

Mental Health Court Research Annotated Bibliography

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The Quality of Life of People with Mental Illness

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Steadman, Henry J. 2005. "A Guide to Collecting Mental Health Court Outcome Data." Council of State Governments, New York.

Steadman, Henry J., Susan Davidson, and Collie Brown. 2001. "Mental Health Courts: Their Promise and Unanswered Questions." *Psychiatric Services* 52:457-458.

Single Courts – Peer Reviewed

Boothroyd, R., Poythress, N., McGaha, A., and Petrila, J. (2003). The Broward Mental Health Court: Process, Outcomes and Service Utilization. *International Journal of Law and Psychiatry*, 26, 55-71.

Summary	“This article evaluates the Broward County Florida Mental Health Court (MHC), one of the first mental health courts in the United States. In one part of the evaluation, we have examined the MHC process itself, including the volume and nature of courtroom communications and formal outcomes. We have also gathered data on the utilization of treatment services by individuals in the MHC as well as by individuals in a traditional misdemeanor court chosen as a comparison site (Hillsborough County). In this article, we report findings from these two aspects of the evaluation, referring to them as Study 1 (the court process) and Study 2 (the utilization data).” <i>(from the introduction of the text)</i>
Court Name(s)	Broward County (Florida)
Period Covered	from initial hearing December 1, 1999 - April 30, 2001
Number in Mental Health Court Group	116
Comparison Group Description	Misdemeanants charged with a nonviolent misdemeanor, ordinance violation or criminal traffic offense with a current or previous mental health problem. Demographic (race, sex, age) and clinical characteristics were matched with mental health court group
Number in Comparison Group	97

¹ “Abstract” indicates a published abstract; a “Summary” is created for those articles or reports without an abstract. The source for the “Summary” is noted following the text.

Design	1) description of mental health court process and outcomes 2) comparison of mental health service utilization between mental health court participants and non-mental health court misdemeanants
Length of Follow-up	8 months after initial court appearance
Findings	Involvement with the mental health court increases the likelihood that defendants will become engaged in the mental health treatment system. If linked to treatment, participants receive more intensive treatment than the comparison group. Study limitations include a short follow-up time and reliance upon self-report data concerning involvement in treatment after initial court appearance.

Boothroyd, R. A., Mercado, C. C., Poythress, N. G., Christy, A. & Petrila, J. (2005). "Clinical Outcomes of Defendants in Mental Health Court," *Psychiatric Services*, 56, 829-834.

Abstract	<p><i>Objectives:</i> Mental Health Courts successfully divert defendants into treatment. However, few studies have examined whether this increased access to services positively affects client outcomes. This study compared changes in symptoms in a sample of defendants in Broward County mental health court with such changes in a comparison of defendants in regular court. <i>Methods:</i> Participants included 116 defendants from mental health court and 101 defendants from a magistrate court who were assessed one, four, and eight months after an initial court appearance by using the Brief Psychiatric Rating Scale (BPRS). Both administrative and self-report data were used to identify defendants who received treatment after their initial court appearance. Participants were included in our analysis if they had at least one follow-up interview.</p> <p><i>Results:</i> A total of 97 defendants from mental health court and 77 from the regular court were included in our analysis. Analyses of covariance performed on changes in BPRS scores revealed no significant main effects between type of court, receipt of treatment or the interaction between type of court and receipt of treatment. <i>Conclusions:</i> Although mental health courts have been found to increase defendants' access to mental health services, they have little control over the type and quality of services the defendants receive. The fact that reductions in symptoms were not observed among defendants who received treatment in either court setting more likely reflects the chronic nature of their disorders and concerns about the adequacy of our public mental health system, rather than a failure of the</p>
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	mental health court.
Court Name(s)	Broward County (Florida)
Period Covered	December 1999 through August 2003
Number in Mental Health Court Group	97
Comparison Group Description	Misdemeanants charged with a nonviolent misdemeanor, ordinance violation or criminal traffic offense with a current or previous mental health problem. Demographic (race, sex, age) and clinical characteristics were matched with mental health court group
Number in Comparison Group	77
Design	examination of average change in clinical status at 1, 4, and 8 months
Length of Follow-up	8 months after initial court appearance
Findings	No significant change in defendants' clinical status was associated with receipt of treatment or participation in mental health court. Future research directions should include detailed clinical information, comparison of types of treatment received, and a lengthier follow-up period.

Christy, A., Poythress, N. G., Boothroyd, R., Petrila, J., & Mehra, S. (2005). Evaluating the Efficiency and Community Safety Goals of the Broward County Mental Health Court. *Behavioral Sciences and the Law*, 23, 227-403.

Abstract	Mental Health Courts have developed as one response to persons with mental illness who are involved with the criminal justice system. This study investigated the efficiency and safety goals of one such court in Broward County, FL. Mental health court (MHC) clients spent significantly fewer days in jail for the index arrest associated with study enrollment than a comparison group. MHC clients had similar survival time to re-arrest up to one year after study enrollment. MHC clients did not significantly differ from the comparison group at the 8 month follow-up. These findings suggest that some of the benefits associated with MHC reported in prior studies were
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	not achieved as the expense of efficiency and safety.
Court Name(s)	Broward County (Florida)
Period Covered	from initial hearing December 7, 1999 - April 4, 2001
Number in Mental Health Court Group	116
Comparison Group Description	Misdemeanants charged with a nonviolent misdemeanor, ordinance violation or criminal traffic offense with a current or previous mental health problem. Demographic (race, sex, age) and clinical characteristics were matched with mental health court group
Number in Comparison Group	101
Design	Examination of time spent in jail for index arrest, recidivism, and self-reported violent and aggressive behavior were compared both between groups and within the mental health court group (pre and post enrollment).
Length of Follow-up	1 year after initial court appearance
Findings	<p>Mental health court meets stated goal of reducing time spent in jail in comparison to the other misdemeanor court without decreasing public safety. Mental health court participants experienced fewer arrests in the year after enrollment than in the year before enrollment.</p> <p>Study limitations include that not all mental health court participants were linked to treatment which may have influenced the survival time to re-arrest .</p>

Cosden, M., Ellens, J.K., Schnell, J. L., Yamini-Diouf, Y., & Wolfe, M. M. (2003). Evaluation of a Mental Health Treatment Court with Assertive Community Treatment. *Behavioral Sciences and the Law* 21: 415-427

Abstract	Without active engagement, many adults with serious mental illnesses remain untreated in the community and commit criminal offenses, resulting in their placement in the jails rather than mental health facilities. A mental health treatment court (MHTC) with an assertive community treatment (ACT) model of case management was developed through the cooperative efforts of the criminal justice and mental health systems. Participants were 235 adults with a serious mental illness who were booked into the county jail, and who volunteered for the study. An experimental design was used, with participants randomly assigned to MHTC or treatment as usual (TAU), consisting of adversarial criminal processing and less intensive mental health treatment. Results were reported for 6 and 12 month follow-up periods. Clients in both conditions improved in life satisfaction, distress, and independent living, while participants in the MHTC also showed reductions in substance abuse and new criminal activity. Outcomes are interpreted within the context of changes brought about in the community subsequent to implementation of the MHTC.
Court Name(s)	Santa Barbara County (California)
Period Covered	first 12 months of treatment after enrollment in study, potential participants were solicited over a two year period
Number in Mental Health Court Group	85
Comparison Group Description	either a felony or misdemeanor charge, at least one prior booking, diagnosed with a serious and pervasive mental illness, and county residents
Number in Comparison Group	65
Design	Random assignment to MHTC or TAU groups. Evaluation of the impact of a mental health treatment court in comparison to a treatment as usual group in life satisfaction, reduction in psychological distress, global independent functioning, alcohol/drug problems, criminal activity
Length of Follow-up	1 year after initial court appearance
Findings	Both groups improved life satisfaction, psychological distress, independent function, and drug problems with the mental health court group showed greater improvement in functioning and the need for substance abuse treatment. The mental health court group was less likely than the comparison group to have new charges, though both groups

	<p>were as likely to spend time in jail as the mental health court group were sanctioned and/or jailed for probation violations.</p> <p>Study limitations include the small number of clients in each group, decrease of the population due to inability to follow-up, and reliance upon self-report. Strengths of the study include random assignment to the treatment groups.</p>
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Cosden, M., Ellens, J., Schnell, J., & Yamini-Diouf, Y. (2005). "Efficacy of a Mental Health Treatment Court with Assertive Community Treatment," *Behavioral Sciences and the Law*, 23 (2): 199 – 214.

Abstract	This study examined the efficacy of a Mental Health Treatment Court (MHTC) with diversion to treatment supported by an assertive community treatment (ACT) model of case management. A total of 235 participants were randomly assigned to either MHTC or treatment as usual (TAU) and assessed over a 2 year period. It was hypothesized that participants in the MHTC would decrease their criminal activity and improve their psychosocial functioning relative to participants receiving TAU. While there were offenders for whom neither treatment was effective, a majority in both groups decreased jail days and improved psychosocial functioning, with MHTC participants demonstrating greater gains in most areas. The impact of implementing the MHTC on community practices, and the value of integrating criminal justice and mental health systems, is discussed.)
Court Name(s)	Santa Barbara County (California)
Period Covered	2 years (18 months of treatment and 6 months follow-up)
Number in Mental Health Court Group	96
Comparison Group Description	either a felony or misdemeanor charge, at least one prior booking, diagnosed with a serious and pervasive mental illness, and county residents
Number in Comparison Group	61
Design	Random assignment to MHTC or TAU groups. Description of differences between mental health court and treatment as usual programs. Examination of recidivism and psychosocial functioning.
Length of Follow-up	2 years after initial court appearance
Findings	Comparison within persons by group of days spent in jail 2 years before program and 2 years after enrollment showed significant reductions (after removal of participants who

	<p>had a prison stay after and the top stanine of high criminal activity offenders). Both groups showed improvement in global functioning and life satisfaction and reductions in psychology distress and substance use after program entry relative to prior behaviors, though the mental health court group showed the most improvement in most measures.</p> <p>Study limitations include the both groups of clients' perceptions that they were receiving special treatment, thereby increasing connection to treatment and incorporation of MHTC practices in TAU practices. This may have decreased the effects of mental health court and increased the effects of TAU in that MHTC practices affected the practices of TAU.</p>
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Herinckx, H.A., Swart, S.C., Ama, S.M., Dolezal, C.D., & King, S. (2005) Rearrest and Linkage to Mental Health Services Among Clients of the Clark County Mental Health Court Program. *Psychiatric Services*, 56: 853-857.

<p>Abstract</p>	<p><i>Objective:</i> This study examined re-arrest and linkage to mental health services among 368 misdemeanants with severe and persistent mental illness who were served by the Clark County Mental Health Court (MHC). This court, established in April 2000, is based on the concepts of therapeutic jurisprudence. This study addressed the following questions about the effectiveness of the Clark county MHC: Did MHC clients receive more comprehensive mental health services? Did the MHC successfully reduce recidivism? Were there any client or program characteristics associated with recidivism?</p> <p><i>Methods:</i> A secondary analysis of use of mental health services and jail data for the MHC clients enrolled from April 2000 to April 2003 was conducted. The authors used a 12-month pre-post comparison design to determine whether MHC participants experienced a reduced re-arrest rates for new offenses, reduced probation violations, and increased mental health services 12 months post-enrollment in the MHC compared with 12 months pre-enrollment.</p> <p><i>Results:</i> The overall crime rate for MHC participants was reduced 4.0 times one year post-enrollment in the MHC compared with one year pre-enrollment. One year post-enrollment, 54 percent of participants had no arrests, and probation violations were reduced by 62 percent. The most significant factor in determining the success of MHC participants was graduation status from the MHC, with graduates 3.7 times less likely to reoffend compared with non-graduates. <i>Conclusions:</i> The Clark County MHC successfully reduced re-arrest rates for new criminal</p>
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	offenses and probation violations and provided the mental health support services to stabilize mental health consumers in the community.
Court Name(s)	Clark County (Oregon)
Period Covered	Mental health court participants who enrolled in court April 2000 through April 2003
Number in Mental Health Court Group	386
Mental health court participants' description	at least 18 years of age, charged with a misdemeanor or a gross misdemeanor (or a felony charge that was pled down) DSM-IV axis I diagnosis of major mental illness, able and willing to choose mental health court, without a developmental disability or an axis II personality disorder
Number in Comparison Group	participants' behaviors before enrollment comprised the comparison
Design	Pre-post secondary analysis of use of mental health services and jail data for 12 months before enrollment and 12 months after enrollment
Length of Follow-up	12 months post-enrollment
Findings	<p>Overall, the crime rate for all mental health court participants declined 400 percent when compared to behaviors 1 year pre-court enrollment. Additionally, participation was associated with a 62 percent reduction in probation violation re-arrest. Those who successfully completed the program were 3.7 times less likely to reoffend compared to those who were unsuccessful. The increased intensity of mental health services was not significantly associated with re-arrest.</p> <p>Study limitations include the lack of a comparison or control group so self-selection may account for these positive impacts (i.e., the individuals who were motivated to improve their lives may be the ones who agreed to participate in the mental health court program), making it difficult to assess whether the outcomes were effects of the program or the individuals' motivation.</p>

Hiday, V.A. Moore, M.E., Lamoureaux, M. & de Magistris, J (2005). "North Carolina's Mental Health Court," *Popular Government*, Spring/Summer, 24-30.

Summary	<p>“This is a descriptive study of North Carolina's mental health court, located in Orange County. The article begins with a discussion of trends in the larger society that led to the establishment of mental health courts throughout the nation. It then explains the organization of the Orange County mental health court, depicts its operation, and presents data from 2003 on the characteristics, the offenses, and the outcomes of defendants processed in the court. It ends with preliminary conclusions about the court's effectiveness in reducing offenses.” <i>(from the first paragraph of the text)</i></p>
Court Name(s)	Orange County (North Carolina)
Period Covered	2003
Number in Mental Health Court Group	92
Comparison Group Description	all 2003 arrestees in North Carolina
Number in Comparison Group	462,718
Design	Comparison of demographic characteristics of mental health court participants and all North Carolina arrestees. Description of the mental health court program.
Length of Follow-up	1 year (2003) processed and closed cases
Findings	<p>In comparison to all North Carolina arrestees, the mental health court caseload had proportionately fewer males and fewer blacks and was slightly older (33% of participants were women, compared with 25% of all individuals arrested in North Carolina in 2002; 56% of participants were white, compared with 54% of the North Carolina arrestee population in 2002). Participants' crimes were more likely to be misdemeanors and were about half the rate of violent offenses in comparison to all North Carolina offenders. Slightly more than half of those referred successfully completed the program with 34 percent of the graduates completing within 6 months, 60 percent within 7-12 months, and the remainder completing in more than 12 months.</p> <p>Study limitations are that the comparison group was not matched on diagnoses or type of crime.</p>

McNiel, D.E. & Binder, R.L. (2007) Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence. *American Journal of Psychiatry*, 164: 1395-1403.

Abstract	<p><i>Objective:</i> In response to the large-scale involvement of people with mental disorders in the criminal justice system, many communities have created specialized mental health courts in recent years. However, little research has been done to evaluate the criminal justice outcomes of such courts. This study evaluated whether a mental health court can reduce the risk of recidivism and violence by people with mental disorders who have been arrested. <i>Method:</i> A retrospective observational design was used to compare the occurrence of new criminal charges for 170 people who entered a mental health court after arrest and 8,067 other adults with mental disorders who were booked into an urban county jail after arrest during the same interval. A matching strategy based on propensity scores was used to adjust analyses for nonrandom selection into mental health court. <i>Results:</i> Propensity-weighted Cox regression analysis, controlling for other potential confounding variables (demographic characteristics, clinical variables, and criminal history), showed that participation in the mental health court program was associated with longer time without any new criminal charges or new charges for violent crimes. Successful completion of the mental health court program was associated with maintenance of reductions in recidivism and violence after graduates were no longer under supervision of the mental health court. <i>Conclusions:</i> The results indicate that a mental health court can reduce recidivism and violence by people with mental disorders who are involved in the criminal justice system.</p>
Court Name(s)	San Francisco County (California)
Period Covered	January 14, 2003 - November 19, 2004 index arrest and through May 27, 2005 follow-up
Number in Mental Health Court Group	170
Comparison Group Description	other adult arrestees in the San Francisco jail with mental disorders
Number in Comparison Group	8,067
Design	Retrospective observational design comparing new criminal charges for those who had at least 6 months to 2 years of follow-up data
Length of Follow-up	12 months pre-enrollment and at least 6 months post-enrollment
Findings	The index offense was a felony for approximately two-thirds of both groups. Overall, mental health court participants showed a longer time without any new charges

	<p>or new charges for violent crimes in comparison to the non-mental health court group. Successful completers maintained reduced recidivism after graduation.</p> <p>Study limitations include nonrandom assignment to the court. This could have affected the findings in that unmeasured variables (e.g., motivation to be treated) may have influenced selection into the court.</p>
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Moore, M.E. & Hiday, V.A. (2006). "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*, 30, 659-674.

Abstract	<p>Mental health courts have been proliferating across the country since their establishment in the late 1990's. Although numerous advocates have proclaimed their merit, only few empirical studies have evaluated their outcomes. This paper evaluates the effect of one mental health court on criminal justice outcomes by examining arrests and offense severity from one year before to one year after entry into the court, and by comparing mental health court participants to comparable traditional criminal court defendants on these measures. Multivariate models support the prediction that mental health courts reduce the number of new arrests and the severity of such re-arrests among mentally ill offenders. Similar analysis of mental health court completers and non-completers supports the prediction that a "full dose" of mental health treatment and court monitoring produce even fewer re-arrests.</p>
Court Name(s)	Orange County (North Carolina)
Period Covered	September 2001 - August 2002 enrolled mental health court participants
Number in Mental Health Court Group	82
Comparison Group Description	Offenders with similar characteristics (mental illness, arrest) whose cases were in the same county the year before the mental health court was established (1998)
Number in Comparison Group	183
Design	Nonequivalent comparison group retrospective observational design comparing number of new arrests and recidivism severity for those who had at least 12 months post-enrollment
Length of Follow-up	12 months pre-enrollment and at 12 months post-enrollment
Findings	Mental health court participants have a reduction in the number of new arrests when compared to similar

	<p>defendants. Successful completers have an even lower re-arrest rate when compared to the comparison group.</p> <p>Recidivism severity was based on structured sentencing guidelines. Study limitations include that there were differences between the two groups with regards to prior arrest record and demographics. In addition, the study drew on a comparison group processed through the traditional court a year earlier and relied on judges' assessments of individuals' mental illness to select the comparison group.</p>
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Petrila, J., Poythress, N.G., McGaha, A. & Boothroyd, R.A. (2001) "Preliminary Observations from an Evaluation of the Broward County Mental Health Court," *Court Review*, 37(4), 14-22.

Summary	<p>"In June 1997, Broward County Mental Health Court was the first mental health court implemented in the nation. The descriptive article presents preliminary data concerning the first two years of the court's operation, including number of cases and psychiatric diagnoses. The article discusses "key informant interviews" with people involved in the implementation of the court. These qualitative data involve the respondents' beliefs concerning on the reasons for the creation of the court, whether participants believe the initial goals of the court have been met, and issues that have arisen in implementing the court. Observations from these interviews reveal concerns on trouble with housing availability, needs of special individuals, and increasing caseloads. Lastly, the authors examine the mental health court process itself and compare the mental court to a conventional misdemeanor court. Preliminary observations reveal that the court processes are less formal than traditional courts." (from <i>description of court and process sections</i>)</p>
Court Name(s)	Broward County (Florida)
Period Covered	1997-1999
Number in Mental Health Court Group	N/A
Comparison Group Description	N/A
Number in Comparison Group	N/A
Design	Descriptive evaluation of court processes during the first two years of operation. Description of roles of personnel associated with the court.
Length of Follow-up	first two years of court operation
Findings	In the first two years, the court assumed jurisdiction over 882 cases. A discussion of the processes of the court,

	<p>including the role of the court and counsel, reveals that court processes are less formal than traditional court. The mental health court identified additional mental health services needed in the county, which were subsequently developed.</p> <p>Study limitations include that these are preliminary observations and that it was premature to draw conclusions from the interviews conducted with the program enrollees.</p>
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Poythress, N.G., Petrila, J., McGaha, A. & Boothroyd, R. (2002). "Perceived Coercion and Procedural Justice in the Broward Mental Health Court," *International Journal of Law and Psychiatry*, 25, 517-533.

Summary	"This study examines the perceived coercion and procedural justice of those involved in the Broward (Florida) Mental Health Court. A sample (n=121) was taken of individuals whose cases were accepted by the mental health court between December 1, 1999 and April 30, 2001. A comparison sample (n=101) was used of those who met MHC criteria, but resided in areas where there was no MHC available. The MacArthur Perceived Coercion Scale, Perceived Procedural Justice, Impact of Hearing, Mental Status, and self-reported demographic measures were used. Results show that the MHC sample perceived little coercion from the MHC. With regard to Perceived Procedural Justice, the MHC sample rated higher than the sample from the traditional misdemeanor court."
Court Name(s)	Broward County (Florida)
Period Covered	mental health court participants enrolled between December 1, 1999 - April 30, 2001 interviewed no more than 1 week after hearing date
Number in Mental Health Court Group	93
Comparison Group Description	Misdemeanants charged with a nonviolent misdemeanor, ordinance violation or criminal traffic offense with a current or previous mental health problem. Demographic (race, sex, age) and clinical characteristics were matched with mental health court group. Participants were interviewed not more than 1 week after hearing date
Number in Comparison Group	101
Design	Cross-sectional analysis comparing perceived coercion, perceived procedural justice, satisfaction with hearing outcomes, and impact of hearing
Length of Follow-up	N/A

Findings	<p>Mental health court participants do not perceive their court involvement as being coercive when compared to the comparison group.</p> <p>Study limitations include the lack of longitudinal data concerning study participants' perceptions of coercion and satisfaction with the court prior to separation from the court.</p>
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Ridgely, M.S., Engberg, J., Greenberg, M.D., Turner, S., DeMartini, C. & Dembosky, J.W. (2007) *Justice, Treatment and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court*, RAND No. TR-439-CSG. Santa Monica, CA: RAND Corporation. http://www.rand.org/pubs/technical_reports/2007/RAND_TR439.pdf²

Summary	<p>“RAND Corporation conducted “a fiscal impact study of the Allegheny County Mental Health Court (MHC). The MHC is a specialized docket of the Court of Common Pleas designed to divert individuals with mental illness who have committed nonviolent crimes from the criminal justice to the mental health treatment system, while preserving public safety. Using administrative data from six state and county public agencies, the fiscal impact study identified the treatment, criminal justice, and cash assistance costs for the MHC participants, compared those costs with the costs of routine adjudication and processing, and calculated the fiscal impact of the MHC program.” (from the Summary)</p>
Court Name(s)	Allegheny County Mental Health Court (Pennsylvania)
Period Covered	All 365 participants from program inception (June 2001) through September 2004
Design	The authors estimate the fiscal effects of the MHC program. First, they estimate the hypothetical costs for program participants if they had gone through regular court (counterfactual condition). Second, they make a pre-post comparison focusing on costs associated with a previous arrest in comparison to costs associated with the arrest that made them MHC participants.
Findings	<p>The findings show that entry into the MHC program leads to an increase in the use of mental treatment services in the first year after MHC entry and a decrease in jail time for MHC participants. The decrease in jail expenditures is almost equivalent to the cost of treatment services.</p> <p>An analysis that followed a subsample of MHC participants</p>

² Though technically not a peer reviewed report, the first author states “All reports that bear RAND’s name go through a Quality Assurance process that includes at least two peer reviewers plus the Unit administrator. Authors must respond to reviewers’ comments and the reviewer must sign off on the final document or RAND won’t publish it. The process is at least as rigorous as that employed by peer-reviewed journals.” The advisory group decided to include this work in this section of appendix due to RAND’s report reputation.

	<p>for a longer period of time showed a dramatic decrease in jail costs in the second year of MHC participation, approaching the costs of pre-MHC levels, which suggests the program may help decrease total taxpayer costs over time. Findings included that the more-seriously distressed subgroups (participants charged with felonies, people suffering from psychotic disorders, and people with scores indicating high psychiatric severity and low functioning) had larger estimated cost savings. None of the savings in the first year of the MHC program were statistically significant.</p> <p>Future research should include prospective tracking of participants in the MHC program to quantify both the long-term outcomes and cost implications for the program. Such tracking might also suggest refinements to entry criteria to more effectively and efficiently serve those who would most benefit from such a program.</p>
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Multiple Courts – Peer Reviewed

Griffin, P.A., Steadman, H.J. and Petrila, J. (2002). “The Use of Criminal Charges and Sanctions in Mental Health Courts,” *Psychiatric Services*, 53, 1285-1289.

Abstract	<p>Objective: This study sought to describe the use of criminal charges, sanctions (primarily jail), and other strategies mental health courts use to mandate adherence to community treatment, and in doing so to elaborate on earlier descriptions of such courts. Methods: Telephone interviews were conducted with staff of four mental health courts, located in Santa Barbara, California; Clark County, Washington; Seattle, Washington; and Marion County, Indiana. Results: Mental health courts use one or more of three approaches to leverage the disposition of criminal charges to mandate adherence to community treatment: pre-adjudication suspension of prosecution of charges, post-plea strategies that suspend sentencing, and probation. In no case are criminal charges dropped before the defendant becomes involved with the mental health court program. Each dispositional strategy includes adherence to community treatment as a condition. Courts report a wide variety of sanctions for failure to adhere to court-ordered conditions. Conclusions: Mental health courts use various creative methods of disposition of criminal charges to mandate adherence to community treatment. In contrast to drug courts, in which the use of jail and other sanctions for non-adherence is common, most mental health courts report rarely or occasionally using jail in this way.</p>
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Court Name(s)	Santa Barbara (California) Clark County (Washington) Seattle (Washington) Marion County (Indiana) which were compared to the 4 courts studied by Goldkamp and Irons- Guynn Broward County (Florida) King County (Washington) Anchorage (Alaska) San Bernardino (California)
Period Covered	as of summer 2000
Design	Structured 1-2 hour phone interview of staff member associated with the court. Interviewees were later asked to review the written summary of the defining features of their court to insure accuracy.
Findings	There are commonalities and differences across courts depending up community needs and resources. The authors organize the results by two features: 1) eligibility and identification of cases and 2) supervision and sanctions. Future research should include research on the use an impact of sanctions, strategies used by courts to facilitate treatment adherence, and perceptions of coercion.

Redlich, A.D., Steadman, H.J., Petrila, J., Monahan, J., & Griffin, P.A. (2005). "The Second Generation of Mental Health Courts," *Psychology, Public Policy and Law*, 11, 527-538.

Abstract	Mental health courts (MHCs) generally began to appear in 1997. Today, more than 80 courts exist in the US. In the present article, the authors argue that the 2 nd generation of MHCs has arrived. The authors compare 8 previously described courts with 7 newer courts that have not been described in the psycholegal literature. The authors identify 4 dimensions distinguishing 1st- from 2nd-generation courts: (a) the acceptance of felony verses misdemeanor defendants, (b) pre- versus post-adjudication models, (c) the use of jail as a sanction, and (d) the type of court supervision. The 4 dimensions are interdependent in the acceptance of more felony cases contributes to the rise in processing cases post-adjudication, using jail as a sanction and more intensive supervision. Potential reasons for the evolution of a 2 nd generation are discussed.
Court Name(s)	1 st generation courts: Broward County (Florida) King County (Washington) Anchorage (Alaska) San Bernardino (California) Santa Barbara (California)

	<p>Clark County (Washington) Seattle (Washington) Marion County (Indiana)</p> <p>2nd generation Santa Clara County (California) Orange County (North Carolina) Allegheny County (Pennsylvania) Washoe County (Nevada) Brooklyn (New York) Bonneville County (Idaho) Orange County (California)</p>
Period Covered	2003
Design	Two-person teams conducted site visits of the courts and gathered answers to a set of 50 questions. This is a descriptive study of the similarities and differences between what the authors define as first- and second-generation mental health courts.
Findings	<p>The authors argue that the mental health court model has morphed into a second generation model with the majority of courts accepting felony charges. Tables compare the first and second generation models on types of cases accepted, adjudication model, use of jail as a sanction, and type of supervision.</p> <p>Study limitations include that the first generation courts were not re-evaluated since described in the literature up to 2002 and these courts' practices may have been revised.</p>

Redlich, A., Steadman, H.J., Monahan, J., Robbins, P.C., & Petrila, J. (2006). "Patterns of Practice in Mental Health Courts: A National Survey," *Law and Human Behavior*, 30: 347-362.

Abstract	<p>Mental health courts (MHC's) represent an important new development at the interface of the criminal justice and mental health systems. MHC's are criminal courts for persons with mental illness that were in part created to divert this population from jail/prison into community treatment. MHCs are proliferating rapidly despite limited knowledge regarding their characteristics or their efficacy. We surveyed the entire population of adult MHCs in the United States, n=90. In the past 8 years, MHCs have been created in 34 states, with an aggregate current caseload of 7,560 clients in MHCs nationally. Most courts (92%) reported using jail as a sanction for noncompliance, if only rarely. Further, jail sanction use was significantly predicted by increased judicial supervision and number of felonies in the court. Implications for MHCs and social monitoring are discussed.</p>
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Court Name(s)	116 potential mental health courts were contacted of which 90 were operational adult mental health courts. This was the population of mental health courts at the time of the survey.
Period Covered	October 2004 through January 2005
Design	A brief self-report survey (contained in the appendix) was completed by each court. Questions asked included court identifiers, number of enrollees and active MHC participants, ceiling on number of participants, characteristics of population and court, type of supervision. This is a descriptive study of the adult mental health courts.
Findings	The authors discuss the similarities and differences between courts and offer explanations for these. Study limitations include that this was a static snapshot of courts at one point in time and did not examine how courts change and adapt over time.

Steadman, H.J., Redlich, A.D., Griffin, P.A., Petrila, J. & Monahan, J. (2005). "From Referral to Disposition: Case Processing in Seven Mental Health Courts," *Behavioral Sciences and the Law*, 23, 215-226.

Abstract	The number of mental health courts in the United States is rapidly increasing, from one in 1997 to nearly 100 in 2004. However, to date there is comparatively little research regarding these specialty courts. The present study reports data on the referral and disposition decision-making processes of seven mental health courts. Information on all referrals to the seven courts over a three-month period was gathered. Results show that, in comparison with individuals involved in the criminal justice system, mental health court clients are more likely to be older, White, and women than individuals in the general criminal justice system. Furthermore, the over-representation occurs at the point of referral, rather than at the point of the court's decision to accept or reject a referral. In addition, the length of time from referral to diversion is much longer in these mental health courts than in other types of diversion programs. Implications of these findings are discussed.
Court Name(s)	Santa Clara County (California) Orange County (North Carolina) Allegheny County (Pennsylvania) Washoe County (Nevada) Brooklyn (New York) Bonneville County (Idaho) Orange County (California)
Period Covered	referrals between November 1, 2003 and January 31, 2004

Design	Court personnel completed a one-page questionnaire on each formal referral during the study period
Findings	<p>The authors discuss the differences and similarities between courts in 1) characteristic of referrals and disposition decisions and 2) the characteristics of persons <i>accepted to</i> from cases <i>referred to</i> the court.</p> <p>Future research should include a prospective, multi-site study to determine if individual participant characteristics or court mandates influence successful individual outcomes.</p>

Trupin, E. & Richards, H. (2003). "Seattle's Mental Health Courts: Early Indicators of Effectiveness," *International Journal of Law and Psychiatry*, 26, 33-53.

Summary	<p>"This paper is intended to advance the state of knowledge concerning MHCs in two ways. Firstly, we summarize findings from separate acceptability and effectiveness evaluations conducted at the request of the respective governing bodies of two MHCs in Seattle, WA. These evaluations combined process evaluation methods, such as interviews and surveys of key informants and surveys of stakeholders, with quantitative analyses of early data related to reincarceration, time spent in detention, and linkage/engagement with mental health services as a result of MHC participation. Secondly, by comparing and contrasting evaluations from two courts sharing a fairly uniform set of contextual factors, we hope to further set the stage for future research into the effect of such factors on MHC acceptability, organizational structure, functioning, and effectiveness. We see this focus on contextual factors as a natural extension of the concept of ecological jurisprudence (Slobogin & Fondacaro, 2000), in which the context and situation in which the individual interacts is considered with along with such factors as inherent mental disorder or impairment. Family setting, neighborhood, and access to resources are among the factors that are considered from the ecological jurisprudence perspective. Applying the notion of ecological jurisprudence to evaluation would involve developing understandings of how institutional and systemic factors influence courts and, in turn, how courts impact the interaction of individuals in their environment." (from the Introduction)</p>
Court Name(s)	Seattle (Washington) municipal King County (Seattle, Washington) municipal
Period Covered	The qualitative aspects were conducted in 2000 and 2001. For Seattle municipal, data were collected for 158 new referrals referred between February 1, 2000 and June 30, 2000. For King County municipal, data were collected for

	246 referrals between February 18, 1999 and March 16, 2000.
Design	<p>Qualitative component of the process evaluation included direct observation of court, reading of court-generated descriptive documents, administration of structured and semi-structured focus group type interviews with key informants and key stakeholders. Quantitative component of the evaluation included collection and analysis of archival mental health, detention, and court system data to determine mental health court outcomes and impacts.</p> <p>Quasi-experimental design of pre-post and group comparison of charge, detention, and mental health data.</p>
Findings	<p>A table (pp. 42-45) compares the courts on process/qualitative domains as suggested by the interviews.</p> <p>General findings were that when compared to those who opt out, those who were mental health court participants experienced decreased recidivism; decreased jail days, increased linkages to mental health services, increased treatment hours, improved functioning, and decreased deterioration.</p> <p>The evaluators suggested recommendations for improvement to the MHC, to its larger court structure, and to its city or county governing body.</p>

Watson, A., Hanrahan, P., Luchins, D.& Lurigio, A. (2001). "Mental Health Courts and the Complex Issue of Mentally Ill Offenders," *Psychiatric Services*, 52, 477-481.

Abstract	<p>Mental health courts are emerging in communities across the country to address the growing number of individuals with serious mental illness in jails and the complex issues they present to the courts. Based on concepts of therapeutic jurisprudence and patterned after drug courts, mental health courts attempt to prevent criminalization and recidivism by providing critical mental health services. The authors describe mental health courts in Broward County, Florida; King County, Washington; Anchorage, Alaska; and Marion County, Indiana. Each of these courts is designed to meet the specific needs and resources of its jurisdiction. The courts' experiences suggest that involving all players from the beginning is essential. The authors discuss the issues of due process, availability of services, and control of resources, which must be addressed before mental health courts are widely implemented.</p>
Court Name(s)	<p>Broward County (Florida) King County (Washington)</p>

	Anchorage (Alaska) Marion County (Indiana)
Period Covered	2000
Design	Descriptive summaries of the four courts' processes and case processing
Findings	<p>The authors discuss five issues that need to be addressed by future courts: 1) the type of model based upon community needs and resources, 2) cross-systems collaboration and planning, 3) adherence to due process, 4) availability of appropriate and accessible mental health treatment services, 5) control of resources.</p> <p>The authors further suggest that “an infrastructure is needed to support evaluations and to create a national locus to disseminate information and provide technical and financial support.”</p>

Single Court Reports

Ferguson, A., McAuley, K., Hornby, H., and Zeller, D. (2008). Outcomes from the Last Frontier: An Evaluation of the Palmer Coordinated Resources Project, Alaska Mental Health Trust Authority. http://www.mhtrust.org/documents_mhtrust/ACRP%20Report%20FINAL1.pdf

Summary	<p>“With limited resources, policy-makers are interested in whether mental health court programs “work” and researchers have been pressed to identify the relative merits of these programs. Today, the broader and sustained impact of these programs on the criminal justice system and on the individuals participating in these programs is just starting to be explored. Do mental health courts help reduce crime? What is the impact of mental health courts on the quality of life of those who participate? Are mental health courts cost-effective? To answer these questions, the Alaska Mental Health Trust Authority (AMHTA) in conjunction with the Alaska Court System commissioned a study to provide an in-depth analysis of the ACRP – the Anchorage Mental Health Court – on a wide variety of individual and system-level outcomes.” <i>(From the Executive Summary)</i></p>
Court Name(s)	Anchorage (Alaska) Mental Health Court
Period Covered	study conducted in 2007
Design	The design involved a multi-method approach, both quantitative and qualitative: semi-structured interviews with former participants, interviews with key stakeholders, observations of court operations, and administrative data analysis. Administrative data sources included information maintained by ACRP program staff as well as the Alaska Court System (both electronic and hard copy form),

	<p>Medicaid data from the Alaska Department of Health and Social Services, Division of Health Care Services (DHSS), psychiatric histories from the Alaska Psychiatric Institute (API) and correctional histories from the Alaska Department of Corrections (ADOC).”</p> <p>Using the administrative data, two quasi-experimental techniques were used to assess the court effectiveness. The first involved a pre-post design comparing clinical and criminal recidivism outcomes for four groups of people exiting the program (at referral, at initial opt-in, at formal opt-in, and at graduation). The second involved a matched-pair design comparing criminal and clinical recidivism outcomes for three groups (218 discharged graduated or opt-out participants with an equivalent group of people with mental illness who were not referred to the program.</p> <p>Interviews with former ACRP participants, interviews with key stakeholders, and observations of ACRP system processes and operations were also conducted.</p> <p>The report contains program descriptions, outcomes, and recommendations.</p>
Findings	<p>The program demonstrated participants’ noticeable reductions in criminal recidivism, modest improvements in clinical outcomes, participants’ self-reported improvements in quality of life, and cost-effectiveness.</p> <p>The authors make recommendations to improve system performance to influence outcomes of the program and for the people served.</p>

O’Keefe, Kelly (2006). *The Brooklyn Mental Health Court Evaluation: Planning, Implementation, Courtroom Dynamics, and Participant Outcomes*, Center for Court Innovation http://www.courtinnovation.org/_uploads/documents/BMHCevaluation.pdf

Summary	<p>“The Brooklyn Mental Health Court began operations in March 2002 as a demonstration project in the Kings County Supreme Court in Brooklyn, New York. Through addressing the treatment needs of the individual and the public safety concerns of the community, the Brooklyn Mental Health Court’s ultimate goal is to reduce recidivism and stop the “revolving door” of the mentally ill in and out of the criminal justice system. The Brooklyn Mental Health Court is a joint project of the New York State Unified Court System, New York State Office of Mental Health, and the Center for Court Innovation.</p>
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	With funding from the New York State Office of Mental Health, the Center for Court Innovation conducted an evaluation covering the court’s planning process, which began in 2001, and its first twenty-eight months of operations (March 2002 – June 2004). The evaluation assesses the planning process; describes key features of the court’s model; and presents data on courtroom dynamics, team communication patterns, and participant characteristics, outcomes, and perceptions. Major findings are summarized.” <i>(from the Executive Summary)</i>
Court Name(s)	Brooklyn (New York) Mental Health Court
Period Covered	2001 - 2004
Design	<p>The authors describe the planning and implementation of the court, including challenges experienced during the process. Descriptions of the referrals and referral sources, treatment mandates, monitoring, and courtroom experience are made.</p> <p>Additionally, participants were interviewed and completed coercion and perceived procedural justice scales.</p> <p>Team members completed a network analysis of communication survey June 2004.</p> <p>Demographic information and outcomes (recidivism, homelessness, hospitalizations, alcohol and substance use, psychiatric hospitalizations, and psychosocial functioning) were analyzed in a 12-month pre-post evaluation of the first 37 participants .</p>
Findings	<p>The study pinpointed significant ongoing barriers including limitations of local mental health treatment and housing capacity; reliance on informal communication and informal referral process; and vague policies on criminal and clinical sanctions and rewards. Participants showed improvements in the measured outcomes.</p> <p>Study limitations include the length of follow-up and the small number of participants.</p>

Van Vleet, Russell K., Hickert, Audrey O., Becker, Erin E and Kunz, Chelsea (2008). *Evaluation of the Salt Lake County Mental Health Court: Final Report*, Utah Criminal Justice Center, University of Utah. http://www.law.utah.edu/_studyfiles/94/94.pdf

Summary	“The Salt Lake County Mental Health Court (SLCo MHC) began operations in 2001. Although originally accepting only misdemeanor level cases, in 2002 it expanded the acceptance criteria to include felony charges. This expansion occurred when the City Prosecutor was cross
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	designated as a Deputy District Attorney, thereby granting him authority over both felony (State) and misdemeanor (City) cases. CJS requested that the Utah Criminal Justice Center (UCJC) provide a process and outcome evaluation of the MHC. The authors answer seven research questions: <ul style="list-style-type: none"> • Who does the program serve? • What services are MHC participants utilizing during participation? • What is the structure of the MHC? • Is MHC succeeding? • Who has the best outcomes in MHC? • What program components and services lead to the best outcomes? • How does the SLCo MHC compare to the mental health court model?"(from the Executive Summary)
Court Name(s)	Salt Lake County (Utah) Mental Health Court
Period Covered	236 participants who had been served by the court who had separated from the court
Design	The authors used a process and outcome evaluation of the court in order to answer the seven questions (listed above).
Findings	The authors describe program participants, services used, MHC structure, and participant compliance. They compare successful to unsuccessful participants on demographic variables, program components, and services. The authors also compare the MHC court to the Bureau of Justice Assistance "Essential Elements" and make recommendations for program improvements.

Shoaf, Lisa Contos. 2003. "A Case Study of the Akron Mental Health Court." Ohio Office of Criminal Justice Services.

Multiple Court Reports

Goldkamp, John S. and Irons-Guynn, Cheryl. (2000) *Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino, and Anchorage*, Bureau of Justice Assistance, U.S. Department of Justice, NCJ 182504.

Summary	This report describes the emergence of the mental health court strategy in four jurisdictions that have pioneered the concept. (from the Executive Summary)
Court Name(s)	Broward County (Florida) King County (Washington) Anchorage (Alaska) San Bernardino (California)
Period Covered	as of 2000

Design	Descriptive summary of four courts' processes and case processing. Clear comparisons are made across courts of defining features (pp. 62-65). Data were gathered by the research team through observation, attendance at court sessions, and interviewing key informants.
Findings	<p>There are commonalities and differences across courts depending up community needs and resources. The authors note that there are issues raised by the model. These include early identification of potential candidates, voluntariness of participation, conflict between mental health treatment and criminal justice goals, how to define success, and the use of sanctions and rewards.</p> <p>Excellent resource for understanding issues surrounding mental health courts. The descriptive summary (pp. xvii – xx or 62 – 65) is a clear comparison between the courts in how cases are processed and resolved.</p> <p>Study limitations include that the court processes are described and compared but there are no outcomes to demonstrate effectiveness of particular court aspects.</p>