

**PROGRAM EVALUATION
MENTAL HEALTH PUBLIC DEFENDER OFFICE
FORT BEND COUNTY**

Presented by

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EXECUTIVE SUMMARY

A comprehensive evaluation of the Mental Health Public Defender Office (MHPDO) was performed. We assessed implementation, effectiveness, and efficiency using qualitative and quantitative methods.

Key Findings

- With increased staff, caseloads are adjusting to meet MHPDO policy standards and to maximize the quality of the services.
- Clients value the lawyers and social service staff at MHPDO. Over 85% of the clients surveyed report being satisfied or very satisfied with the services they receive.
- MHPDO has responded to over 800 cases and served over 500 individuals. The vast majority (92%) meet the requirement of having a severe psychiatric illness defined as bipolar illness, schizophrenia, schizoaffective illness, or major depression. Most of the remainder has equally debilitating mental issues such as traumatic brain injury and post-traumatic stress disorder.
- Social service needs are complex. In a sample of 41 clients over a 4 month period, over half were referred to community resources, 49% received support, and 44% needed assistance accessing outpatient mental health services and 26% inpatient mental health services. Almost a fourth needed assistance with housing.
- The jail time pre-disposition was assessed by comparing clients who entered MHPDO during the first year of operation (Group I) and those arrested after July 1, 2012 (Group II). Group II had significantly fewer days in jail. Further analysis found that persons with misdemeanor charges contributed significantly to the change. On average, persons with misdemeanor charges who entered before the program was fully formed had on average 56.9 pre-disposition jail days compared to 19.4 for Group II.

- The impact of the program on recidivism was also assessed . Using a single subject design we compared the number of arrests one year prior to MHPDO and one year after case closure. Although the number of arrests after creation of the MHPDO (.49) was lower than the number before (.64), the difference was not statistically significant. That is, the difference is not greater than one would expect from chance.
- The cost per case of MHPDO was compared to the cost per case of Fort Bend County's overall indigent defense program. Three scenarios were used monetizing the key benefit, that is, reduced jail time pre-disposition. The scenarios based on the findings from the outcome study, ranged from conservative to optimistic. The net cost per case in each scenario was less than the alternative. The savings provided by the MHPDO ranged from \$32.26 per case under the most conservative assumption to \$734.51 under the most optimistic assumption.

Recommendations

- Continue to implement the Defender Data management information system. To insure consistency, specify the data fields that are essential and who is responsible for entering the data.
- To assure proactive social services, adopt a social services assessment form that guides assessment of potential client needs.
- Identify the knowledge and skills required by the social service staff and provide the training opportunities for ongoing staff development.
- In an effort to better understand the changes in mental health pre-trial jail days, examine the process changes that occurred with the implementation of the MHPDO. Possible changes that affected jail days are: quicker times to a dispositive hearing; faster times from arrest to case filing; greater use of motions for bond reduction; and greater use of personal recognizance bonds.

INTRODUCTION

This is a comprehensive evaluation intended to provide the Mental Health Public Defender Office (MHPDO) and the Advisory Committee with information for continued program improvement. The report examines process, outcomes, and costs.

To complete this report we drew on several sources. We conducted interviews with all staff and a range of stakeholders. In addition, we reviewed case records and analyzed data from MHPDO management information system. Finally, we surveyed MHPDO clients to understand their view of the services they received. The grant application and the MHPDO Policy and Procedures Manual (May 2010) were used as the standards.

Background Information

The Mental Health Public Defender Office (MHPDO) is part of a system developed in response to the growing proportion of persons with mental illness in the criminal justice system. In 2007, concerned leaders in the criminal justice system as well as behavioral and social services provider formed the Fort Bend County Criminal Justice /Mental Health Initiative to identify ways to improve the outcomes for persons with mental health problems who were arrested in Fort Bend County. Of particular concern were those whose mental illness contributed to their criminal activity and recidivism. Discussions among participating stakeholders identified a number of strategies for dealing with mentally ill defendants, including:

- Psychiatric screening and treatment within the jail
- Mental Impairment Specialized Caseload in the Community Supervision and Corrections Department
- Mental Health Felony Court
- Mental Health Misdemeanor Court
- Mental Health Public Defender Office.

The MHPDO funded by the Texas Indigent Defense Commission and initiated in January 2010 is the newest addition to the system. Its goal is “to provide specialized

mental health defender services to indigent offenders with mental health conditions.”
(MHPDO Grant Application)

As stated in the grant proposal, the MHPDO objectives are:

- Increase coordination and communication with the jail staff, pretrial services, judges, assistant district attorney and Texana Center (MHMR)
- Assist in implementing Texas Code of Criminal Procedure 17.032 where appropriate
- Expedite case disposition in county or district court
- Reduce jail time awaiting case disposition
- Provide additional information to the assistant district attorney and judges in an effort to improve court outcomes
- Participate in felony and misdemeanor mental health courts to increase compliance and successful completion

The MHPDO has two components. The first and primary component is the legal representation of indigent persons with severe mental illness. Attorneys from the MHPDO with mental health experience represent individuals with severe mental illness in all Fort Bend County’s criminal courts including the mental health courts. The attorneys are supported by social services staff that gathers data to inform the case as well as provide crisis intervention, information and referral, and other supports that maximize the defendant’s ability to function.

Staffing

The program was designed to include:

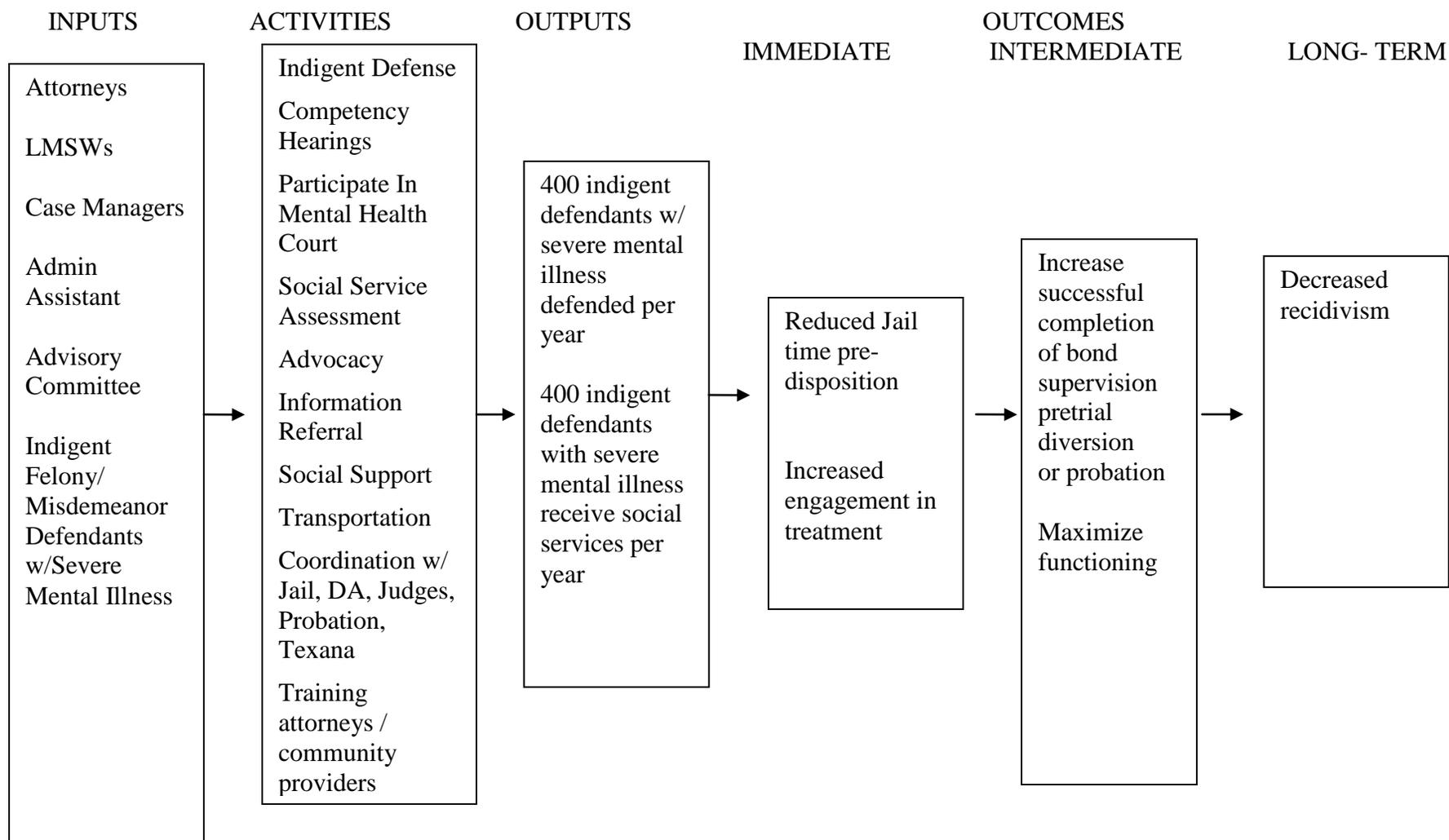
- One director with experience in public defense and mental health issues. The director represents defendants in addition to administrative duties.
- One staff attorney with experience in public defense and mental health issues responsible for representing persons with mental health issues.

- Two licensed masters-level social workers (LMSW) who develop a case plan, provide crisis intervention, interface with families, and gather information for the court.
- Two case managers who implement the case plan.
- One administrative assistant, who coordinates activities and events, maintains the database and files, analyzes data, and completes reports.

Logic Model

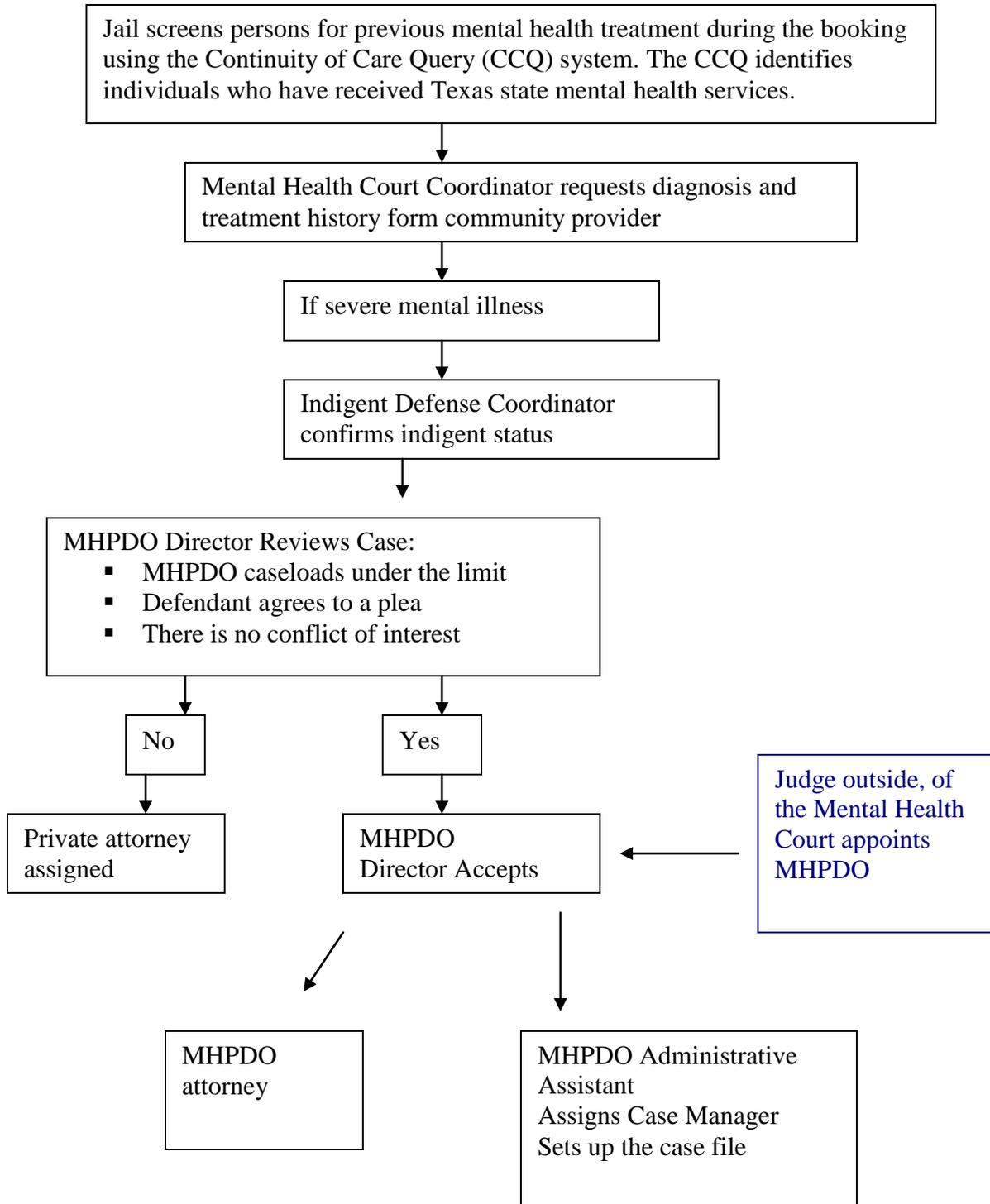
The logic model is a visual representation of the program theory. It identifies the MHPDO's needed resources (inputs), activities, outputs and expected immediate, short-term, and long-term effects or outcomes. As can be seen in the model, it is expected that MHPDO service will lead to decreased jail time and increased engagement in treatment. If this occurs, it is expected that individuals will be more likely to complete their probation and will have maximized their potential functioning. If the afore noted outcomes occur, there will be decreased recidivism.

MENTAL HEALTH PUBLIC DEFENDR OFFICE LOGIC MODEL



OPERATIONS

Referral Process



There are two paths by which defendants are referred to MHPDO. The first is associated with the Mental Health Courts. In this process, during the booking, jail staff screens persons for previous mental health treatment using the Continuity of Care Query (CCQ) system. The CCQ identifies individuals who have received Texas state mental health services. People with positive results and those who demonstrate severe mental illness in the jail are referred to the Mental Impairment Specialized Probation Officer who also functions as the Mental Health Court Coordinator. The Officer requests records from the mental health provider. If there is a diagnosis of severe mental illness, the case is referred to the Indigent Defense Coordinator to verify financial status. Once verified, the Director of MHPDO is notified that the case has been assigned. Based on three criteria, the Director can accept or reject the case. The criteria are: 1. The client has a Priority Population Diagnosis of major depression, bi-polar disorder, schizophrenia or schizo-affective disorder; 2. MHPDO caseloads are below the maximum; and 3. No conflict of interest exists. If the case is rejected, the Indigent Defense Coordinator assigns a private attorney drawn from the specialized wheel or list for defendants with mental illness. If the case is accepted, the Director assigns an attorney and the Administrative Assistant assigns a case manager and sets up the case file.

The second path by which defendants are referred to MHPDO is less predictable. A judge in any of the courts may decide that a defendant needs an attorney with specialized knowledge of mental health issues, and assigns the case to MHPDO. In these cases, the MHPDO must accept the case unless a conflict of interest exists.

In addition, to the formal paths for referral, there are other ways that the MHPDO learns of a potential client. The probation officer, MHPDO attorneys, and the Assistant District Attorney attend weekly staffings at the jail where medical staff present new persons with a mental illness.

MHPDO attend Mental Health Court team meetings every other week where clients' progress is discussed. The coordination between MHPDO and other components of the mental health criminal justice system is apparent in cases we reviewed as well as interviews with members of the team. Stakeholders in the mental health court see

MHPDO as an important partner. As noted by one stakeholder, the demands of Mental Health Court are great and private attorneys are often unable to make the time commitment. Another noted that working with MHDPO made communication and case planning easier because MHPDO understood the non-adversarial philosophy of the Mental Health Court.

Staffing

The MHPDO has eight full-time staff. There are three attorneys who meet or exceed the required experience for their position. According to the Policy Manual, the Director is required to have “5 to 8 years in public or juvenile defense work.” The Director has 16 years of experience and has experience with Mental Health Court. One Attorney who is required to have one year of experience in public defense has 13 years of experience as a public defense attorney. Although the newest member of the team does not have the one year of experience in public defense, he was an intern at MHPDO during law school. Similarly, the Administrative Assistant has an extensive background in managing an office and coordinating data collection and analysis.

The social services side of MHPDO has evolved over time in response to program experience. The program was unable to hire licensed social workers with the desired clinical experience. In addition, it became clear that the social worker /paraprofessional team model was inefficient and incapable serving the volume of MHPDO client. Thus, there is one licensed social worker rather than two, and the individual does not have the two years of experience counseling individuals as specified in the Policy Manual. There are three case managers. They all exceed the education requirements for the job, high school diploma, or GED, but have very different levels of experience. The lead case manager has a master’s degree in human services, a curriculum that included training in counseling but not mental health. In addition, she has 20 years of experience in social services, which included working as a case manager for Mental Health and Mental Retardation Authority (MHMRA) in Houston and SEARCH, an agency that serves the homeless. The other two case managers have a college BA degrees, but no experience or formal training in counseling or mental health services. With the change in structure,

there is no longer a standardized assessment process. Case managers focus on support, family and client education, and linkage to community resources.

Caseloads

With a new attorney on staff, caseloads are approaching the MHPDO Policy standards. The MHPDO Policy and Procedure Manual states that the Director shall be limited to 200 cases per year and the Assistant Lawyer 300 cases. In practice this is interpreted as 50 active files for the Director and 75 for the Assistant Lawyers at any time. A point in time measure on 8/13/13 found that the Director had 62 open cases, one Assistant Attorney had 66 cases, and the newest Assistant Attorney had 27. This exceeds the standard for the Director . However, the current caseloads are an improvement from a point in time measure on 8/6/2012 that found that the Director had 84 open cases and the Assistant Attorney had 67 open cases.

Initially, both a social worker and a case manager were assigned to each case. With the change in staffing, cases are assigned to the social worker based on the nature of the case. According to the MHPDO director, cases requiring more counseling are assigned to the social worker. Cases are assigned to case managers alternating for each new case. With the addition of a third case manager, the caseloads of social service staff are much improved. On 8/13/2012, the senior case manager was assigned to 98 cases, the other case manager 76, and the social worker 5. On 8/13/13, a point in time found the case distribution was much improved. The senior case manager had 47 open cases, and the two other case managers had 43 and 45 open cases respectively. The social worker was assigned to 19.

Training

Continuing education requirements are specified in the MHPD for the attorneys and the social workers but not for the case managers. Each year, attorneys are required to complete 10 hours of continuing legal education in the field of criminal law and three hours related to mental health. Licensed social workers must comply with The Texas State Board of Social Work Examiners requirements to complete 30 hours of continuing education biennially including 6 hours ethics training. Further the policy manual

specifies that, social workers should include in the 30 hours at least six hours of education in the area of mental health or criminal justice. MHPDO supports staff financially in meeting the continuing education requirements. There is no documentation that staff have completed the required courses except for financial reimbursement records.

Stakeholders

Representatives from the other elements of criminal justice mental health system who were interviewed view MHPDO as a positive partner. MHPDO is valued for their specialized legal knowledge, cooperative spirit, and their dedication to improving the circumstances of people with mental illness in the criminal justice system. Social services are also esteemed as having filled another gap in the system.

Client Satisfaction

In March 2013, the evaluation team invited MHPDO clients to participate in an anonymous survey about their experience with MHPDO before or after their court appearance. Specifically, the survey asked them to rate their lawyer's and their case manager's availability, listening skills, responsiveness, and effectiveness on a four point scale where 1="never" and 4="always". They were also asked to rate their overall satisfaction on a five point scale where 1="very dissatisfied" and 5="very satisfied" (A copy of the instrument is in Appendix A). Twenty-seven people agreed to participate and one refused.

The vast majority (92.6%) of respondents felt that their lawyers always listened to them and were concerned about them (see Table 1). In addition, the majority (88.9%) reported that their lawyers always gave them good advice and answered their questions. A smaller majority (81.5%) felt that their lawyer always explained their choices. Lawyers were rated the lowest on their availability. Across all items, MHPDO attorneys had an average rating of 3.8 ($SD=.34$) on a four-point scale.

Table 1: *Clients Ratings of their Lawyer (N=27)*

Characteristics	Never	Sometimes	Usually	Always
Listens carefully to me	0.0%	3.7%	3.7%	92.6%
Is concerned about me and my future	0.0%	0.0%	7.4%	92.6%
Gives me good advice	0.0%	3.7%	7.4%	88.9%
Answers my questions	0.0%	7.4%	3.7%	88.9%
Explains the choices available to me	0.0%	7.4%	11.1%	81.5%
Is available when I need help	0.0%	3.7%	18.5%	77.8%

MHPDO case manager ratings were slightly lower than those of the lawyers, but still favorable (see Table 2). The majority of clients (88.9%) reported that the case manager always helped them solve problems and answered questions. In addition, the majority (85.2%) felt that their case manager listens carefully to them and helps them find the services they need. Similar to the lawyers' rating, case managers were rated lowest on availability. Case managers had an average score of 3.7 ($SD=.66$) across all items.

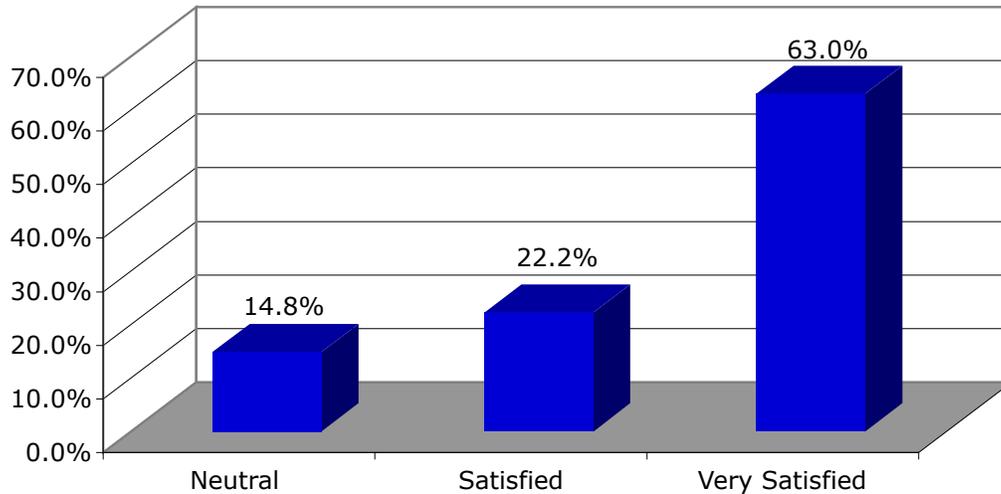
Table 2: *Client's Rating of Their Case Manager (N=27)*

Characteristics	Never	Sometimes	Usually	Always
Helps me solve problems	3.7%	7.4%	0.0%	88.9%
Answers my questions	3.7%	3.7%	3.7%	88.9%
Listens carefully to me	3.7%	3.7%	7.4%	85.2%
Helps me find the services I need	3.7%	3.7%	7.4%	85.2%
Is available when I need help*	3.8%	3.8%	19.2%	73.1%

* (N=26)

Chart 1

Clients' Overall Satisfaction Rating of MHPDO (N=27)



When asked about their level of satisfaction with MHPHO services overall, 85.2% reported that they were satisfied or very satisfied. The remainder (14.8%) were neither satisfied nor dissatisfied.

Four MHPDO clients chose to write comments on their survey. All emphasized their appreciation for the services they received. For example, one client wrote:

I am very happy with the job my lawyer did. My case manager has done a great job for me. Thank you.

Summary

In three and one-half years of operation, MHPDO has built a respected and effective Public Defenders Office for persons with severe mental illness. The formal referral system is standardized. Attorneys are dedicated to their clients' wellbeing. Regular formal and informal interaction with other parts of the criminal justice system facilitates early problem identification and solving. The lawyers are well qualified. Caseloads are becoming more manageable with the hiring of a third lawyer and two new case managers.

The MHPDO social service staff provides services to MHPHO clients as well as the indigent clients of court appointed private attorneys. A new structure is developing in response to the reality of the work and costs. This structure eliminates the two-tier system (professionals and paraprofessionals) and uses competent college graduates who can link individuals with resources. This structure is able to serve more people. Because it does not include mental health professionals, it will be important formalize the service structure and continuing education requirements to maximize services. A procedure manual and structured assessment process would guide new employees. In consultation with a mental health professional, it would be important to identify the knowledge and skills needed to provide services and outline a clear path for acquiring these skills. For example, knowledge and skills needed might include assessment, etiology, and long term functioning of persons with different diagnoses, motivational interviewing, and trauma informed care. Training needs once established could be met through continuing education opportunities or through a relationship with a mental health consultant or both.

CASE CHARACTERISTICS

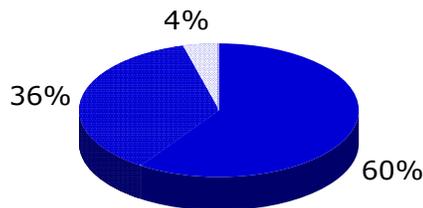
From its initiation in January 2010, through July 2013, the MHPDO received 814 referrals, which represented 665 cases. A case is defined by the date of the offenses regardless of the number of cause numbers. Twenty-two referrals were made by private attorneys for social services. Thirty-one defendants chose to hire a private attorney. MHPDO rejected seven cases because either the defendant was ineligible or the case presented a conflict of interest.

Criminal Cases

From January 2010 through July 2013, 605 cases received both legal and social services from MHPDO. As can be seen in Chart 2, the majority of the cases were misdemeanors (59.5%), followed by felonies (36.2%). Only a small percentage of the cases (4.1%) included both felony and misdemeanor charges.

Chart 2

Case Type (N=603)*

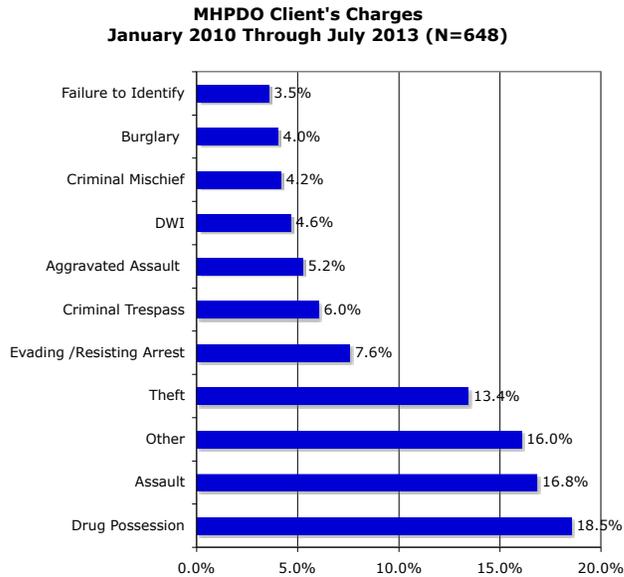


■ Misdemeanor ■ Felony ■ Felony/Misdemeanor

*Cases with insufficient data were not included in the analysis

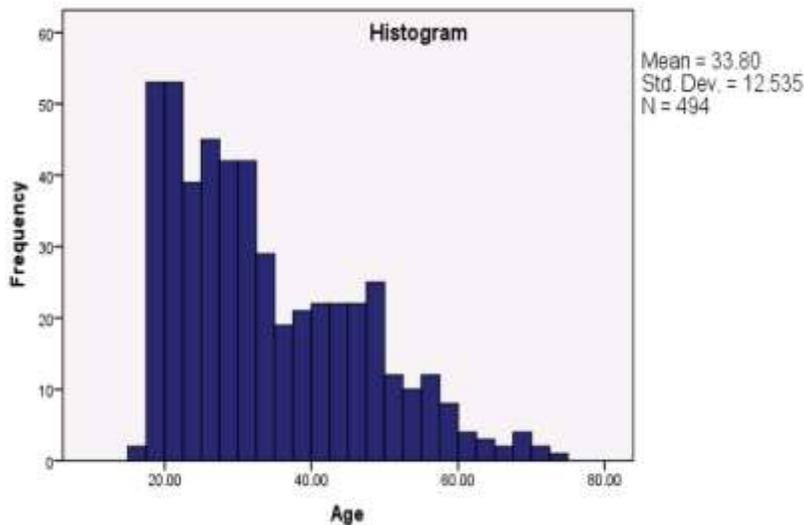
Drug possession, including marijuana and controlled substances, was the most frequent criminal charge (n=120), followed by assault (n=109) (see Chart 3). Two thirds (66.6%) of the assaults involved family violence. Other offenses often filed against MHPDO clients included theft (n=87), evading arrest (n=49), criminal trespass (n=39), and aggravated assault (n=34).

Chart 3



Client Characteristics

Chart 4: *Clients' Age at the Time of Service 1/10 through 7/13*



The MHPDO management information system, case file review, and Fort Bend County Court Records were used to determine client characteristics. The majority (63%) were male. Although clients ranged in age from 17 to 73 years of age, half fell in the 17 to 31 age range (median = 31.2) (see Chart 4). The majority were white (49.2%),

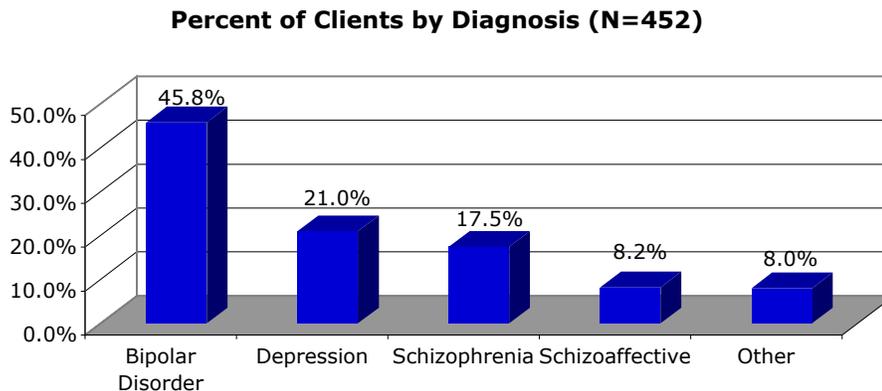
followed by African American (47.7%), Asian (2.2%), and other (<1%). In terms of ethnicity, 24.0% were Hispanic.

Diagnosis

A primary diagnosis was listed for 452 clients. The majority of the clients (45.8%, n=207) were diagnosed with bipolar illness (see Chart 5). Ninety-five (21.0%) had a diagnosis of depression, 17.5% (n=79) schizophrenia, and 8.2% (n=37) schizoaffective illness. Other primary diagnoses included psychosis not otherwise specified (n=3), post-traumatic stress disorder (n=5), traumatic brain injury (n=3), and personality disorder (n=2).

It is noteworthy that in addition to a psychiatric illness, many MHPDO clients (n=31) also had a documented co-occurring substance abuse issue. Nine clients were diagnosed with intellectual deficits in addition to mental illness .

Chart 5



Social Service Needs

Qualitative and quantitative methods were used to understand the social services needs of MHPDO clients. Social services staff were interviewed about the needs of their clients and the services they provide. In addition, case managers were asked to record the types of services they provided for clients discharged between January and April 2012. We also reviewed the specific referrals made as recorded in Defender Data, the MHPDO's management information system.

In interviews, staff described their typical patient as someone who was not taking medication and was arrested after an assault. In these and other situations, staff reported that the most pressing and hardest to meet need was housing. Finding housing is difficult in itself. However, it is complicated by the fact that most group homes are in the city of Houston, outside of Fort Bend County. Moving across the county line requires changing mental health providers and medical providers. Social service staff address a range of other issues including applying for benefits such as Social Security Disability and Medicaid, finding sources of medications, and referring to substance abuse treatment, anger management training and job preparation. In addition, social service staff provide support to the client while in jail and to the family. Social service staff often educate the families on the use of the mental health crisis team to avoid entry into the criminal justice system.

Between January 2013 and April 2013, staff recorded the types of services provided to forty-one clients. We included open cases to increase the sample size. Most cases (78%) were open cases. The list of potential social services was developed with staff. In addition, there was an option to record “other” services.

Table 3: *Types of Referrals and Percent of Clients Receiving the Service (N=41)*

Type of Referral	Percent (n)
Transportation	24.4% (10)
Education Programs	19.5% (8)
Employment Services	17.1% (7)
Training	17.1% (7)

Clients received an average of 3.9 ($SD=.24$) different services. As expected, those who were in jail at the time of reporting received fewer types of services ($M=3.3$, $SD=3.1$) compared to those who were not ($M=4.1$, $SD=3.1$). The majority of clients (51.2%) needed referrals to community resources including transportation (24.4%), education programs such as GED (19.5%), employment services (17.7%), and training programs such as parent education (17.7%) (see Table 3). In addition to community

resources, a substantial number of MHPDO’s clients were provided support (48.8%), assistance with accessing outpatient mental health services (43.8%), and transportation to access services, find housing, and apply for benefits (34.1%) (see Table 4). In this sample, over a fourth (26.8%) required assistance accessing inpatient mental health treatment, and another 4.9% needed inpatient drug treatment. Almost a fourth (24.4%) needed assistance finding housing. The list of services provided is consistent with a population which has severe mental illness and few resources including income and education.

Table 4: *Types of Social Services Provided and Percent of Clients Receiving the Service (N=41)*

Type of Service	Percent (n)
Referral to Services	51.2% (21)
Client Support	48.8% (20)
Enrollment Outpatient Mental Health Treatment	43.8% (18)
Provide Transportation	34.1% (14)
Enrollment Inpatient Mental Health Treatment	26.8% (11)
Assist w/ Housing	24.4% (10)
Problem Solving w/Client	24.4% (10)
Assist w/Social Security Disability	22.0% (9)
Family Support/Education	19.5% (8)
Enrollment Outpatient Drug Treatment	14.6% (6)
Assist w/Medicaid/Gold Card Application	12.2% (5)
Advocacy	9.8% (4)
Enrollment Inpatient Drug Treatment	4.9% (2)
Enrollment Day Program	4.9% (2)
Assist w/ Food Stamp Application	2.4% (1)
Provide Emergency Medication	2.4% (1)
Provide Emergency Food & Clothing	0.0%

There were only nine referrals recorded in Defender Data management information system. Therefore these were not analyzed.

Summary

Since its inception, MHPDO has represented clients in over 600 cases, many of which included multiple charges. While the majority of cases involve misdemeanor charges, a substantial number (40%) include felony charges. Almost 20% of MHPDO cases include a drug possession charge. The second most frequent charge is assault (17%) of which 66.6% involve family violence.

Clients are diverse. However, the majority are younger with 50% between 17 and 31 years old and male (63%). Based on the client records with a recorded diagnosis, the majority of clients served have a severe mental illness as designated in the MHPDO Policy and Procedures Manual. Of the clients that did not fall into the four specified categories (major depression, bipolar, schizophrenia, and schizoaffective disorder), most had a diagnosis associated with severe mental impairment, e.g. psychosis, traumatic brain injury, and post-traumatic stress disorder. Furthermore, clients served have multiple other problems that impair functioning. Specifically, many had documented co-occurring drug abuse disorders and intellectual deficits.

Analysis of a sample of social services provided, underscores the multiple needs of many of the clients. Consistent with the eligibility criteria of low income and severe psychiatric illness, the clients have few resources. Many were not connected to treatment and needed help obtaining inpatient and outpatient mental health treatment and drug treatment. Almost a fourth needed housing. In a community that lacks public transportation, over a third required social service staff to provide transportations, enabling them to access safety-net services including social security disability benefits and food stamps. Clients' needs are complex and require complex and time consuming responses.

EFFECTIVENESS

Based on the Logic Model (see page 4), we focused on two outcomes to assess the effectiveness of the MHPDO. Specifically, these are days in custody prior to disposition and recidivism. We hypothesized that:

H1. Clients admitted to MHPDO after the program was well developed would spend fewer days in jail prior to disposition compared to clients admitted in the first year of the program.

H2. Clients who received MHPDO services would demonstrate decreased recidivism in the year following service compared to the year prior to service.

Jail Time

We used a quasi-experimental two group design to test the hypothesis that clients who entered the program after the program had been fully implemented would have shorter pre-disposition jail time compared to those who entered the program in the first year. Group I was composed of all MHPDO clients who were arrested prior to January 1, 2011. Group II was composed of all clients arrested on or after July 1, 2012. Jail time was drawn from two sources. First, we used court records on “jail credit.” In addition, we used data recorded by MHPDO staff.

Sample

Table 5: *Characteristics of Group I and Group II*

Characteristic	Group I (N=104)	Group II (N=105)
Average Age (years)	33.5 (<i>SD</i> =12.3)	32.4 (<i>SD</i> =11.8)
Percent Male	69.2%	62.9%
Race/Ethnicity		
African American	48.1%	52.4%
Asian	1.0%	1.0%
Hispanic	25.0%	27.6%
White Non-Hispanic	27.0%	15.2%
Other	0.0%	2.9%
Percent Felony Cases	44.2%	21.9%

One hundred and four charges prior to January 1, 2011, and 105 charges post July 1, 2012 had sufficient data to be included in the study. Many of the Group I clients entered the criminal justice system prior to the formation of MHPDO. As can be seen in Table 5, the groups were comparable in terms of age, gender, and ethnicity. However, the groups differed in the type of cases. Group I had a higher percentage of felony cases, 44.2% vs. 21.9%.

The average number of pre-disposition jail days for Group I ($M= 101.6$ $SD=169.7$) was higher than that of Group II ($M=31.24$, $SD=73.3$). A one-way analysis of variance (ANOVA) was used to assess if the difference was more than would be expected by chance. The ANOVA was statistically significant, $F(2, 207) = 15.2$, $p=.000$. Thus, we can say that individuals who entered MHPDO services before January 1, 2011 could expect to spend greater time in jail pre-disposition than those who entered on or after July 1, 2012.

Follow-up tests were conducted to control for the greater number of felony cases in Group I. A one-way analysis of variance was conducted to evaluate the relationship between group and pre-disposition jail time with only clients who had a misdemeanor charge. The average number of jail days for people who were arrested prior to January 1, 2011 ($n=57$) ($M=56.9$; $SD=107.0$) was higher than the average of those arrested after July 1, 2012 ($n=82$) ($M=19.4$; $SD=31.4$). The ANOVA was significant $F(1, 138)=9.02$, $p=.003$.

Table 6: *Average Jail Time Pre-Disposition by Group and Charge Type*

Type of Charges	Group I Mean (SD)	Group II Mean (SD)
Misdemeanor	56.9 (107.0)	19.4 (31.4)*
Felony	159.3 (213.4)	77.9 (137.9)

* $p=.003$

The follow-up test with clients who had a felony charge found that the average number of days in jail pre-disposition for Group I ($n=46$) was 159.3 ($SD=213.4$) and for

Group 2 (n=23) was 77.9 (*SD*=137.9). Although Group I's average number of days was higher than Group II's, the ANOVA found that among those with felony charges the relationship between Group and jail days was not statistically significant, $F(1, 68)= 2.75$, $p=.10$.

Based on the analysis, we can conclude that well developed MHPDO services are related to a decrease in jail time pre-disposition among clients with a misdemeanor charge.

Discussion

The data was not available to identify the specific reasons for the decrease in jail time pre-disposition. However, based on discussions with the MHPDO Director, there are likely multiple interacting factors that influence the decrease in jail time, some specific to MHPDO and others related Fort Bend County Criminal Justice /Mental Health Initiative implementation of system change. There are two ways in which MHPDO has consciously strived to decrease jail time. MHPDO has built relationships with the staff in all courts. Though these relationships, attorneys are often able to bring important client matters to the court's attention prior to the schedule hearing. This is particularly relevant in the case of lowering bond or advocating for the client to be released on a person recognize bond. As part of the advocacy process, social service staff and attorneys have a service plan in place that increases the likelihood the client will comply with court directives. The plan may include outpatient treatment, inpatient treatment, housing, medical treatment and the like. Courts respond more favorably knowing a the client has services and housing.

MHPDO has also accelerated the process by early determination of competency limiting the number of court date resets. When a person's mental illness severely hampers communication, MHPDO attorneys file a competence evaluation motion often prior to the normal court date. Further, because MHPDO is familiar with evaluation providers, it can recommend those that provide quality services in a timely manner.

Initiatives in the Fort Bend County criminal justice system have also contributed to decreased jail time. Persons with a history of mental illness who have received

treatment in a state facility are identified at the time of booking. In addition, within two months of creating MHPDO, the county contracted with psychiatrists to provide mental services in the jail. Thus treatment for psychotic symptoms, which could delay the process, is started quickly enabling the client to participate in their defense and plan of service.

Recidivism

We evaluated recidivism using a single subject design where the number of arrests in the year prior to being a client of MHPDO was compared the year following case closure. In this design, subjects serve as their own control.

Sample

We selected MHPDO clients who were closed between July1, 2011 and June 30, 2012. Clients who had a related open case were eliminated, as were those who were sentenced for six months or more to jail. Ninety-five clients were included in this portion of the study. As can be seen in Table 7, the sample mirrored the MHPDO client population in terms of demographic characteristics. However, there were fewer felony cases in the sample compared to all clients. This probably reflects the fact that clients with long jail sentences were excluded.

Table 7: *Recidivism Sample Characteristics*

	Sample (N=95)	All MHPDO Clients
Average Age (years)	33.3 (SD=11.7)	33.5 (SD=12.5)
Percent Male	63.2%	63.0%
Race/Ethnicity		
African American	43.2%	47.7%
Asian	2.1%	2.2%
Hispanic	20.0%	24.0%
White Non-Hispanic	34.7%	25.2%
Percent Felony Cases	30.5%	42.3%

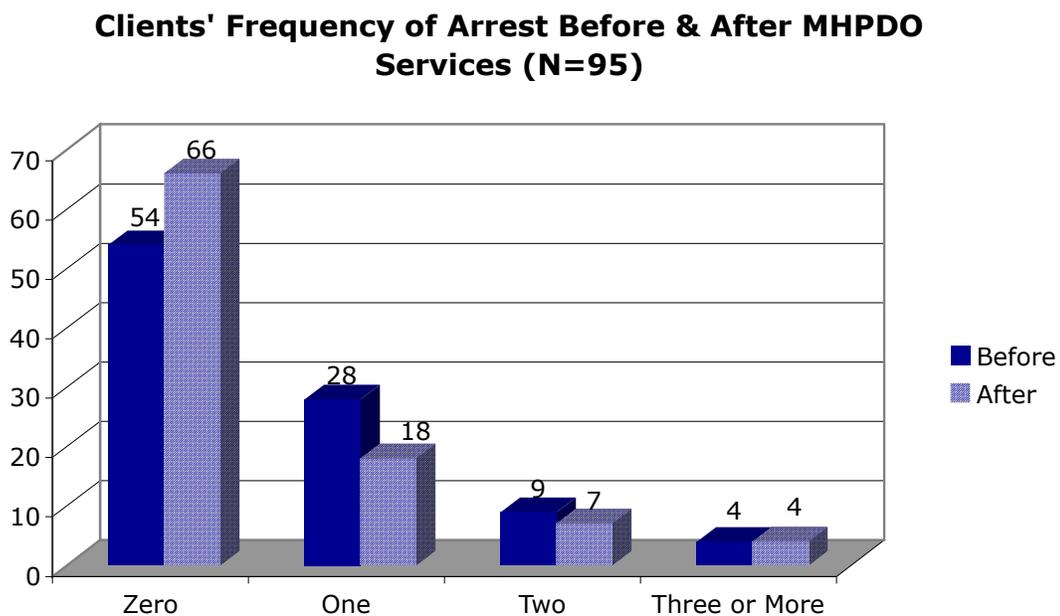
Measures

The number of arrests one year before the client case and one year after the closure were the two variables. Two sources of information were used: Fort Bend County Court Research and Texas Department of Public Safety (TDPS) Criminal Records Search. Both data sets have limitations. The TDPS system is dependent on jurisdictions entering the data. Fort Bend's data is limited to crimes that occur in the county. However, we strove to increase the accuracy of the analysis by using both.

Findings

The number of arrests in a year prior to a MHPDO case and the number in the year following closure ranged from 0 to 5. The majority of clients before (n=54) and after (n=66) had no arrests (see Chart 6).

Chart 6



A one-way within-subjects ANOVA was conducted to assess the effect of MHPDO services on the number of arrests. The average number of arrests before ($M=.64$,

$SD=.94$) was greater than the number after ($M=.49$, $SD=.93$). The analysis found that the difference was not statistically significant, Wilks' $\Lambda = .94$, $F(1, 94) = 3.03$, $p=.09$.

Summary

The findings must be examined in light of the limitations of the study. The major limitation is that we used secondary data or data that was collected for purposes other than the research. Such data is more likely to contain errors including omissions. We made every effort to clean the data and to fill in missing data from various sources but error is still a possibility. A second limitation of the study is that we were unable to use random assignment, i.e. an experiment design, to evaluate time in jail and recidivism. Thus, we are unable to rule out all alternative explanation of the findings. Despite these limitations, the findings give a beginning indication of MHPDO effectiveness.

It was hypothesized that because of the MHPDO early advocacy and social services, clients who entered the program after it had become well established (Group II), would have fewer pre-disposition jail days compared to those who entered the program in the first year (Group I). After controlling for the lower percentage of felonies in Group II, we found that clients in Group II with misdemeanor charges had on average 37.4 fewer pre-disposition jail days. Further, the difference was statistically significant or more than would be expected by chance. Although, the average number of jail days was lower for Group II clients with felony charges, chance could not be ruled out as a possible explanation.

It was also hypothesized that MHPDO, by facilitating the clients' engagement in treatment, would decrease recidivism. We tested this using a single subject design where the subjects served as their own control. Sixty-six percent of the clients did not re-offend within a year. Although, clients demonstrated a decrease in arrests in the year after closure compared to the year before their arrest, the difference was not statistically significant. However, it is important to note that only one evaluation, to our knowledge,

has demonstrated a decrease in recidivism.¹ In that study, social workers continued to work with clients six months after closure of the legal case to assure that the clients were fully integrated into treatment. At MHPDO, the majority of social services cases are closed when the legal case is closed. Reducing recidivism is a difficult goal to achieve. It appears that only with extra efforts is a reduction in recidivisms possible.

MHPDO is a young organization. Within a short time span, it has built a legal defense and service system that reduces pre-disposition jail time for misdemeanors. As the organization continues to grow and improve, we expect that the measurable outcomes will reflect continued improvement.

¹ Carmichael, D. & Marchbanks, M. P. (April, 2010). Representing the Mentally Ill Offender: An Evaluation of Advocacy Alternatives . Texas Task Force on Indigent Defense, Office of Court Administration.

EFFICIENCY

It seems clear that the MHPDO is representing a large number of cases and doing it in a way that is seen as helpful by their clients. Research has shown that specialized mental health public defenders bring many advantages to the defense of people with severe mental illness². Specialized mental health attorneys compared to court appointed private attorneys with less mental health experience, are more likely to view the process as legitimate, to have a stronger knowledge of community resources, and to use social service staff to augment their work. In addition, it appears that the MHPDO is reducing the number of days in jail before disposition and possibly impacting recidivism in a positive way. However, in times of fiscal challenges, it is important to assess whether the MHPDO is at least as cost-effective as the alternative. We will calculate the costs and benefits of the MHPDO and compare these to the costs of indigent defense through private attorneys.

In FY 2013, Fort Bend County spent \$4,282,744 on indigent defense private attorneys for 4,101 cases³. In this analysis, a case is defined by a cause number. Thus on average each case costs \$1,044.32. The cost of MHPDO for the period July 1, 2012 through June 30, 2013 was \$529,245. During this period, MHPDO represented high-needs clients in 415 cases and provided social services only to five private attorney clients. The cost per case was \$1,260.11.

A major benefit of the MHPDO is a reduction on average of 37.4 days in pre-disposition jail time for clients with misdemeanor cases (see Outcomes). The dollar benefit of MHPDO to Fort Bend County was calculated three ways by multiplying the number of closed misdemeanor cases by the cost of a day in jail to the county by the number of jail days saved. During the study period, 217 cases were closed. Of these, 115 were misdemeanor cases and were not associated with a felony case. The average cost of

² Carmichael, D. & Marchbanks, M. P. (April, 2010). Representing the Mentally Ill Offender: An Evaluation of Advocacy Alternatives . Texas Task Force on Indigent Defense, Office of Court Administration.

³ Costs and cases information provided by Tatyana Johnson, Senior Accountant, Fort Bend County Auditor's Office,

a day in jail is estimated at \$59.⁴ In the first calculation we used the findings of the outcome study or assumed on average 37.4 days saved. Thus the benefit = 115 x (59 x 37.4). The benefit of the MHPDO is \$253,759.

To further assess the cost of these benefits, we calculated the number of jail days saved at the lower and upper bounds of the 95% confidence intervals for means in the analyses of misdemeanor jail time for clients in the first year of MHPDO (Group I) compared to those who entered the program after July 1, 2012 (Group I). At the lower boundary, the average difference was 16.1 days and at the upper boundary, the difference was 59.01 days (see Appendix 2, all statistical). Using the more conservative lower boundary the estimated county savings because of reduced jail time is \$109,239. Using the upper boundary difference, the estimated county savings because of reduced jail time is \$400,674.

Table 8: *Three Scenarios of MHPDO's Cost per Case Compared to Fort Bend County's Indigent Defense Costs*

	MHPDO	Indigent Defense
Scenario 1 Assumes a decrease of 16.1 days	Total Cost: \$529,245 Benefit: \$109,239 Net Cost: \$420,006 Cost per Case: \$1,012.06	Total Cost: \$4,282,744 Cost per Case: \$1,044.32
Scenario 2 Assumes a decrease of 37.4 days	Total Cost: \$529,245 Benefit: \$253,759 Net Cost: \$275,486 Cost per Case: \$663.83	
Scenario 3 Assumes a decrease of 59 days	Total Cost: \$529,245 Benefit: \$400,674 Net Cost: \$128,571 Cost per Case: \$309.81	

⁴ The average cost of one day in Texas county jail. Texas Criminal Justice Coalition (February, 2013) Fort Bend County, Texas Adult Criminal Justice Data Sheet. Retrieved 10/1/13 at www.texascjc.org.

Using the three calculations of cost avoidance, we have three scenarios ranging from conservative to optimistic through which we assess the efficiency of MHPDO compared to the alternative.

As can be seen in Table 8, when the benefit is calculated, the cost per case in all three scenarios is lower than the average cost per case for the county's Indigent Defense system. In the most conservative scenario which assumes only a reduction in jail time of 16.1 days, the cost of each case is \$1,012.06 a saving of \$32.26 over the alternative. This analysis supports the conclusion that MHPDO is an efficient way to represent and serve people with severe mental illness in the criminal justice system.

CONCLUSIONS

This report assesses the process, outcomes, and efficiency of MHPDO using case reviews, MHPDO tracking database information, staff and stakeholder interviews, and a client survey. It is clear that MHPDO is a valued component of the Fort Bend County's system to improve the outcomes for persons in the criminal justice system with severe mental illness. The process of referral is well established. Communication between MHPDO and other concerned parties in the criminal justice system is frequent and effective. Stakeholders speak highly of the work done by the attorneys and social service staff. Clients value the services they receive. Over 85% reported being satisfied or very satisfied with MHPDO services.

MHPDO staff structure is adjusting to the work demand and financial considerations. Hiring a third lawyer and two new case managers has lowered caseloads insuring continued quality service. The restructuring of the social service side from a two-tiered professional / para-professional design to one that includes primarily semi-professional mental health staff requires other adjustments in the structure. First, a formalized assessment form that helps the case manager review all of the possible areas of need and allow for the development of a proactive plan of service would strengthen service delivery. Second, there needs to be a clear inventory of the knowledge and skills required for the work. For example, although the staff is competent, they may not know the most effective way to interview a delusional client. Similarly, they may not have training in evidenced based methods of engaging clients in treatment. From the inventory, a specific list of continuing education training requirement can be defined. It would be useful to maintain training records for all staff including date and content at the MHPDO.

Since its inception, MHPDO has responded to 814 referrals and provided services to over six hundred clients. They also have provided social services for private attorney clients. The most frequent charges are drug possession followed by assault. The typical client is under thirty and male. Of the 457 clients with a documented psychiatric illness, almost half (46%) were diagnosed as having bipolar disorder. Only 8% of the MHPDO clients had an illness other than one of the four severe psychiatric illness prescribed in the MHPDO policy manual. However, in the other group, many had a diagnosis such as

psychosis or post-traumatic stress disorder that could severely impair their ability to function. Given that many clients are charged with drug possession, it is probable that many have a co-occurring substance use issue.

Clients' needs and the services provided were documented by case managers over a four-month period. Of the 41 clients, the majority (51%) were referred to community services including transportation, education programs, employment services, and training such as parent education. The second most frequent service was providing support, particularly for those who were in jail and facilitating engagement in outpatient mental health treatment (49%). Other services frequently needed were transportation to access safety-net resources and housing assistance. The inventory of services is consistent with the eligibility requirement for MHPDO, i.e. having low income and a severe psychiatric illness. The list of services provided demonstrates the complexity of clients' needs and the complex and time consuming response required.

To assess the effectiveness of MHPDO we measured two outcomes: jail time pre-disposition and recidivism. We hypothesized that clients who were admitted in MHPDO in the first year of MHPDO (Group I), before it was fully implemented, would have higher jail time than clients admitted after July 1, 2012. Because the Group I had a higher percentage of felony cases, we tested the hypothesis for the two groups as a whole and for felony cases and misdemeanor case separately. Group II as a whole had a statistically significant lower number of jail days on average (31.2 days) compared to Group I (101.6 days). The sub-group analysis found among those with misdemeanor charges Group II also had a statistically significant lower average number of jail days (19.4 days) compared Group I (56.9 days). Among persons with felony charges, Group II had an average lower number of days (77.9 days) than Group I (159.3 days) but the difference was not statistically significant, that is we cannot rule out chance as possible explanation of the difference. Despite the limitations of the study, the use of secondary data and the use of a quasi-experimental design, the findings suggest that for misdemeanor, MHPDO has contributed to a substantial decrease in pre-disposition jail time.

We also hypothesized that because of services provided by MHPDO, clients would be less likely to re-offend in the year after case closure compared to the year before their arrest. We selected clients whose cases were closed between July 1, 2011 and June 30, 2012. For this analysis, we used a single subject design where the clients served as their own control. Although the average number of arrests after (.49) was lower than the average number before (.64), the difference was not greater than one would expect by chance. This study was limited by the design and also the quality of the data. Future study with a larger sample and more reliable data would be useful.

Finally, we assessed the cost-effectiveness of MHPDO compared to the alternative, Fort Bend County's private assigned counsel system. Specifically we compared the net cost (cost-benefit) of the MHPDO services per client to the cost per client of the private assigned counsel. The benefit was the cost of jail days saved. We calculated the cost savings of fewer pre-disposition jail days for misdemeanor cases at three levels: lower boundary and upper boundary of the 95% confidence level of the mean, as well as the mean difference found in the outcome study. The lower boundary was the most conservative with an estimate of 16.1 days saved. The upper boundary assumed 59 days saved and mid range was 37.4. The savings ranged from \$32.26 to a high of \$734.51. Under all three scenarios, the cost per case for specialized mental health public defenders office was less costly than the alternative.

In conclusion, the MHPDO is a valuable component of Fort Bend County's efforts to improve the outcomes for persons with severe mental illness in the criminal justice system. The staff is well integrated with other components of the system. The services are appreciated by its clients. Most importantly, the MHPDO has contributed to reduced jail time while being cost effective.

RECOMMENDATIONS

- Continue to implement the Defender Data management information system. To insure consistency, specify the data fields that are required and who is responsible for entering the data.
- To assure proactive social services, adopt a social services assessment form that guides assessment of potential client needs. Based on an assessment, the case manager can develop an effective plan of service.
- Identify the knowledge and skills required by the social service staff and provide the training opportunities to develop these.
- In an effort to understand the changes in mental health pre-trial jail days, examine the process changes that occurred with the implementation of the MHPDO.
Possible changes that affected jail days are: quicker times to a dispositive hearing; faster times from arrest to case filing; greater use of motions for bond reduction; and greater use of personal recognizance bonds.

APPENDIX 1

Fort Bend Mental Health Public Defender- Client Satisfaction Survey

Our goal is to meet the needs of the people we serve. Please help us by letting us know how we are doing.

My lawyer	Always	Usually	Sometimes	Never	Not Applicable
Is available when I need help					
Listens carefully to me					
Answers my questions					
Explains the choices available to me					
Gives me good advice					
Is concerned about me and my future					

My case manager	Always	Usually	Sometimes	Never	Not Applicable
Is available when I need help					
Listens carefully to me					
Answers my questions					
Helps me solve problems					
Helps me find the services I need					

Overall how satisfied are you with the services you have received from the Fort Bend Mental Health Public Defender? Circle the answer that best describes you experience)

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Comments

APPENDIX II

One-way ANOVA Misdemeanor Jail Time

Descriptives

jail_D

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1	57	56.947	106.9914	14.1714	28.559	85.336	.0	610.0
2	82	19.378	31.4276	3.4706	12.473	26.283	.0	178.0
Total	139	34.784	74.6249	6.3296	22.269	47.300	.0	610.0

ANOVA

jail_D

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	47461.403	1	47461.403	9.018	.003
Within Groups	721044.123	137	5263.096		
Total	768505.525	138			

One-way ANOVA- Felony Jail Time

Descriptives

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1	46	159.261	213.4767	31.4754	95.866	222.656	.0	968.0
2	23	77.913	137.9245	28.7593	18.270	137.556	.0	650.0
Total	69	132.145	194.4347	23.4072	85.437	178.853	.0	968.0

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	101467.855	1	101467.855	2.753	.102
Within Groups	2469262.696	67	36854.667		
Total	2570730.551	68			