified as meeting this standard. Of these 270 cases, 164 (60.7%) were diagnosed solely with a Bipolar Disorder, while 55 (20.3%) were diagnosed with Major Depressive Disorder, and 30 (11.1%) were diagnosed with either Schizophrenia or Schizoaffective Disorders. Finally, 21 cases (7.8%) were diagnosed with some combination of these three types of disorder, with most of these (16 cases) diagnosed with Bipolar Disorder and Major Depressive Disorder. Many other participants were diagnosed with other less severe mood disorders (e.g., dysthymic disorder) and other serious mental health conditions, including Generalized Anxiety Disorder. In general then, the program seems to be successful in reaching its target population of indigent defendants who also suffer from serious mental health issues.

Table 2. Treatment and Support Services Received

Service Type	Total
Mental Health Consultations	629
Attorney Consultations	2,709
Total Referrals	1,658
Mental Health Referrals	510
Housing Referrals	213
Employment/Education Referrals	192
Social Security/Disability Insurance	65
Medicaid Referrals	57
Medical Referrals	51

Program caseworkers provided 2,709 consultations with defense attorneys during the first year of program operations and another 629 consultations with mental health providers. In addition, caseworkers provided 1,658 separate service referrals during the study period, with 510

of these specifically being for mental health services. Table 2 outlines the types of referrals provided.

Outcome Measures Related to the Jail

In this section, results are presented which examine the impact of the MACMH program on several outcomes, relative to those same outcomes among the Comparison group. In particular, the groups are compared in terms of their likelihood of being released from the Montgomery County jail to the community (through any means), as well as each group's likelihood of being granted release through some sort of bond. In addition, we examine the number of days from arrest to community release for each group.

Next, among those in each group, we examine whether there are differences in the likelihood of being returned to the Montgomery County jail, both for any reason (e.g., revocation of bond) and for a new criminal charge. Similarly, we also examine whether the MACMH participants and those in the Comparison group remain free in the community for different lengths of time before being returned to the jail. Since there were some initial differences between the MACMH and Comparison groups in terms of factors such as the proportion of males and current offense types, multivariate statistical techniques will be used to examine the impact of MACMH participation on these outcomes controlling for these initial group differences. These multivariate statistical procedures allow for more credible tests of whether MACMH participation is related to differences in defendant outcomes than do simple comparisons of rates between the two samples.

Interpretation of Results. Before presenting statistical results for the outcomes examined in this report, it is important to explain how to appropriately interpret this statistical information. Specifically, the term “*statistical significance*” means that a particular finding is large enough that we are relatively confident (generally about 95% sure) that there is a real relationship between two factors, for instance “participation in the MACMH program” and the “likelihood of being released from the jail by bond.” Conversely, if a statistical test is described as “*not significant*” this means that these two factors are unlikely to be related to one another. Thus, statistical significance is indicated as either: “n.s.” (not significant), “ $p < .05$ ” (95% confidence that result demonstrates a “real” relationship between the two variables), or “ $p < .01$ ” (99% confidence that the result indicates a “real” relationship).

Probability of Release to the Community by Any Means.

A simple comparison of release rates suggests that offenders participating in the MACMH program during the study period were not more likely to be released from jail into the community (87.2%) than similar defendants not in the MACMH program (87.8%). This same pattern of results was true when misdemeanor offenders were examined separately (93.8% of MACMH and 96.3% of comparison cases, n.s.), and among felony level offenders (80.2% of MACMH participants were released compared to 79.6% of the comparison offenders).

Because there were some initial differences between the MACMH and Comparison groups in terms of the proportion of males, and current offense types, a multivariate statistical

model (i.e., Cox regression survival analysis) was used to further examine whether there is an impact of MACMH participation on the likelihood of being released from jail to the community by any means. This model controls for age, gender (1 = male), race (1= non-White), ethnicity (1= Hispanic), current felony level offense (1= yes), current property crime (1= yes), current drug/alcohol related crime (1= yes), current violent crime (1= yes) and the number of past arrests (a measure of criminal history). This survival analysis model also controls for the fact that individual defendants remain in the jail for differing periods of time prior to being released to the community, if they are released (see Table 3).

Results of the survival model predicting the likelihood of release to the community presented in Table 3 reveal that MACMH participants (felons and misdemeanants combined) have about 22% lower odds of being released by any means, than do members of the Comparison group (Odds ratio = .775, $p < .01$; note that these “odds of being released” are computed as one minus the value of this “Odds ratio”, or $1 - .775 = .225$, or about 22% lower odds of being released).¹ When examining the differences in the likelihood of being released to the community for any reason, among felony level offenders only, MACMH participants are again significantly less likely to be released from the jail (Odds ratio = .819, $p < .01$).² Among misdemeanor defendants separately, participation in the MACMH program was associated with significantly lower likelihood of being released from the jail by any means (Odds ratio. = .711, $p < .01$).³

Overall then, MACMH participants appear less likely to be released to the community through any means (bonds or otherwise). In interpreting these results (that MACMH misdemeanor participants are less likely to be released to the community), it is important to note that a number of individuals in the comparison group who might have been eligible for the MACMH program were released from jail prior to being assessed as potentially eligible for the MACMH. This occurs routinely because there is no mechanism, such as an on-staff clinician or a pretrial services program, in the jail for a diagnosis to be determined before the appointment of an attorney, so that MACMH staff (who do not provide 24/7 coverage of the jail) may miss the opportunity to assess defendants prior to their departing the jail. Some of these individuals who are then quickly released may well have been assigned to the MACMH group had they been

¹ In addition, male defendants (Odds ratio = .820, $p < .01$), older defendants (Odds ratio = .995, $p < .05$), those with current felony charges (Odds ratio = .326, $p < .01$), current violent offenses (Odds ratio. = .845, $p < .05$), and those with more prior arrests (Odds ratio = .973, $p < .01$) were also significantly less likely to be released from the jail by any means, regardless of whether they were in the MACMH or comparison group. Those facing current drug/alcohol charges (Odds ratio = 1.140, $p < .05$) were significantly more likely than other kind of defendants to be released from the jail.

² In addition, male defendants (Odds ratio = .726, $p < .05$), older defendants (Odds ratio.= .990, $p < .01$), those with current violent offenses (Odds ratio. = .802, $p < .05$) and those with more prior arrests (Odds ratio. = .971, $p < .01$) were again significantly less likely to be released from the jail by any means, regardless of whether they were in the MACMH or comparison group. Felons facing current drug/alcohol (Odds ratio = 1.232, $p < .05$) or property crimes (Odds ratio = 1.380, $p < .01$) charges were again at least marginally more likely than other kinds of defendants to be released from the jail, regardless of whether they were in the MACMH or comparison group.

³ Overall, males (Odds ratio. = .857, $p < .05$), and those with more prior arrests (Odds ratio. = 973, $p < .01$) had significantly lower likelihood of being released from the jail by any means, regardless of whether they were in the MACMH or comparison group.

assessed for MH issues prior to their release. As such, the finding that MACMH participants are somewhat more likely to remain in the jail should be interpreted with caution, because the two samples are biased toward the appearance that those misdemeanants in the MACMH participant group were likely to stay in the jail longer.

Table 3. Cox Regressions Predicting Release to the Community by Any Means

Variable	All Cases		Felony Cases		Misdemeanor Cases	
	B (S.E.)	Odds ratio.	B (S.E.)	Odds ratio.	B (S.E.)	Odds ratio.
Age	-.005 (.002)	.995*	-.010 (.004)	.990**	-.002 (.003)	.998
Male	-.198 (.049)	.820*	-.321 (.076)	.726**	-.155 (.065)	.857*
Non-White Race	-.037 (.071)	.963	.025 (.101)	1.025	-.113 (.100)	.893
Hispanic Ethnicity	-.034 (.087)	.967	.014 (.139)	1.014	-.032 (.112)	.969
Current Felony Offense	-1.122 (.052)	.326**	--	--	--	--
Current Drug/Alcohol Offense	.131 (.060)	1.140*	.209 (.092)	1.232*	.075 (.080)	1.078
Current Violent Offense	-.169 (.073)	.845	-.220 (.108)	.802*	-.142 (.100)	.868
Current Property Offense	.093 (.067)	1.097	.322 (.100)	1.380**	-.035 (.091)	.965
Total # of Prior Arrests	-.027 (.005)	.973**	-.029 (.008)	.971**	-.027 (.007)	.973**
MACMH Participant	-.255 (.047)	.775**	-.199 (.071)	.819**	-.342 (.064)	.711**

† p<.10, * p<.05, ** p<.01.

Timing of Release to the Community. In terms of the average number of days spent in jail (this includes days spent pre-trial/pre-disposition, as well as days spent in jail as a sentence, post-disposition), among all those defendants released to the community, MACMH participants spent approximately the same total number of days in the jail (39.6 days in jail from arrest to release date) as did defendants in the Comparison group (39.4 days; $t = -.047$, n.s.). Among felony offenders there is also no difference between the MACMH (68 days) and comparison (67 days) samples in the number of days in jail ($t = -.199$, n.s.). Among misdemeanor defendants, MACMH participants spent about 3 days more days in jail (14.6 vs. 10.8, $t = -1.488$, n.s.) than did comparison offenders, however the difference is not significant. It should be noted that in some cases, defendants are released from the jail before the MACMH program can even identify them as potentially eligible for the program. These quickly-released cases then accumulate in the Comparison group, which may bias these results for time in jail.

In terms of the release to the community *before* the disposition of their case, MACMH participants spend about the same amount of time in jail (28.7 days) as did comparison cases (29.3 days, $t = .192$, n.s.). These results are also similar for the felony level (51.5 days, 50.7 days, respectively) and among misdemeanor offenders (8.8 days, 7.0 days, respectively), however none of these results are statistically significant. The average number of days spent in jail after receiving a disposition was similar for the two groups; 27.3 days for the MACMH participants and 27.8 days for those in the comparison group ($t = .160$, n.s.), among those who were released from the jail after receiving a disposition in their case.

Probability of Release to the Community on Bond.

A simple comparison of release rates suggests that felony level participants in the MACMH program during the 15 month study period were significantly more likely to be released from jail on bond (61% of those released were released via some form of bond) than similar felony defendants not in the MACMH program (51.3%, Chi square = 6.509, $p < .05$). Among misdemeanor defendants, however, those in the MACMH program were significantly less likely to bond out of jail (59% of those released had a bond) than were misdemeanor defendants not in the MACMH (67%, Chi Square = 6.859, $p < .01$).

Because there were some initial differences between the MACMH and Comparison group in terms of the proportion of males, and current offense types, multivariate statistical models (i.e., Cox regression survival analysis) were used to further examine whether there is an impact of MACMH participation on the likelihood of being released from jail to the community on some form of bond. These models control for age, gender (1 = male), race (1 = non-White), ethnicity (1 = Hispanic), current felony level offense (1 = yes), current property crime (1 = yes), current drug/alcohol related crime (1 = yes), current violent crime (1 = yes) and the total number of prior adult arrests (criminal history). These survival analysis models also control for the fact that individual defendants remain in the jail for differing periods of time prior to being released to the community, if they are released (see Table 4).

Among the combined sample of felony and misdemeanor offenders, MACMH participants had about 20% lower odds of being released to the community via some form of

bond than did those in the Comparison group (Odds ratio= .804, $p < .01$; see Table 4), a difference that was statistically significant.⁴

Table 4. Cox Regressions Predicting Release on Bond

Variable	All Cases		Felony Cases		Misdemeanor Cases	
	B (S.E.)	Odds ratio.	B (S.E.)	Odds ratio.	B (S.E.)	Odds ratio.
Age	-.005 (.003)	.995†	-.014 (.006)	.986*	.001 (.004)	.999
Male	-.180 (.065)	.835**	-.141 (.109)	.868	-.242 (.083)	.785**
Non-White Race	-.205 (.101)	.814*	-.231 (.157)	.793	-.146 (.133)	.864
Hispanic Ethnicity	.019 (.113)	1.019	.016 (.207)	1.016	.035 (.134)	1.036
Current Felony Offense	-.780 (.068)	.458**	--	--	--	--
Current Drug/Alcohol Offense	.366 (.085)	1.441**	.567 (.155)	1.764**	.279 (.102)	1.321**
Current Violent Offense	.067 (.105)	1.069	.326 (.184)	1.385†	-.067 (.132)	.935
Current Property Offense	.294 (.093)	1.342**	.639 (.162)	1.895**	.071 (.117)	1.074
Total # Prior Arrests	-.028 (.008)	.973**	.001 (.012)	1.001	-.044 (.011)	.957**
MACMH Participant	-.218 (.064)	.804**	-.021 (.104)	.979	-.328 (.081)	.720**

† $p < .10$, * $p < .05$, ** $p < .01$.

While the simple comparison of rates (above) found that MACMH felony level offenders were significantly more likely to be released on bond, the survival model provides a more credible analysis of this issue, because it controls for other differences between the MACMH and Comparison group cases that might account for this differences in likelihood of receiving a bond. Results from this survival model demonstrate that among felony defendants, MACMH participants were not in fact significantly more likely (only about 2% higher odds) to be released from the jail on a bond than comparison group cases (Odds ratio = .979, n.s.).⁵

⁴ Males and non-White defendants, as well as those with more prior arrests and those facing felony charges were all significantly less likely to bond out of jail, while those facing drug/alcohol or property current offense charges were significantly more likely to bond out than those facing other kinds of current offenses.

⁵ Overall, older individuals (Odds ratio = .986, $p < .05$) were significantly less likely to be released from the jail by bond, regardless of which group they were in. Race, ethnicity and gender did not impact probability of receiving a release on bond. Among all defendants (MACMH and Comparison group),

Among misdemeanor defendants, participants in the MACMH program were significantly less likely (about 28% lower odds) to be released from the jail by bond (Odds ratio = .720, $p < .01$).⁶

Probability of Return to the Jail. Among those offenders released from the Montgomery County jail during the study period, MACMH participants were significantly more likely to be returned to the jail *for any reason* (34.7%) than were those in the comparison group (28%, chi squared = 8.783, $p < .01$). This includes return to the jail for a new criminal charge, revocation of bond, issuance of a warrant and so on. On the other hand, MACMH participants were not significantly more likely to returned to the jail during the study period for a new criminal charge (59.2%) than were comparison group offenders (55.1%, chi squared = 0.924, n.s.).

Because there were some initial differences between the MACMH and Comparison groups in terms of gender and current offense, multivariate statistical models (i.e., Cox regression survival analyses) were again used to examine whether there is an impact of MACMH participation on the likelihood of 1) being returned to jail for any reason and 2) being returned to jail for a new criminal charge. Like the models examining the likelihood of being released from the jail presented above, these models control for age, gender (1 = male), race (1= non-White), ethnicity (1= Hispanic), current felony level offense (1= yes), current property crime (1= yes), current drug/alcohol related crime (1= yes), current violent crime (1= yes) and number of prior arrests (criminal history). These survival analysis models also control for the fact that individual defendants are free in the community for varying lengths of time.

Results of these survival analyses (see Table 5) predicting the likelihood of returning to the jail for any reason demonstrate that MACMH participants were significantly more likely to be returned to the jail for any reason than were members of the Comparison group (Odds ratio = 1.252, $p < .05$), once initial group differences are taken into account.⁷ A similar model predicting the likelihood of returning to the jail for a new criminal charge demonstrated that MACMH participants were not significantly more likely to return for a new crime than were those in the Comparison group (Odds ratio= 1.071, n.s.; see Table 5).⁸

those facing current drug/alcohol (Odds ratio = 1.764, $p < .01$) and property crimes (Odds ratio = 1.895, $p < .01$) charges were significantly more likely than other kind of defendants to be released on bond.

⁶ Overall, male defendants (Odds ratio = .785, $p < .01$) and those with more prior arrests (Odds ratio = -.044, $p < .01$) were also significantly less likely to be released from the jail by bond, while those facing current drug/alcohol charges were more likely to be released on bond (Odds ratio. = 1.321, $p < .01$) than other kind of defendants, regardless of whether they were in the MACMH or Comparison groups (see Table 4).

⁷ In addition, those with higher numbers of prior arrests (Odds ratio = 1.364, $p < .01$) and those with current felony offenses (Odds ratio = 1.060, $p < .01$) were significantly more likely to return to the jail for any reason, regardless of whether they were in the MACMH or Comparison group.

⁸ Overall, older individuals (Odds ratio = 1.012, $p < .05$) and those with more prior arrests (Odds ratio = 1.035, $p < .01$) were more likely to return to the jail for a new crime, while Hispanics (Odds ratio = .572, $p < .05$), those facing current felony charges (Odds ratio = .761, $p < .05$) and those facing current

Table 5. Cox Regressions Predicting Return to the Jail and Return for New Crime

Variable	Any Return to Jail		Return for New Crime	
	B (S.E.)	Odds ratio.	B (S.E.)	Odds ratio.
Age	-.006 (.004)	.994	.012 (.006)	1.012*
Male	-.111 (.092)	.895	.070 (.125)	1.072
Non-White Race	-.054 (.129)	.947	-.237 (.181)	.789
Hispanic Ethnicity	-.152 (.176)	.859	-.559 (.262)	.572*
Current Felony Offense	.310 (.089)	1.364**	-.273 (.123)	.761*
Current Drug/Alcohol Offense	-.020 (.115)	.980	-.343 (.154)	.710*
Current Violent Offense	-.044 (.144)	.957	-.199 (.187)	.819
Current Property Offense	-.059 (.127)	.943	-.123 (.166)	.884
Total # of Prior Arrests	.059 (.007)	1.060**	.035 (.009)	1.035**
MACMH Participant	.225 (.089)	1.252*	.069 (.123)	1.071

† p<.10, * p<.05, ** p<.01.

It is common for individuals released to community-based correctional programs involving increased criminal justice supervision (like the MACMH) to experience higher rates of technical violations, as an result 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,

drug/alcohol charges (Odds ratio = .710, p<.05) were significantly less likely to return to jail for new crimes, regardless of whether they were in the MACMH or Comparison group.

many misdemeanor offenders involved in the MACMH program also experience enhanced bond conditions as a result of their program participation. MACMH participants are not only supervised by probation officers (if they receive a probation disposition) and bondsmen (if they are pretrial releases on surety bond), but they are also monitored by the MACMH social work staff. Given that community-based programs involving intensive supervision often yield findings of increased likelihood for violations and re-incarceration, the finding that MACMH and Comparison group defendants in this study had similar rates of return to the jail for technical violations may indicate a beneficial effect from participation in the MACMH program.

Timing of Return to Jail. The multivariate regression model presented in Table 5 suggested that MACMH participants were not more likely to return to jail than defendants in the Comparison group, controlling for other group differences. At the same time, MACMH participants did remain free in the community for longer periods (about 70 days) than did those in the Comparison group (53 days). Using a multivariate model that was similar to the one presented in Table 5 to predict the length of time the individual would stay free in the community reveals that MACMH participants did indeed remain free in the community significantly longer than did comparison group offenders ($B = .216, p < .05$). Among those defendants who were released to the community and then returned to the jail for a new charge, MACMH participants also remained in the community for a longer duration (about 72 days) than did Comparison group defendants (about 55 days), however this difference was not statistically significant ($t = -.643, n.s.$).

Probability of Re-arrest in the State of Texas.

Among MACMH participants released from the Montgomery County Jail during the study period, 43.8% were re-arrested during an average follow-up period of 389 days, compared to 35.0% of those in the comparison sample (chi square = 15.256, $p < .01$). For felony level offenders, 38.2% of MACMH participants were re-arrested compared to 32.2% among the non-MACMH comparison sample (chi square = 3.409, n.s.), a difference that was not statistically significant. Finally, among misdemeanor offenders, 48.3% of MACMH participants were re-arrested, while 37.4% of comparison group offenders were re-arrested during the follow-up period (chi square = 12.396, $p < .01$), a difference that was statistically significant. Thus, the overall difference in the likelihood of being re-arrested between MACMH and comparison sample cases appears to be the result of an increased re-arrest likelihood among MACMH misdemeanor participants only.

Because there were some initial differences between the MACMH and Comparison group in terms of gender and current offense, multivariate statistical models (i.e., Cox regression survival analyses) were again used to examine whether there is an impact of MACMH participation on the likelihood of being re-arrested anywhere in the State of Texas, during a minimum 12 month period post release from jail. Like the models examining the likelihood of being released from the jail presented above, these models control for age, gender (1 = male), race (1 = non-White), ethnicity (1 = Hispanic), current felony level offense (1 = yes), current property crime (1 = yes), current drug/alcohol related crime (1 = yes), current violent crime (1 = yes) and number of prior arrests (criminal history). These survival analysis models also control for the fact that individual defendants are free in the community for varying lengths of time.

Multivariate results presented in Table 6 demonstrate that among the combined sample of felony and misdemeanor offenders who had been released from the Montgomery County jail during the study period, the odds of being re-arrested anywhere in the State of Texas were significantly higher for MACMH participants (Odds ratio = 1.293, $p < .01$) than for comparison group subjects.⁹

Table 6: Cox Regressions Predicting Statewide Re-Arrest at about 12 months Post-Release

Variable	All Cases		Felony Cases		Misdemeanor Cases	
	B (S.E.)	Odds ratio.	B (S.E.)	Odds ratio.	B (S.E.)	Odds ratio.
Age	-.025 (.004)	.975**	-.030 (.008)	.971**	-.023 (.005)	.977**
Male	.138 (.089)	1.148	.231 (.148)	1.259	.093 (.115)	1.097
Non-White Race	.102 (.121)	1.108	.211 (.180)	1.234	.022 (.165)	1.022
Hispanic Ethnicity	-.178 (.163)	.837	-.683 (.363)	.505†	-.022 (.184)	.978
Current Felony Offense	-.252 (.087)	.777**	--	--	--	--
Current Drug/Alcohol Offense	-.440 (.109)	.644**	-.211 (.190)	.810	-.532 (.136)	.587**
Current Violent Offense	-.354 (.133)	.702**	-.253 (.224)	.776	-.402 (.171)	.669*
Current Property Offense	-.017 (.115)	.984	.084 (.193)	1.088	-.033 (.147)	.968
Total # Prior Arrests	.066 (.007)	1.068**	.056 (.014)	1.058**	.069 (.008)	1.071**
MACMH Participant	.257 (.085)	1.293**	.164 (.137)	1.179	.309 (.109)	1.361**

Examining the felony level defendants separately, however MACMH participants were similar to the comparison group in their likelihood of being re-arrested post-release (Odds ratio =

⁹ In addition, among the total sample, older offenders were significantly less likely to be arrested post-release (Odds ratio = .975, $p < .01$), as were current violent (Odds ratio = .702, $p < .01$) and drug/alcohol offenders (Odds ratio = .644, $p < .01$), and those with current felony level charges (Odds ratio = .777, $p < .01$). On the other hand, offenders who had higher numbers of prior arrests in either group were more likely to be re-arrested post-release (Odds ratio = 1.068, $p < .01$)

1.179, n.s.).¹⁰ Conversely, among misdemeanor offenders, MACMH participants had significantly higher odds of being re-arrested somewhere in Texas during the follow-up period (Odds ratio = 1.361, $p < .01$).¹¹ Thus, the difference between MACMH and comparison group defendants in the likelihood of statewide re-arrest appears to be the result of MACMH misdemeanor defendants being more likely re-arrested relative to similar misdemeanor offenders who had not been involved in the MACMH program.

In light of the increased likelihood of re-arrest among misdemeanor participants that was demonstrated in Table 6, some additional analysis of these cases was conducted. There were 394 MACMH participants who entered the program with a misdemeanor charge and were released from the Montgomery County jail during the study period. Of these, 98 (24.8%) had a re-arrest somewhere in the state of Texas, based on DPS data (not necessarily within Montgomery County). Among these 98 cases, 73 (74.5%) were re-arrested for another misdemeanor crime. The largest category of misdemeanor offenses were thefts (28.8%), followed by drug or alcohol offenses (17.8%), public order offenses (11%), driving while intoxicated (11%), misdemeanor assaults/threats (9.6%), traffic-related offenses (8%), and other misdemeanor offenses (13.7%).

Timing of Statewide Re-Arrest. Among the combined sample of felony and misdemeanor offenders released from the Montgomery County jail who were eventually re-arrested somewhere in the State of Texas, MACMH participants remained free in the community for a shorter number of days (about 155 days) than did those in the comparison group (about 178 days, $t = 2.035$, $p < .05$). Among released felony offenders who were re-arrested, MACMH participants remained in the community for a similar number of days as did those in the comparison group (167 days, 180 days, respectively; $t = .625$, n.s.). On the other hand, among misdemeanor offenders re-arrested after having been released, MACMH participants were re-arrested more quickly (147 days) than were those in the comparison group (177 days; $t = 2.108$, $p < .05$).

Outcomes related to the Courts

Probability of Disposition. During 2012, approximately 88% of the 820 MAC participants who entered the program had received some form of disposition for their current charges (i.e., sentence, dismissal, etc.) by the end of the data collection period. This rate of case disposition was not significantly different from that of the non-MAC, comparison sample, in which about 85% of cases had received a disposition ($\chi^2 = 3.069$, n.s.). In addition, about 10% of both the MACMH (9.5%) and Comparison group (9.9%) had their charges dismissed during 2012, a difference that was not statistically significant ($\chi^2 = .081$, n.s.).

¹⁰ Overall, older individuals (Odds ratio = .971, $p < .01$) and those of Hispanic ethnicity (Odds ratio = .505, $p < .10$) were significantly less likely to be re-arrested, while those with more prior arrests were significantly more likely to be re-arrested (Odds ratio = 1.058, $p < .01$), regardless of whether they were in the MACMH or Comparison group.

¹¹ Overall, older individuals (Odds ratio = .977, $p < .01$), current violent offenders (Odds ratio = .669, $p < .05$) and current drug/alcohol offenders (Odds ratio = .587, $p < .01$) were all significantly less likely to be re-arrested, regardless of whether they were in the MACMH or Comparison group. Again, those with more prior arrests (Odds ratio = 1.071, $p < .01$) in each group, were more likely to be re-arrested.

Table 7. Cox Regression Predicting Likelihood of a Receiving a Case Disposition

Variable	B (S.E.)	Odds ratio.
Age	-.003 (.002)	.997
Male	-.113 (.051)	.893*
Non-White Race	-.024 (.072)	.976
Hispanic Ethnicity	.053 (.086)	1.054
Current Felony Offense	-.111 (.050)	.895*
Current Drug/Alcohol Offense	-.211 (.061)	.809**
Current Violent Offense	-.237 (.075)	.789**
Current Property Offense	-.118 (.068)	.889†
Total # Prior Arrests	.015 (.005)	1.015**
MACMH Participant	-.023 (.048)	.977

† p<.10, * p<.05, ** p<.01.

Because there are some initial group differences between those participating in the MACMH program and those in the Comparison group, another multivariate Cox regression model was computed to determine whether there was any significant difference in the likelihood of receiving a case disposition once other factors (like proportion of males and current offense types) were controlled. As in the models presented in Tables 3, 4 and 5, this model controls for age, gender (1 = male), race (1= non-White), ethnicity (1= Hispanic), current felony level offense (1= yes), current property crime (1= yes), current drug/alcohol related crime (1= yes), current violent crime (1= yes), and total number of prior adult arrests (criminal history). These

survival analysis models also control for the fact that individual cases are disposed of in varying lengths of time.

Results of this model predicting case disposition (see Table 7) reveal that among the combined sample of felony and misdemeanor defendants, MACMH participants were as likely to receive a disposition as were comparison group cases (Odds ratio = .977, n.s.) controlling for other group differences.¹²

Timing of Disposition. While MACMH program participants were just as likely to have received a disposition of their cases as were comparison group defendants, MACMH participants' cases took about two weeks longer to receive a disposition (an average of 89.3 days) than did those in the Comparison group (about 75 days, $t = -2.957$, $p < .01$).

¹² Male defendants (Odds ratio = .893, $p < .05$) and those facing felony charges (Odds ratio = .895, $p < .05$) or current offenses involving violence (Odds ratio = .789, $p < .01$) or drug/alcohol charges (Odds ratio = .809, $p < .01$) were also significantly less likely to receive a case disposition. Those with higher numbers of prior adult arrests were significantly more likely to have received a case disposition (Odds ratio = 1.015, $p < .01$).

Courthouse Partners' Perceptions of the MACMH

Defense Attorney Survey Results. All 14 specially trained defense attorneys who participate in the MACMH program were surveyed about their perceptions of the program in December, 2012. These attorneys average 14.7 years of experience in private law practice, with a range from three to 35 years. On average these attorneys reported that about 85% of their practice involved criminal defense cases (range = 40 to 100%) and about 51% of their caseload were appointed defense cases (range = 20 to 80%). Among these 14 MACMH defense attorneys the average percent of cases represented that came from the MACMH program during 2012 was about 33% (range = 10 to 75%). Finally, as a group these defense attorneys reported on average that they had represented about 56 MACMH cases each, with a range from 20 to 180 cases.

Table 8. MACMH Defense Attorneys' Perceptions of the Program.

MACMH Program Aspect	Timeliness Ratings (4= Excellent)	Usefulness Ratings (4= Excellent)
Notice of Appointment	3.93	3.93
Receipt of MH Diagnosis	3.71	3.79
Receipt of Other Medical Info	3.57	3.57
Receipt of Caseworkers' Assessment	3.71	3.79
Caseworker's Response to Your Requests for Information	4.00	3.93
Caseworkers' Referrals for MH Services	--	3.71
Caseworkers' Referrals for Other Services	--	3.62
Training Received on MH Issues from MACMH	--	3.71

These defense attorneys were asked to rate the timeliness and usefulness of various aspects of the MACMH program as they relate to the assistance of attorneys in representing mentally ill, indigent defendants. Results of this survey generally reveal that these participating attorneys were consistently positive about their experiences with the MACMH program (see Table 8). For instance, these attorneys rated the timeliness and usefulness of their receipt mental health diagnostic information from the MACMH caseworkers as greater than 3.7 on a four-point scale. They gave similarly high ratings for the usefulness of the caseworkers' referrals to mental health (3.71) and other needed support services (3.62), as well as to the usefulness of the ongoing mental health trainings that are provided for them by the MACMH program.

Defense attorneys participating in the MACMH program were also asked to rate their experiences in representing mentally ill, indigent defendants who are part of the MACMH program with those they represent who are not involved in the program (see Table 9). In particular, these attorneys were asked to consider the quality of communication and interaction with various other parties (e.g., judge, prosecutors) involved in the case.

Table 9. MACMH Defense Attorneys’ Comparison of MACMH to Their Other Cases.

MACMH Program Aspect	Comparison Ratings (5 = Much Better)
Communication with treatment providers	4.36
Communication with DA’s office	3.29
Communication with defendant’s family members	3.57
Communication with judges and other court personnel	3.50
Communication with jail personnel	3.36
Communication with probation personnel	3.31
Receptivity of Mental Health issues as a mitigating circumstance by DA’s office	3.50
Acquisition of mental health treatment records for your defense of the client	4.43

Again, results in Table 9 reveal that these attorneys felt that the MACMH program was beneficial in the effective representation and adjudication of these cases. For instance, MACMH-involved defense attorneys felt having their client participate in the program made their communication with mental health service providers considerably better than it is for similar cases not involved in the MACMH program. They also felt having their client participate in the MACMH program also provided at least some improvement in their level of communication with other members of the court (e.g., DA’s, Judges) and criminal justice system (e.g., jail and probation staff). Finally, they again rated the ability to collect relevant information on their clients’ mental health treatment records as considerably better than for similar mentally ill, indigent defendants who are not part of the MACMH program.

Qualitative Comments from MACMH Defense Attorneys

Beyond the numerical data presented in Tables 8 and 9, defense attorneys participating in the MACMH program also provided responses to several open-ended questions about their

experiences with the program. Specifically, attorneys were asked what they thought the advantages and disadvantages of the program were, as well as what they thought was most helpful about the program and whether they had any recommendations for program improvements. Responses to these questions are presented below, for each question.

A. *What do you think are the advantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?*

- attention to mental health issues and staff support from the MACMH
- awareness of special needs
- better support for Mental Health needs
- better workgroup communication
- MACMH caseworkers
- efficiency
- focus on Mental Health needs
- MACMH staff help work up case
- sensitivity and support
- specialized care for mentally ill defendants
- specialized training for attorneys for special clients
- support from MACMH staff, identification of defendant's issues
- timely receipt of medical records, the overall team approach

B. *What do you think are the disadvantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?*

- 40% more recordkeeping for the MACMH program
- defender data [the computerized records system used in the MACMH]
- flat fee to attorney regardless of amount of work
- inflexible DAs and judges
- may exclude some lawyers
- same pay schedule as traditional appointment wheel
- try to bring in too many potential MH cases
- None [7/14 of the attorneys reported no disadvantages]

C. *What do you think is most helpful about the MACMH program?*

- Getting access to additional Mental Health info
- MACMH caseworkers
- Community and judicial system better served by targeting rehabilitative services to disadvantaged clients, to avoid recidivism and clogging the jails and courts
- Don't need a Mental Health expert because of caseworkers
- Faster, better support
- Help with mitigating evidence and plea bargaining

- Knowledgeable MACMH staff, Defender Data system, client commitment
- MAC staff helpful, motivated
- Mental health discovery evidence collection
- Record gathering, family member interaction by caseworkers not attorneys. MACMH staff is excellent and involved
- MACMH staff
- MACMH staff are strong advocates
- Strong support system for client and attorney

D. Do you have any recommendations for improving the MACMH program?

- Better informed judges and staff
- Better screening of cases
- Bring judges to MACMH meetings for exposure to work; Get DA more involved
- Judges pay hourly as promised
- Mental Health client video conferencing from jail
- More CLE; Better fee schedule; DA has ADAs who deal regularly w/Mental Health issues
- Need more attorneys
- Periodic personalized staffing for long term clients; no incentive
- Worldwide acceptance of mental health issues!
- None [4/14 attorneys had no recommendations for improving the MACMH]

Coordinators/ Clerks Survey Results. A total of eight coordinators/clerks completed surveys about the perceptions of the operation of the MACMH program. These staff members reported being in their respective positions for an average of 5.75 years (range = 1 to 16). On average these staff reported that about 37% (range = 10 to 50%) of the cases dealt with in their courts were criminal cases, and that of these criminal cases approximately 43% (range = 7 to 80%) involved indigent defendants. These staff reported that about 7% of the cases involving indigent defense were MACMH cases (range = 1 to 20%). Finally, these coordinating staff were asked “compared with other indigent defendants (who are not part of the MACMH), how well do the MACMH staff track defendants who have been in jail for a while without appointment of counsel?” This question was rated on a five-point scale (5 = “much better”), with an average response of 4.29 (range = 3 to 5).

Each coordinator/clerk was also asked several open-ended questions related to their perceptions of the MACMH program. The responses for these questions are presented below.

- A. What do you think are the advantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?*
- program efficiency, meets need for Mental Illness services

- efficiency, meets needs, better monitoring of Mentally Ill cases
- equal attorney assignment, team communication
- no difference in appointments
- prescreening, meets needs
- staff training, meets needs
- none or not sure of any advantages [two responses]

B. What do you think are the disadvantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?

- defendants could be labeled as mental case
- none or not sure of any disadvantages [six responses]

C. What do you think is most helpful about the MACMH program?

- Staff are available to courts at all times
- Program efficiency, meets Mental Illness needs
- meets needs, provides long term benefits
- Mentally Ill defendants are identified and helped earlier
- overseeing Mentally Ill defendants
- specific Mental Illness needs met
- the team approach
- did not answer question [one response]

D. Do you have any recommendations for improving the MACMH program?

- did not answer question [one response]
- none or not sure [five responses]
- great job!

SUMMARY

Data for this program evaluation were collected from several computerized systems containing jail and court information about indigent defendants in the county. This data was collected by the program's administrative staff and several graduate research assistants provided by the College of Criminal Justice at Sam Houston State University at no cost to the County. In addition, research staff gathered data on criminal histories (number of prior adult arrests) and post-release recidivism from the Texas Department of Public Safety. MACMH program caseworkers also recorded relevant information on the number and types of services provided to participants. Finally, the researchers also surveyed the 14 specially selected and trained defense attorneys who participated in the program at the time of the survey, and 8 court coordinators/clerks that interact with the MACMH program on a regular basis.

The study examined 888 indigent, mentally ill defendants appointed to the MACMH program during January 2012 through March 31, 2013 and compared them to 915 similar defendants not appointed to the MACMH program. While these groups differed in the proportion of males and proportion of offenders with current drug/alcohol and violent offenses, the comparison group is generally similar to those receiving services from the MACMH program. The MACMH program appeared to be reaching its target population during 2012, as over 300 defendants (roughly one-third of MACMH cases) were diagnosed with Bipolar Disorder, Major Depression or some type of Schizophrenia disorder. Many other participants were diagnosed with other mood disorders (e.g., dysthymic disorder) and other serious mental health conditions, including Generalized Anxiety Disorder. MACMH program caseworkers provided over 2,500 consultations with defendants' attorneys, over 1,500 referrals for community services and nearly 500 referrals to mental health services.

MACMH participants were 22% less likely to be released from jail than were similar defendants not participating in the program. MACMH participants are also about 20% less likely to be released from jail through some form of bond, however this difference in the likelihood of being released by bond was only significant among misdemeanor offenders. The finding that misdemeanor MACMH participants are less likely to bond out of jail may be at least partly due to a number of defendants being released from the jail prior to their being identified as eligible for the MACMH program, because there is no mechanism, such as an on-staff clinician or a pretrial services program, in the jail for a diagnosis to be determined before the appointment of an attorney or prior to the individual being released.

MACMH participants were significantly more likely (about 25% higher odds) to return to the Montgomery County jail (for any reason, including revocation of bond) once released, however they were not more likely to return to the Montgomery County jail for a new criminal charge. MACMH participants who were returned to the Montgomery County jail did spend about three weeks longer, free in the community (70 days vs. 53 days) than did comparison group defendants who were eventually returned to the jail, and a multivariate statistical model showed that MACMH participants did in fact last longer in the community before returning to the jail. Community-based correctional programs with increased supervision emphasis (including the MACMH) commonly result in increased levels of return to custody for violations of conditions (in this case bond conditions). Results from the MACMH evaluation may suggest a beneficial

“suppression effect” for these kinds of violations, since MACMH participants were in fact not more likely return to the Montgomery County jail for new crimes.

Although overall, MACMH participants were more likely to be re-arrested statewide (about 29% higher odds using Texas DPS data), among felony level offenders there was no difference in the likelihood of a statewide re-arrest. Among misdemeanor defendants on the other hand, those who had participated in the MACMH had significantly (about 36%) higher odds of a statewide re-arrest than did similar misdemeanor offenders who did not participate in the MACMH. Overall, about 25% of 394 misdemeanor participants released from the Montgomery County jail were re-arrested somewhere in the state of Texas. Among the 98 misdemeanor participants who were re-arrested statewide (not necessarily in Montgomery County), about 75% were re-arrested for another misdemeanor offense.

Among defendants who received any form of case disposition during the evaluation period, MACMH participants had about the same chance of having their case disposed as did those in the comparison group, however MACMH cases dispositions did take significantly longer (about 8 days on average) to reach a disposition than did comparison group cases.

Defense attorneys participating in the MACMH program were consistently positive about the operation of the program and the support services it provided them to aid in the defense of these mentally ill, indigent participants. Likewise, court coordinators and scheduling clerks were also positive about the efficiency of the MACMH program and its services to help meet the needs of mentally ill, indigent defendants.

RECOMMENDATIONS

Overall, the MACMH program was effective on several fronts in its first 15 months of operation, including successfully reaching mentally ill, indigent defendants in the Montgomery County Jail and facilitating their pre-trial release, while also assisting them in connecting with needed mental health and other social services in the local community. MACMH participants were not more likely to be returned to the Montgomery County jail for new crimes and MACMH participants who were re-arrested in the county spent more time (about 17 days longer) free in the community before being returned to the Montgomery County jail. At the same time, MACMH felony level defendants were not released from the jail any more quickly than other similar defendants, and misdemeanor defendants in the MACMH were less likely released from the jail.

In the future, additional efforts will be needed to more quickly identify defendants who are indigent and in need of mental health services, preferably before they are released from the jail. There is no mechanism, such as an on-staff clinician or a pretrial services program in the Montgomery County jail for a mental health diagnosis to be determined prior to the appointment of an attorney and one of the anecdotal benefits of the MACMH program and its casework staff being present in the jail is that there is now at least some minimal capacity for assessing (and managing) potentially mentally ill defendants in the jail. If mental health assessments could occur in a timelier manner, defendants could be matched with needed legal and mental health

services prior to their release (rather than bonding out with no assessments of any kind) and their release may then be expedited. Likewise earlier assignment of defense counsel to indigent defendants may also help speed not only their release from jail but also decrease the time from initial arrest to eventual case disposition.

Finally, a number of MACMH participants are returned to the Montgomery County jail, not for new criminal offenses, but at least partially because they may have had their bond revoked, likely due to failure to comply with their bond conditions. This type of outcome is common in community-based correctional programs that involved enhanced supervision of the offender/defendant. Additional efforts to develop graduated responses to violations of conditions which fall short of repeated criminal behavior (referred to in the problem solving courts arena as “graduated sanctions”) may help reduce the proportion of MACMH cases who return to the jail, thus increasing the chances of realizing cost savings by keeping these defendants from “recycling” through the jail. In addition, more extensive use of mental health diversion programs in the county may help keep some of these mentally ill/indigent defendants from having to be housed in the jail in the first place.

APPENDICES

MACMH Monthly Status Tracking Form

Defense Attorney Survey Instrument

Court Coordinator/Scheduling Clerk Survey Instrument

MACMH Monthly Status Tracker

Client name:

Completed by:

Date: _____

SHSU Research #:

Employment:

Was there a goal this month? YES NO N/A

If yes, what was it?

If no, why?

Was the goal completed this month? YES NO IN PROGRESS

If no or in progress, please explain:

Housing:

Was there a goal this month? YES NO N/A

If yes, what was it?

If no, why?

Was the goal completed this month? YES NO IN PROGRESS

If no or in progress, please explain:

Medication compliance:

Was there a goal this month? YES NO N/A

If yes, what was it?

If no, why?

Was the goal completed this month? YES NO IN PROGRESS

If no or in progress, please explain:

Mental health treatment compliance:

Was there a goal this month? YES NO N/A

If yes, what was it?

If no, why?

Was the goal completed this month? YES NO IN PROGRESS

If no or in progress, please explain:

Bond/Probation conditions compliance:

Was there a goal this month? YES NO N/A

If yes, what was it?

If no, why?

Was the goal completed this month? YES NO IN PROGRESS

If no or in progress, please explain:

Government assistance: (ex: SSI/SSDI, Medicare/Medicaid, food stamps)

Was there a goal this month? YES NO N/A

If yes, what was it?

If no, why?

Was the goal completed this month? YES NO IN PROGRESS

If no or in progress, please explain:

Private assistance: (ex: Food Bank, homeless coalition, Lions Club services)

Was there a goal this month? YES NO N/A

If yes, what was it?

If no, why?

Was the goal completed this month? YES NO IN PROGRESS

If no or in progress, please explain:

Other:

Any other problem being addressed that is not listed above?

Additional comments:

Number of referrals made to community services this month:

Medicaid/Medicare

Mental Health Treatment

MCHD (Hospital District)

Worksource/Employment

SSA/SSDI

Education

Housing

Other

Total number of referrals listed above

Number of consultations provided about the client to an attorney

Number of consultations provided about the client to a mental health professional

Caseworker Signature:

Review Date:

CMC Signature:

Review Date:

**SHSU Evaluation of the MACMH Program
MACMH Attorney Survey**

1. How many years have you spent in private practice as a criminal defense attorney? _____
2. How much (what %) of your practice is criminal defense? _____
3. How much (what %) of your practice is appointed cases? _____
4. What percent of those appointed cases are MAC cases? _____
5. Approximately how many clients from the MAC have you represented thus far? _____
6. What do you think are the advantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?

7. What do you think are the disadvantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?

8. Do you feel that the courts are more receptive to requests for payment on an hourly rate versus a flat fee payment for MAC cases? (Circle one) Yes No

9. **Please rate the timeliness of the following aspects of the MACMH program, using this scale:**

4	3	2	1
Excellent	Good	Fair	Poor

- _____ Notification of appointment
- _____ Receipt of psychological assessment/diagnoses info on defendant from MACMH case workers
- _____ Receipt of medical records for defendant from MACMH case workers
- _____ Receipt of initial assessment of defendant from MACMH case workers
- _____ Case workers responses to your requests for information

10. Please rate how useful (effective) the following aspects of the MACMH program, using this scale:

4 3 2 1
Excellent Good Fair Poor

- _____ Notification of appointment
- _____ Receipt of psychological assessment/diagnoses info on defendant from MACMH case workers
- _____ Receipt of medical records for defendant from MACMH case workers
- _____ Receipt of initial assessment of defendant from MACMH case workers
- _____ Case workers responses to your requests for information
- _____ Case workers referrals for mental health services
- _____ Case workers referrals for other kinds of social services
- _____ Training on mental health issues provided by the MACMH Program

11. As compared to your representation of defendants in general (who are not part of the MACMH), how would you rate your experience with having a defendant in the MACMH, for each of the following areas:

5 4 3 2 1
Much Better Better About the Same Worse Much Worse

- _____ Communication with treatment providers
- _____ Communication with DA's office
- _____ Communication with defendant's family members
- _____ Communication with judges and other court personnel
- _____ Communication with jail personnel
- _____ Communication with probation personnel
- _____ Receptivity of Mental Health issues as a mitigating circumstance by DA's office
- _____ Acquisition of mental health treatment records for your defense of the client

12. How much time do you spend on social work case management activities with defendants in MACMH compared to similar defendants not in the MACMH? (circle one)

Much More More About the Same Less Much Less

13. What do you think is most helpful about the MACMH program?

14. Do you have any recommendations for improving the MACMH program?

**SHSU Evaluation of the MACMH Program
MACMH Court Coordinator Survey**

1. How many years have you been a court coordinator? _____

2. Estimate the percentage of cases in your court that are criminal. _____%

3. Of the criminal cases in your court, estimate the percentage that are indigent defense. _____%

4. Of the indigent defense cases in your court, estimate the percentage that are MACMH cases. _____%

5. What do you think are the advantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?

6. What do you think are the disadvantages of the Managed Assigned Counsel model compared to traditional methods for assigning counsel in this county?

7. As compared with other indigent defendants (who are not part of the MACMH), how well do the MACMH staff track defendants who have been in jail for a while without appointment of counsel? (circle one)

5 4 3 2 1
Much Better Better About the Same Worse Much Worse

8. What do you think is most helpful about the MACMH program?

9. Do you have any recommendations for improving the MACMH program?
