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Clark County Mental Health Court: An outcomes-based evaluation model of residential and treatment programs beyond recidivism

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Abstract

The number of America’s mental health courts has grown significantly over the course of the past 15 years. Mental health courts have been described as a form of justice, to the extent that they can implement therapeutic interventions, case management and treatment (Palermo, 2010). A mental health court was established in Clark County during 2000. This action is in response to engagement in treatment, improved quality of life, decreased recidivism, and increased community safety and support services (Palermo, 2010).

Outcome Measurements

Comparative analysis of mental health hospitalizations and lengths of stay.

Comparative analysis of the Brief Psychiatric Rating Scale-Anchored Version (BPRS) to assess and monitor the clinical status of client. (1)

Comparative analysis of number of length of client’s periods of homelessness. Client’s income level from employment or assistance. Client’s improved understanding of applicable practical life skills as measured by pre- and post-testing of a Practical Skills Test.

Comparative analysis of arrests and days in jail.

Comparative analysis of frequency of court appearances and failure to appears. Clients consent to random drug tests while in the program and follow-up test.

Introduction

The number of jail and prison inmates with mental illness is increasing dramatically and in having a devastating impact on the criminal justice system, treatment and health costs. In 2003, nearly four-fifths of all prison and jail inmates had a mental health problem, including 795,000 inmates in State prisons, 75,000 in Federal prisons, and 470,000 in local jails. These estimates represented 5% of State prisoners, 45% of Federal prisoners, and 54% of jail inmates (James & Glaze, 2006). National estimates of inmates providing care for mentally ill inmates are limited. The most recent survey, conducted between 1994 and 1995, found that 20% of all prisoners and 34% of jail inmates had a mental health problem, including 795,000 inmates in State prisons, 75,000 in Federal prisons, and 470,000 in local jails. These estimates represented 5% of State prisoners, 45% of Federal prisoners, and 54% of jail inmates (James & Glaze, 2006). Prevalence studies of inmates providing care for mentally ill inmates have used a variety of methods, including self-report, diagnostic interviews, and chart reviews. These studies often do not distinguish between mental illness and substance use disorders.

Comparative analysis of mental health hospitalizations and lengths of stay.

Comparative analysis of the Brief Psychiatric Rating Scale-Anchored Version (BPRS) to assess and monitor the clinical status of client. (1)

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Comparative analysis of arrests and days in jail.

Comparative analysis of frequency of court appearances and failure to appears. Clients consent to random drug tests while in the program and follow-up test.

Mental Health

As a result of the treatment received in MHC, clients and graduates will experience improved mental health.

Independent Living Skills

Intensive case management will result in clients and graduates maintaining independent living skills and an improved quality of life.

Substance Abuse

Clients and graduates will develop skills and support systems to abstain or minimize use of alcohol and other substances to avoid recidivism.

Social Functioning

Clients and graduates of MHC will possess an enhanced capacity to interact in the normal or usual ways in society.

Comparative analysis of the treatment of clients in criminal justice systems to work with advocates for the mentally ill to develop mental health courts. These mental health courts will be designed to assist clients in navigating the criminal justice system without the aid of robust mental health services.

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