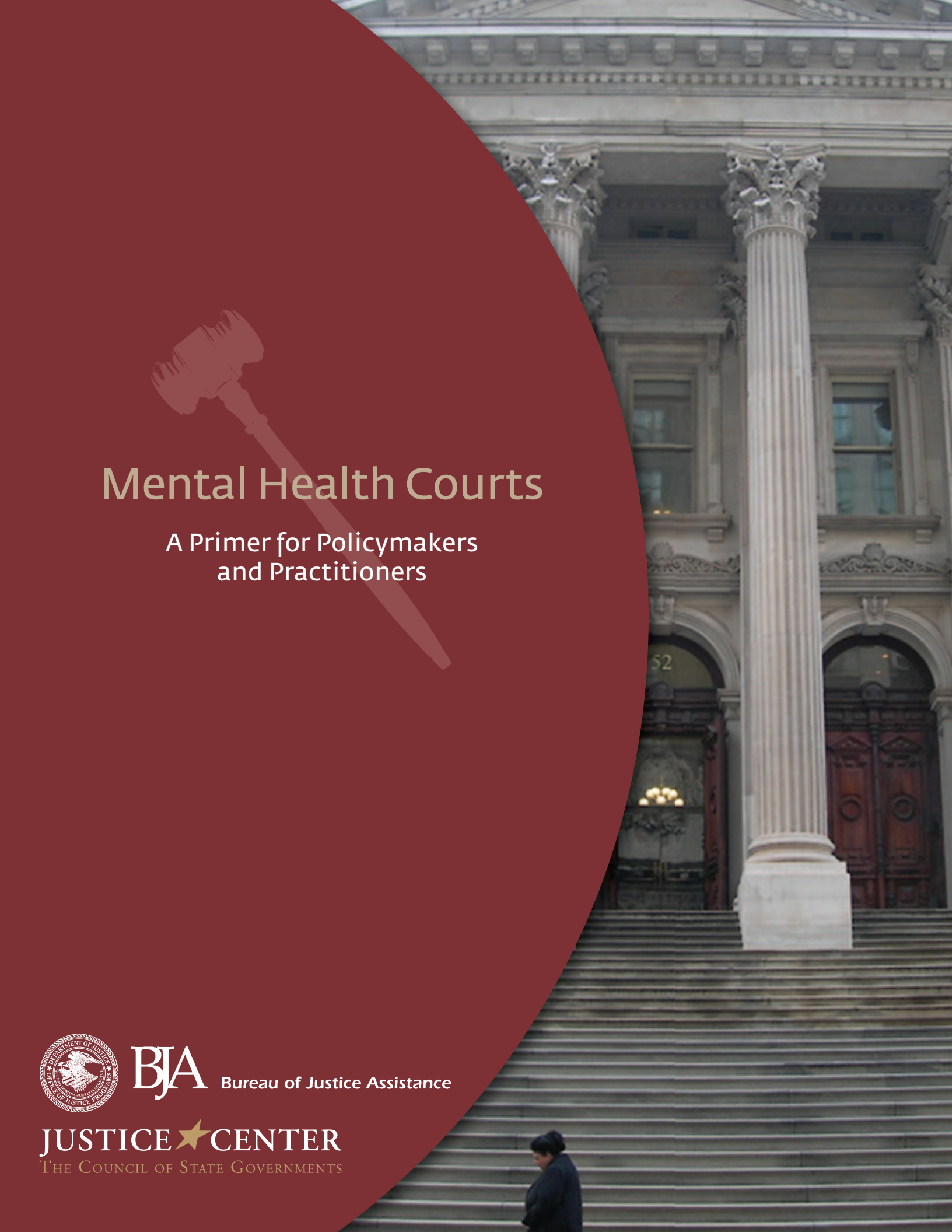

Mental Health Courts

A Primer for Policymakers and Practitioners

BJA Bureau of Justice Assistance

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Mental Health Courts

A Primer for Policymakers and Practitioners

A report prepared by the
Council of State Governments Justice Center
Criminal Justice/Mental Health Consensus Project
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Introduction

Mental health courts have spread rapidly across the country in the few years since their emergence. In the late 1990s only a handful of such courts were in operation; as of 2007, there were more than 175 in both large and small jurisdictions.[1]

If this recent surge in popularity is any indicator, many more communities will consider developing a mental health court in the coming years. This guide is intended to provide an introductory overview of this approach for policymakers, practitioners, and advocates, and to link interested readers to additional resources.

The guide addresses a series of commonly asked questions about mental health courts:

- Why mental health courts?
- What is a mental health court?
- What types of individuals participate in mental health courts?
- What does a mental health court look like?
- What are the goals of mental health courts?
- How are mental health courts different from drug courts?
- Are there any mental health courts for juveniles?
- What does the research say about mental health courts?
- What issues should be considered when planning or designing a mental health court?
- What resources can help communities develop mental health courts?

Why Mental Health Courts?

Mental health courts are one of many initiatives launched in the past two decades to address the large numbers of people with mental illnesses involved in the criminal justice system. While the factors contributing to this problem are complicated and beyond the scope of this guide, the over-representation of people with mental illnesses in the criminal justice system has been well documented:[2]

- Prevalence estimates of serious mental illness in jails range from 7 to 16 percent, or rates four times higher for men and eight times higher for women than found in the general population.[3]
- A U.S. Department of Justice study from 1999 found that half of the inmates with mental illnesses reported three or more prior sentences.[4] Other research indicates that people with mental illnesses are more likely to be arrested than those without mental illnesses for similar crimes and stay in jail and prison longer than other inmates.[5]
- In 1999, the Los Angeles County Jail and New York's Rikers Island jail held more people with mental illnesses than the largest psychiatric inpatient facilities in the United States.[6]
- Nearly two-thirds of boys and three-quarters of girls detained in juvenile facilities were found to have at least one psychiatric disorder, with approximately 25 percent of these juveniles experiencing disorders so severe that their ability to function was significantly impaired.[7]

Without adequate treatment while incarcerated or linkage to community services upon release, many people with mental illnesses may cycle repeatedly through the justice system. This frequent involvement with the criminal justice system can be devastating for these individuals and their families and can also impact public safety and government spending. In response, jurisdictions have begun to explore a number of ways to address criminal justice/mental health issues, including mental health courts, law enforcement–based specialized response programs, postbooking jail diversion initiatives, specialized mental health probation and parole caseloads, and improved jail and prison transition planning protocols. All of these approaches rely on

extensive collaboration among criminal justice, mental health, substance abuse, and related agencies to ensure public safety and public health goals.

Mental health courts serve a significant role within this collection of responses to the disproportionate number of people with mental illnesses in the justice system. Like drug courts and other "problem-solving courts," after which they are modeled, mental health courts move beyond the criminal court's traditional focus on case processing to address the root causes of behaviors that bring people before the court.* They work to improve outcomes for all parties, including individuals charged with crimes, victims, and communities.

*Drug courts have been particularly instrumental in paving the way for mental health courts. Some of the earliest mental health courts arose from drug courts seeking a more targeted approach to defendants with co-occurring substance use and mental health disorders.

What Is a Mental Health Court?

Despite the recent expansion of mental health courts, there are not yet nationally accepted, specific criteria for what constitutes such a court. Although some initial research identified commonalities among early mental health courts, the degree of diversity among programs has made agreement on a core definition difficult.[8] Mental health courts vary widely in several aspects including target population, charge accepted (for example, misdemeanor versus felony), plea arrangement, intensity of supervision, program duration, and type of treatment available. Without a common definition, national surveys developed on mental health courts have relied primarily on self-reported information to identify existing programs.[9]

The working definition that follows distills the common characteristics shared by most mental health courts. The Justice Center worked with leaders in the field to also develop consensus on what these characteristics should look like and how they can be achieved, as documented in *The Essential Elements of a Mental Health Court*.*

A Working Definition of a Mental Health Court

A mental health court is a specialized court docket for certain defendants with mental illnesses that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions, nonadherence may be sanctioned, and success or graduation is defined according to predetermined criteria.[10]

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*As the commonalities among mental health courts continue to emerge, practitioners, policymakers, researchers, and others have become interested in developing consensus not only on what a mental health court is but on what a mental health court should be. *The Essential Elements of a Mental Health Court* describes 10 key characteristics that experts and practitioners agree mental health courts should incorporate. Michael Thompson, Fred Osher, and Denise Tomasini-Joshi, *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court* (New York, NY: Council of State Governments Justice Center, 2008), www.consensusproject.org/mhcp/essential.elements.pdf.

What Types of Individuals Participate in Mental Health Courts?

The majority of mental health court participants suffer from serious mental illnesses. Mental illness is a general term that includes a range of psychological disorders. A subset of serious mental illnesses is severe and persistent mental illness. This includes conditions that involve long-term and profound impairment of functioning—for example, schizophrenia, schizoaffective disorder, bipolar disorder (formerly called manic depression), severe depression, and anxiety disorders. In addition to describing level of functioning, most states also use criteria for "severe and persistent" to prioritize access to public mental health services.

Some mental health courts accept individuals with a broader array of disabling conditions than mental illness alone. While developmental disabilities, traumatic brain injuries, and dementias are not included in federal statutory and regulatory definitions of serious mental illness, they may be the cause of behavioral problems that result in criminal justice contact and may also co-occur with serious mental illnesses. Each mental health court determines how flexible to be on eligibility requirements and, when screening an individual who does not precisely fit standard criteria, whether to accept participants on a case-by-case basis. Working with individuals who have needs that fall outside the typical mental health service continuum requires additional partnerships with other community agencies, and so acceptance decisions are based, in part, on an individual's ability to benefit from a court intervention given these clinical and system capacity considerations. All individuals must be competent before agreeing to participate in the program.

Although addictive disorders are considered mental illnesses and are included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* their diagnosis, treatment interventions, and providers differ from those for nonaddictive mental illnesses. Nevertheless, the majority of people with mental illnesses involved with the criminal justice system—approximately three out of four—also suffer from a co-occurring substance use disorder.[11] As a result, mental health courts must address this population and treat both mental health and substance use disorders in a comprehensive and integrated fashion. The vast majority of mental health courts accept individuals with co-occurring disorders, and some courts even seek out this population, but few mental health courts accept defendants whose only mental disorders are related to substance use.

The prevailing belief in the scientific community is that mental disorders, both addictive and nonaddictive, are neurobiological diseases of the brain, outside the willful control of individuals. People with mental illnesses cannot simply decide to change the functioning of their brain. As with physical illnesses, it is believed that mental disorders are caused by the interplay of biological, psychological, and social factors. This acknowledged lack of control contributes to the belief that mental health courts, which rely on treatment and flexible terms of participation rather than the traditional adversarial system, represent a more just way for courts to adjudicate cases involving people with mental illnesses. Nevertheless, entering a mental health court does not negate individuals' responsibility for their actions. Mental health courts promote accountability by helping participants understand their public duties and by connecting them to their communities.

What Does a Mental Health Court Look Like?

The enormous variability in mental health court design and operation has led some observers to note that "if you have seen one mental health court, you have seen one mental health court." Nevertheless, while great variety exists, mental health courts share several core characteristics. What follows is a description of one mental health court in action that reflects some of these central features, the "essential elements."

Every Wednesday afternoon, County Courthouse Room 13 assumes a mental health docket. The courtroom team (judge, defense attorney, prosecutor, probation officer, court coordinator, and case manager) has already met for several hours to discuss the people who will be appearing that day.

The first individuals before the bench are those entering the court for the first time. They have already undergone basic screening for program eligibility, had their mental health needs assessed, and been given a description of the mental health court program. The judge explains why they have been offered the opportunity to participate and describes the court's procedures. She asks if they want to enter the program and whether they fully understand the terms of participation. Those who agree to participate (the majority) are welcomed into the court.

After the new participants have been admitted, the court proceeds with status hearings for current program participants. The judge inquires about their treatment regimens, and publicly congratulates those who received positive reviews from their case managers and probation officers at the staff meeting. One participant receives a certificate for completing the second of four phases of the court program. The judge hands down sanctions of varying severity to individuals who have missed treatment appointments—tailored to the needs of each participant. The judge also informs several participants that certain privileges they had hoped to obtain will be withheld because of their misconduct over the past two weeks. Throughout the status hearings, conversation remains informal and individualized, often relaxed. Observers unfamiliar with mental health court procedures may be uncertain of what they are witnessing, but they will be sure of one thing: this is not a typical courtroom.

In the following days, the mental health court team will work to develop a service plan for each new participant to connect him or her quickly to community-based mental health treatment and other supports. Those individuals who have declined to participate will return to the original, traditional court docket.

What Are the Goals of Mental Health Courts?

At their heart, mental health courts represent a response to the influx of people with mental illnesses into the criminal justice system. They seek to use the authority of the court to encourage defendants with mental illnesses to engage in treatment and to adhere to medication regimens to avoid violating conditions of supervision or committing new crimes. Unlike some programs that divert individuals from the justice system and merely refer them to community service providers, mental health courts can mandate adherence to the treatment services prescribed, and the prospect of having charges reduced or dismissed provides participants with additional incentives.

Communities start mental health courts with the hope that effective treatment will prevent participants' future involvement in the criminal justice system and will better serve both the individual and the community than does traditional criminal case processing. Within this framework, mental health court planners and staff cite specific program goals, which usually fall into these categories:

- Increased public safety for communities—by reducing criminal activity and lowering the high recidivism rates for people with mental illnesses who become involved in the criminal justice system
- Increased treatment engagement by participants—by brokering comprehensive services and supports, rewarding adherence to treatment plans, and sanctioning nonadherence
- Improved quality of life for participants—by ensuring that program participants are connected to needed community-based treatments, housing, and other services that encourage recovery
- More effective use of resources for sponsoring jurisdictions—by reducing repeated contacts between people with mental illnesses and the criminal justice system and by providing treatment in the community when appropriate, where it is more effective and less costly than in correctional institutions

How Are Mental Health Courts Different from Drug Courts?

Drug courts are the best known and most widespread of the various problem-solving court models and have in many ways served as a prototype from which mental health courts have evolved. The high rate of co-occurring mental health and substance use disorders among individuals in the criminal justice system also suggests significant overlap in the target populations of these related court programs. In fact, in some jurisdictions, the inability of the local drug court to effectively manage individuals with serious mental illnesses precipitated the development of a mental health court.

Important differences remain in the principles and operation of drug courts and mental health courts; mental health courts are not merely drug courts for people with mental illnesses.[12] Although little research has been conducted comparing drug courts and mental health courts, it is already clear that jurisdictions interested in building on the experiences of their drug courts to develop a mental health court will need to adapt the model in significant ways to accommodate individuals with mental illnesses.

The majority of the differences listed below stem from the fact that mental illness, unlike drug use, is, in and of itself, not a crime; mental health courts admit participants with a wide range of charges, while drug courts focus on drug-related offenses. Also, whereas drug courts concentrate on addiction, mental health courts must accommodate a number of different mental illnesses, and so there is greater variability among treatment plans and monitoring requirements for participants than in drug courts.

Key Differences between Drug Courts and Mental Health Courts

PROGRAM COMPONENT	DRUG COURTS . . .	MENTAL HEALTH COURTS . . .
Charges accepted	Focus on offenders charged with drug-related crimes	Include a wide array of charges
Monitoring	Rely on urinalysis or other types of drug testing to monitor compliance	Do not have an equivalent test available to determine whether a person with a mental illness is adhering to treatment conditions
Treatment plan	Make treatment plans structured and routinized; apply sanctioning grid in response to noncompliance, culminating with brief jail sentence	Ensure that treatment plans are individualized and flexible; adjust treatment plans in response to nonadherence along with applying sanctions; rely more on incentives; use jail less frequently
Role of advocates	Feature only minimal involvement from advocacy community	Have been promoted heavily by some mental health advocates, who are often involved in the operation of specific programs; other mental health advocates have raised concerns about mental health courts, either in general or in terms of their design
Service delivery	Often establish independent treatment programs, within the courts' jurisdiction, for their participants	Usually contract with community agencies; require more resources to coordinate services for participants
Expectations of participants	Require sobriety, education, employment, self-sufficiency, payment of court fees; some charge participation fees	Recognize that even in recovery, participants are often unable to work or take classes and require ongoing case management and multiple supports; few charge a fee for participation

Are There Any Mental Health Courts for Juveniles?

The development of mental health courts for juveniles began several years after the emergence of adult programs. In 2001 Santa Clara, California, became the first jurisdiction to use this strategy to address the large numbers of youth with mental health needs involved with the juvenile justice system.[13] A number of other juvenile mental health courts have since been catalogued, and as of 2007 the National Center for Mental Health and Juvenile Justice (NCMHJJ) had identified 18 juvenile mental health courts in operation. An additional 20 jurisdictions indicated they were either considering or actively planning a juvenile mental health court.[14] The small number of juvenile mental health courts does not in any way reflect an infrequency of mental illnesses among youth in the juvenile justice system. In fact, the percentage of individuals with mental illnesses is just as significant in the juvenile justice system as in the adult system, if not more so.

Given that the juvenile mental health courts have developed more slowly than adult mental health courts, less is known about their operation and effectiveness. NCMHJJ's study of juvenile mental health courts has revealed that many different models exist; nevertheless, like adult courts, several themes characterize these courts:

- They work best when part of a larger comprehensive plan that incorporates other elements, such as diversion and treatment, to address the mental health needs of these youth.
- The majority use a postadjudication model, although several function at the preadjudication stage.
- Most juvenile mental health courts accept youth who have committed either felonies or misdemeanors; however, many have broad discretion in determining whether to include youth who have committed very serious felonies.
- They vary on which mental health diagnoses to focus on when identifying participants, with some accepting youth with any mental health disorder, others including only youth with certain serious disorders, and still others concentrating on youth with co-occurring mental health and substance use disorders.[15]

Juvenile mental health courts offer many of the same benefits as adult programs. They also confront many of the same operational problems, but because of their participants' status as minors, juvenile mental health courts also must address an additional layer of challenges and tasks. These include identifying developmental issues that affect cognition, behavior, and the potential effectiveness of mental health treatment; working with parents and guardians; and involving a larger number of other systems, including the education and foster care systems.

What Does the Research Say about Mental Health Courts?

Research on mental health courts can be divided into two main types: studies assessing court operations (process evaluations) and studies assessing court effectiveness (outcome evaluations). Given the short tenure of most mental health courts, the greatest volume of research examines court operations and the way in which participants flow through the various programs.

Process evaluations

Process evaluations completed as of 2007 confirm that all mental health courts have some commonalities, but there are also some important differences. One of the few comparative studies, which looked at seven mental health courts' operations, found there were differences between early mental health courts and more recently developed ones, deemed "second-generation courts."[16] According to this study, while procedures varied greatly from court to court, the newer courts were more likely to share these elements:

- They consider defendants charged with felonies, as opposed to only misdemeanors, for acceptance into the program.
- They allow only postplea program enrollment, which means that the time from jail admission to program enrollment is usually longer.
- They rely more heavily on criminal justice staff, as opposed to community treatment providers, to monitor and supervise participants.
- They use jail more regularly to sanction nonadherence to court orders.[17]

These findings were published in 2004, and since then many of the "first-generation" courts have expanded the charges and pleas they accept. It is also not uncommon for new courts that would be labeled as second generation to begin as misdemeanor programs. Nevertheless, these general trends illustrate that as mental health courts become more commonplace and accepted, planning groups have more opportunities to focus on higher-risk populations than when mental health courts first emerged.

Outcome evaluations

In addition to describing mental health court operations generally, several studies have evaluated individual mental health courts and their impact on a range of participant and system outcomes. Their findings suggest the following:

- Mental health court participation resulted in comparatively fewer new bookings into jail and greater numbers of treatment episodes compared with the period prior to program participation.[18]
- Participants were significantly less likely to incur new charges or be arrested than a comparison group of individuals with mental illnesses who did not enter the mental health court program.[19]
- Participation increased the frequency of treatment services, as compared with involvement in traditional criminal court.[20]
- Mental health court participants improved their independent functioning and decreased their substance use compared with individuals who received treatment through the traditional court process.[21]
- Participants spent fewer days in jail than their counterparts in the traditional court system.[22]
- Mental health court participants reported more favorable interactions with the judge and perceived that they were treated with greater fairness and respect than in traditional court.[23]

Researchers have also begun to explore the fiscal impact of mental health courts. A recent study by the RAND Corporation assessed the Allegheny County Mental Health Court in Pennsylvania.[24] The study found that the program did not result in substantial added costs, at least in the short term, over traditional court processing for individuals with serious mental illnesses. The findings also suggested that over the longer term, the mental health court may actually result in net savings for the government.*

In assessing the impact of mental health courts, it is important to note that these findings draw on a handful of studies, many of which look at individual programs and so cannot be generalized. Furthermore, research has not yet explored how changes in a mental health court's program elements or procedures affect outcomes. A comparative study of outcomes across different mental health courts has yet to be completed.[25]

*This savings projection is based on an analysis of the anticipated costs associated with incarceration and utilization of the most expensive mental health treatment (hospitalization) and the expectation that mental health court participation would reduce both of the above.

What Issues Should Be Considered When Planning or Designing a Mental Health Court?

Fueled by emerging data on the utility of mental health courts, the popularity of problem-solving courts in general, and the desire to respond to a deep-rooted social problem, jurisdictions will likely continue to launch mental health courts in the coming years. Policymakers and practitioners interested in establishing or enhancing mental health courts should consider some important issues related to the formation and design of these courts.

Practicality in local context

Mental health courts may be impractical in some jurisdictions, either because of jurisdiction size and insufficient staff and resources or because of local resistance to problem-solving courts.[26] Accordingly, communities considering the development of a mental health court should also investigate the array of other court-based strategies being employed across the country, including postbooking jail diversion programs, specialized dockets within existing court structures, mental health–specific probation caseloads, and improved training for court personnel.

Limited data

As the previous section indicates, while only limited research has been completed, the available studies indicate that mental health courts may have more positive outcomes for people with mental illnesses than traditional criminal court processing. More research is nevertheless needed to compare different mental health court practices and evaluate outcomes across programs. Jurisdictions planning a mental health court should build data collection and evaluation into their program operations, so that the court will eventually be able to conduct its own basic data analyses.

Effect on overall service capacity

Though mental health courts have arisen in part because of the inadequate treatment services and resources in community mental health systems, implementing a program does not usually result in expanded service capacity.

Instead, mental health court staff works within the existing framework of local resources and treatment providers. As a result, if mental health courts are effective in linking their participants with services, they can actually reduce the availability of treatment options for people with mental illnesses outside the criminal justice system. To avoid disadvantaging individuals in the community, therefore, mental health court administrators, other criminal justice professionals, and mental health and substance use treatment providers should ensure the availability of services for all people with mental illnesses and work collaboratively to fill gaps in the treatment system.

Need for a continuum of response strategies

Some communities have developed mental health courts without considering alternatives across the criminal justice continuum. In these communities mental health courts might be viewed as the only strategy needed to improve outcomes for people with mental illnesses in the justice system, when in fact no single initiative can address the driving factors behind this problem. Focusing solely on mental health courts can also lead to a lack of coordination with law enforcement–based diversion programs, drug courts, reentry programs, and other initiatives at the intersection of the criminal justice, mental health, and substance use systems. Without cooperation among different criminal justice/mental health programs, limited resources cannot be shared and efforts may be duplicated. To avoid these pitfalls, policymakers and practitioners should work together to coordinate responses to their shared clientele.

Integration with traditional case processing

Regardless of their effectiveness, mental health courts alone cannot respond to the vast numbers of people with mental illnesses who enter the criminal justice system. Traditional court officials must adopt the principles and policies at the core of mental health courts to ensure that these approaches are not limited to the small number of individuals who enter specially tailored programs. Accordingly, traditional court judges and administrators should strive toward three goals: making training available to all court personnel on mental health issues; integrating mental health information into pretrial and presentence reports and responses to violations of community supervision conditions; and improving collaboration among all criminal justice agencies and mental health and substance use treatment systems.

Design considerations

Many complex issues related to mental health court design and implementation deserve greater scrutiny. For example, mental health court practitioners and observers differ on the types of participants mental health courts should

accept, the plea agreements courts should offer, appropriate program length, and how program success should be measured. Readers interested in these issues should consult this guide's companion document, *A Guide to Mental Health Court Design and Implementation* (www.consensusproject.org/mhcp/info/mhresources/pubs).

What Resources Can Help Communities Develop Mental Health Courts?

Jurisdictions interested in developing a mental health court can benefit from a range of resources and documents offering support.

Federal grant support

Although many mental health courts emerged as community-level responses to locally identified problems, they have also been supported at the federal level.

- *Justice and Mental Health Collaboration Program*

  In 2004, Congress authorized the creation of the Justice and Mental Health Collaboration Program (JMHCP).[27] This program strives to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance use systems and to improve access to effective treatment for people with mental illnesses involved with the criminal justice system.

  The JMHCP does not exclusively support mental health courts; nevertheless, of the 27 grantees selected in 2006 and the 26 selected in 2007, approximately one-third have focused on court-related initiatives. Congress appropriated $5 million for both 2006 and 2007 and increased appropriations to $10 million for the program in 2008.

  The JMHCP is administered by the Bureau of Justice Assistance (BJA).[28] At this writing, technical assistance is provided to the grantees by the Justice Center, as well as the Pretrial Justice Institute and the National Association of Counties (NACO).[29]

  To learn more about the JMHCP and grantees, see www.consensusproject.org/jmhcp.

- *Targeted Capacity Expansion Program*

  In addition to funds from criminal justice agencies, mental health courts have also received support from federal health agencies, namely, the Substance Abuse and Mental Health Services Administration (SAMHSA).

  Since 2005, SAMHSA has supported several mental health courts directly through its Targeted Capacity Expansion (TCE) program.[30] The

Technical Assistance and Policy Analysis (TAPA) Center for Jail Diversion provides technical assistance to TCE grantees.[31]

State grant support

Several states have developed broad programmatic support to address the prevalence of people with mental illnesses in the criminal justice system. As with the JMHCP, these grant dollars can be used for mental health courts. Such programs can be found in California and Florida, and many states are considering similar proposals.

- *Mentally Ill Offender Crime Reduction Grant Program (California)*

  The California Mentally Ill Offender Crime Reduction (MIOCR) program seeks to (1) support the implementation and evaluation of county efforts to increase access to community-based services and supports, (2) facilitate successful transitions from incarceration to the community, and (3) reduce recidivism among both adults and juveniles with mental illnesses involved with the criminal justice system.

  In 2006, 44 grants were awarded to 28 different counties, totaling $44.6 million. Many of these counties have used the funding to plan or improve mental health court programs. Nearly $30 million was appropriated for MIOCR in 2007. For more information, see www.cdcr.ca.gov/Divisions_Boards/CSA/CPP/Grants/MIOCR/MIOCRG.html.

- *Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program (Florida)*

  In 2007, the Florida Substance Abuse and Mental Health Corporation announced the availability of $3.8 million under the newly created Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program. In 2008, planning or implementation grants were given to counties to develop initiatives to improve public safety, avoid an increase in spending on criminal and juvenile justice, and better connect individuals with mental health or substance use disorders who are involved with the criminal justice system to treatment. More information can be found at www.samhcorp.org/RFA/index.htm.

In addition to federal and state grants, a number of other resources are available to jurisdictions interested in planning a mental health court.

BJA mental health court learning sites

Besides its work with the Justice and Mental Health Collaboration Program, BJA has designated five mental health courts as learning sites to provide a

peer support network for local and state officials interested in planning a new—or improving upon an existing—mental health court:

- Akron Municipal Mental Health Court (Ohio)
- Bonneville County Mental Health Court (Idaho)
- Bronx County Mental Health Court (New York)
- Dougherty Superior Court (Georgia)
- Washoe County Mental Health Court (Nevada)

These courts serve as a resource for jurisdictions across the country looking to develop or refine their approach to individuals with mental illnesses. Since each mental health court has a unique set of policies and procedures, the learning sites program allows jurisdictions to observe different models and the flexibility needed to tailor a program to a specific community. The learning sites also work with the Justice Center, the technical assistance provider for this program, to assess and improve their own court operations and to develop tools for the mental health court field.

The five learning sites are indeed representative of the great variability in mental health court models. For example, the Bronx County Mental Health Court started with only felony charges and began accepting misdemeanors in 2007, whereas the Akron Municipal Mental Health Court has continually focused on misdemeanor charges. Similarly, the Bonneville County Mental Health Court serves a rural jurisdiction and averages approximately 35 participants at a time, whereas the Washoe County Mental Health Court—located in a more urban area—has an estimated 200 people under its supervision at a given time. As a dual mental health court and drug court, the Dougherty Superior Court uses a different program model than all of the other learning sites. Interested jurisdictions are encouraged to visit the learning site most similar to the program model envisioned or to contact several or all of the courts to compare their models and processes.[32]

Policy guides

As part of the Mental Health Court Program and with support from BJA, the Justice Center has produced a number of practical policy guides to aid mental health courts across the country. The following publications explore in more depth a number of issues and lessons presented in this primer. They can be found at www.consensusproject.org/mhcp/info/mhresources/pubs.[33]

- *The Essential Elements of a Mental Health Court*
- *A Guide to Mental Health Court Design and Implementation*
- *A Guide to Collecting Mental Health Court Outcome Data*
- *Navigating the Mental Health Maze*

Web resources

The Consensus Project website, which the Justice Center maintains, is a helpful place to begin exploring criminal justice/mental health issues or gathering information on mental health courts. The homepage can be found at www.consensusproject.org, and the following web pages also provide relevant information.

- *Consensus Project Report*

  The landmark *Criminal Justice/Mental Health Consensus Project* report, a comprehensive discussion of the involvement of people with mental illnesses in the criminal justice system, from before arrest to after reentry from prison or jail, is available at www.consensusproject.org/the_report. A chapter of the report has been dedicated to issues that must be considered when looking at possible court-based strategies.

- *Mental Health Court Web Page*

  Within the Consensus Project website, the Justice Center maintains a page specifically for mental health courts, www.consensusproject.org/mhcp/. Many of the publications described above can be found on this page, as well as information on the learning sites and other relevant materials and websites.

- *Criminal Justice/Mental Health Information Network*

  A number of relevant mental health court resources can be found on the Criminal Justice/Mental Health Information Network (InfoNet) website, www.cjmh-infonet.org, an online database that provides a comprehensive inventory of collaborative criminal justice/mental health activity across the country and serves as a platform for peer-to-peer networking.

  At this writing, the InfoNet contains approximately 175 mental health court profiles, which are added to the site once a court fills out a survey about its program. Viewers can sort by type of program (in addition to courts, the InfoNet contains information on law enforcement, corrections, and community support programs) or by state to find the mental health courts closest to them. Users can also get a sense of the type of model these courts follow, the participants and charges they accept, and how long they have been up and running. The InfoNet also contains information on mental health court research, as well as relevant media articles.[34]

- *JMHCP Web Page*

  Grantees and nongrantees alike can find useful resources on the JMHCP web page, www.consensusproject.org/jmhcp. JMHCP provides access to

grantee snapshots and technical assistance resources, as well as links to detailed program profiles for each grantee represented on the InfoNet.

- *Center for Court Innovation Website*

  The Center for Court Innovation, which helps courts and criminal justice agencies aid victims, reduce crime, and improve public trust in criminal justice, has worked extensively with mental health courts. Relevant publications are available on its website, www.courtinnovation.org.

- *National Center for State Courts Website*

  The National Center for State Courts (NCSC) strives to improve the administration of justice through leadership and service to state courts and courts around the world. The NCSC website contains a number of materials for specialty courts, including mental health courts, which can be found at www.ncsconline.org.

- *National Drug Court Institute Website*

  Readers interested in learning more about drug courts should visit the website of the National Drug Court Institute (NDCI), www.ndci.org. NDCI promotes education, research, and scholarships for drug court and other court-based intervention programs.

- *National GAINS Center Website*

  The National GAINS Center works to collect and disseminate information about effective mental health and substance abuse services for people with co-occurring disorders involved with the justice system. Within the GAINS Center, the TAPA Center for Jail Diversion focuses on policies related to jail diversion, and both GAINS and TAPA resources can be found at www.gainscenter.samhsa.gov.

Notes

1. The Justice Center catalogues mental health court programs on its Criminal Justice/Mental Health Information Network (InfoNet) website: www.cjmh-infonet.org.

2. For a comprehensive discussion, see the *Criminal Justice/Mental Health Consensus Project* report (New York, NY: Council of State Governments, 2002).

3. Paula M. Ditton, *Special Report: Mental Health and Treatment of Inmates and Probationers* (Washington, DC: U.S. Department of Justice, 1999). *The Prevalence of Co-occurring Mental and Substance Use Disorders in Jails* (Delmar, NY: National GAINS Center, 2002). Revised Spring 2004. L. Teplin, K. Abram, and G. McClelland, "Prevalence of Psychiatric Disorders among Incarcerated Women: Pretrial Jail Detainees," *Archives of General Psychiatry* 53 (1996): 505–512. A study released by the Bureau of Justice Statistics in 2006 (*Mental Health Problems of Prison and Jail Inmates*) found that more than half of all prison and jail inmates studied reported having mental health "problems," a measure that had not been used previously.

4. Paula M. Ditton, *Special Report: Mental Health and Treatment of Inmates and Probationers* (Washington, DC: U.S. Department of Justice, 1999), www.ojp.usdoj.gov/bjs/pub/pdf/mhtip.pdf.

5. Linda Teplin, *Keeping the Peace: Police Discretion and Mentally Ill Persons* (Washington, DC: U.S. Department of Justice, 2000). Fox Butterfield, "Asylums behind Bars: A Special Report: Prisons Replace Hospitals for the Nation's Mentally Ill," *New York Times,* March 5, 1998, section A, p.1.

6. E. F. Torrey, "Reinventing Mental Health Care," *City Journal* 9, no. 4 (1999), www.city-journal.org/html/9_4_a5.html.

7. L. Teplin, K. Abram, G. McClelland, M. Dulcan, and A. Mericle, "Psychiatric Disorders in Youth in Juvenile Detention," *Archives of General Psychiatry* 59 (2002): 1133–1143. Jennie L. Shufelt and Joseph J. Cocozza, *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-state, Multi-system Prevalence Study* (Delmar, NY: National Center for Mental Health and Juvenile Justice, 2006).

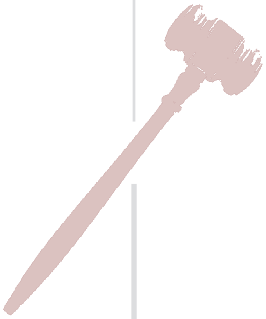
8. John Goldkamp and Cheryl Irons-Guynn, "Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino, and Anchorage" (Washington, DC: U.S. Department of Justice, 2000). Henry J. Steadman, Susan Davidson, and Collie Brown, "Mental Health Courts: Their Promise and Unanswered Questions," *Psychiatric Services* 52 (2001): 457–458.

9. The Council of State Governments Justice Center, with support from the National Alliance on Mental Illness and the National GAINS Center, developed three annual surveys on mental health courts between 2004 and 2006.

10. Adapted by Henry J. Steadman from Henry J. Steadman, Susan Davidson, and Collie Brown, "Mental Health Courts," *Psychiatric Services* 52 (2001): 457–458.

11. Linda Teplin and Karen Abram, "Co-occurring Disorders among Mentally Ill Jail Detainees: Implications for Public Policy," *American Psychologist* 46, no. 10 (1991): 1036–1045.

12. John Petrila, Norman G. Poythress, Annette McGaha, and Roger A. Boothroyd, "Preliminary Observations from an Evaluation of the Broward County Mental Health Court," *Court Review* (Winter 2001): 14–22.



13. Joseph J. Cocozza and Jennie L. Shufelt, *Juvenile Mental Health Courts: An Emerging Strategy* (Washington, DC: National Center for Mental Health and Juvenile Justice, 2006).

14. Ibid., with updated numbers from personal correspondence with Jennie Shufelt, September 5, 2007.

15. Ibid.

16. A. Redlich, H. Steadman, J. Monahan, J. Petrila, and P. Griffin, "The Second Generation of Mental Health Courts," *Psychology, Public Policy, and Law* (2004): 527–538.

17. Ibid.

18. E. Trupin, H. Richards, D. Werthheimer, and C. Bruschi, *Seattle Municipal Court, Mental Health Court: Evaluation Report* (Seattle, WA: City of Seattle, 2001). M. J. Cosden, J. Ellens, J. Schnell, and Y. Yamini-Diout, *Evaluation of the Santa Barbara County Mental Health Treatment Court with Intensive Case Management* (Santa Barbara, CA: Gevirtz Graduate School of Education, 2004). H. A. Herinckx, S. C. Swart, S. M. Ama, C. D. Dolezal, and S. King, "Rearrest and Linkage to Mental Health Services among Clients of the Clark County Mental Health Court Program," *Psychiatric Services* 56 (2005): 853–857.

19. Dale E. McNiel and Renee L. Binder, "Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence," *American Journal of Psychiatry* 164 (2007): 1395–1403. M. Moore and V. Aldige Hiday, "Mental Health Court Outcomes: A Comparison of Re-arrest and Re-arrest Severity between Mental Health Court and Traditional Court Participants," *Law and Human Behavior* 164 (2006): 1395–1403.

20. R. Boothroyd, N. Poythress, A. McGaha, and J. Petrila, "The Broward Mental Health Court: Process, Outcomes, and Service Utilization," *International Journal of Law and Psychiatry* 26 (2002): 55–71.

21. M. Cosden, J. Ellens, J. Schnell, Y. Yasmeen, and M. Wolfe, "Evaluation of a Mental Health Treatment Court with Assertive Community Treatment," *Behavioral Sciences and the Law* 21 (2003): 415–427.

22. Boothroyd, Poythress, McGaha, and Petrila, "The Broward Mental Health Court."

23. Ibid.

24. M. Susan Ridgely et al., *Justice, Treatment, and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court* (Santa Monica, CA: RAND Corporation, 2007).

25. At this writing, Policy Research Associates is working on such a study, which is being funded by the John D. and Catherine T. MacArthur Foundation and is projected to be published in 2010.

26. For information on how to build political support and assess whether mental health courts are appropriate for a community, see the Criminal Justice/Mental Health Consensus Project's *Essential Elements of a Mental Health Court* (www.consensusproject.org/mhcp/info/mhresources/pubs).

27. The Justice and Mental Health Collaboration Program was authorized through the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA). This program replaced the Mental Health Court Program, which funded 37 mental health court initiatives over the course of 2002–2004.

28. BJA is a component of the Office of Justice Programs, U.S. Department of Justice, and the former administrator of the Mental Health Court Program. BJA provides leadership, funding, training, and technical assistance to states, local governments, and other justice and prevention agencies to reduce crime, violence, and drug abuse and improve the functioning of the criminal justice system.

29. The Justice Center coordinates the Criminal Justice/Mental Health Consensus Project, a national effort to help local, state, and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illnesses involved in the criminal justice system. Through the Consensus Project, the Justice Center works closely with

BJA on a number of criminal justice/mental health issues and served as the technical assistance provider for the Mental Health Court Program. For more information on the Consensus Project and technical assistance opportunities, see www.consensusproject.org. For more information on the Pretrial Justice Institute and NACO, see their respective websites: www.pretrial.org and www.naco.com.

30. SAMHSA originally coordinated the TCE Jail Diversion Program with BJA's Mental Health Court Program and helped to provide technical assistance to the grantees, but mental health courts were not eligible to apply directly for TCE grants until 2005. The TCE program is intended to expand the community's ability to provide a comprehensive, integrated response to substance use treatment capacity issues and to improve the quality of services.

31. For more information on TAPA, see www.gainscenter.samhsa.gov/html/tapa/cmhs/role.asp.

32. For more information on BJA mental health court learning sites, see www.consensus project.org/mhcp/.

33. Hard copies of all of these policy guides (except for *Essential Elements*) can be requested from the Justice Center.

34. The Justice Center coordinates the InfoNet and developed it with assistance from key partners, namely, the National GAINS Center, the National Alliance on Mental Illness (NAMI), and the Police Executive Research Forum (PERF). The InfoNet is made possible through the support of BJA, National Institute of Corrections (NIC), Office for Victims of Crime (OVC), SAMHSA, the Center for Mental Health Services (CMHS), and the John D. and Catherine T. MacArthur Foundation.

The Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, provides leadership training, technical assistance, and information to local criminal justice agencies to make America's communities safer. Read more at www.ojp.usdoj.gov/BJA/.

The Council of State Governments Justice Center is a national nonprofit organization serving policymakers at the local, state, and federal levels from all branches of government. The Justice Center provides practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities. Read more at www.justicecenter.csg.org.

The Criminal Justice/Mental Health Consensus Project is an unprecedented national effort coordinated by the Justice Center to improve responses to people with mental illnesses who become involved in, or are at risk of involvement in, the criminal justice system. Read more at www.consensusproject.org.

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