

Criminal Justice | Mental Health

CONSENSUS PROJECT

coordinated by the
Council of State Governments

**Data Collection and Evaluation in the
Mental Health Court Context**

Presenters:

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Presentation Overview

- Overview Mental Health Courts Program
- Mental Health Courts Research to Date
- Guidelines for Evaluation (by Dr. Nelly Vanzetti)
- Looking Ahead

Overview of Mental Health Courts

- First one widely thought to have been created in Broward County, Florida in 1997.
- In 2001 the Department of Justice funded 37 mental health courts in 24 states.
- Created in response to America's Law Enforcement and Mental Health Project Act (2000) – DeWine / Strickland
- Currently 99 according to the only national survey of mental health courts www.mentalhealthcourtsurvey.com

Overview of Mental Health Courts

- Distinct commonalities
 - Criminal Courts
 - Separate Court Docket
 - Treatment Versus Jail
 - Continued Judicial Supervision
 - Disposition of Case Upon Successful Completion of Program

Overview of Mental Health Courts

- No uniform “model”
 - Some accept felonies, others misdemeanors, others both
 - Some accept people with Axis I, SPMI only, others include brain injuries and mental retardation
 - The Number of clients per year ranges from 5 to over 800.
 - Some require guilty plea for entry into the court, other offer a variety of pleas, others hold the charges in abeyance

Research to Date

Only 2 complete Evaluations performed to date

- Broward County, FL
- Santa Barbara, CA

Broward County:

- Research Design – MHC compared with misdemeanor court in another Florida county. Use of variety of data including interviews and archival data.
- Research Goals – A description of the court process itself, assessment of the degree to which individuals in the MHC find the court coercive and/or fair; analysis of long-term outcomes,

Research to Date

cntd

Santa Barbara:

- Research Design - true experimental design, random assignment to either MHC or treatment as usual (TAU)
- Research Goals – Does inclusion in the MHC show: a) a reduction in criminal activity; b) an improvement in global functioning; c) an improvement in life satisfaction; d) a reduction in psychological distress; and e) a reduction in alcohol and drug problems.

Research to Date

- **Broward County Outcomes:**
 - Non-adversarial
 - Non-coercive
 - Greater access to treatment
- **Santa Barbara Outcomes:**
 - Some reduction in criminal activity
 - Some improvement in social functioning
 - Increased use of mental health and substance abuse services

Research to Date

- Other Mental Health Courts studies
 - **Clark County, WA** - Findings indicate that MHC helps break the cycle of the “repeat offender.” MHC graduates were 4.1 times less likely to re-offend than non-graduates. Factors increasing the likelihood of re-arrest were being male and Caucasian.
 - **Akron, OH** – 88 participants, half graduated. Graduates slightly more likely to be male, white, single and have a higher education level. Number of jail days increased during the first year of MHC participation, (jail was used as a sanction), but decreased in the second year.

Research to Date

Status of Cost-Data Research

- Research focusing on jail based diversion not on mental health courts
- Little research on potential “back end” savings
- Research cannot necessarily attest to “real” savings

Guidelines for Evaluation:

Keeping it simple

By Dr. Nelly Vanzetti

Evaluation is your friend

- You want to know just how well your program works
- You want funding agencies to know just how well your program works
- You want continued funding
- You want the program to grow and thrive
- You want to benefit humanity
- You want a job



Keep it simple.

November 2, 2004

The three questions to ask to set up your evaluation:

- What are you trying to accomplish?
- How are you going to accomplish it?
- Compared to what?



Keep it simple.

November 2, 2004

What are you trying to accomplish?

- Reducing # of arrests
- Reducing # of days in jail
- Reducing hospital utilization (e.g., ER visits or inpatient days)
- Reducing severity of offenses, if any
- Improving mental health status
- Increasing community safety
- Client satisfaction



Keep it simple.

November 2, 2004

How are you going to accomplish your stated goals?

- Coordination of services for clients
- Increased or facilitated communication across providers
- Adherence to stated objectives regarding case management
- Data gathered according to schedule
- Stakeholder input solicited per schedule



Keep it simple.

Compared to what?

- Measurement issues
 - Validity
 - Reliability
- Design issues
 - Within-subjects versus between subjects
 - Longitudinal versus cross-sectional
 - Experimental versus quasi-experimental



Keep it simple.

November 2, 2004

Number of days in jail Outcome evaluation

Pre-test: 1 year prior to MHC

Post-test: 1 year during MHC

Follow-up: 1 year after MHC

The devil's in the details

- How do we define a "day"?
- How do we define "jail"?
- Does this data already exist?
- Where is it recorded?
- Can we get access to it?
- How can we get access to it, exactly?
- Who will get it?

Details, continued

- How often?
- How will they record it?
- What will they do with the form?
- Who will produce the form?
- What will be on the form, exactly?
- Who will be checking to make sure this happens?
- Et cetera, et cetera, et cetera.



Keep it simple.

November 2, 2004

Things that make you go hmMMM

- Identify your stakeholders early
- Consult them often
- Beware paperwork burden
- Ethics, confidentiality and HIPAA
- Build in quality assurance
- Evaluation feedback loop
- Define it, refine it



Keep it simple.

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Looking Ahead

Emerging Trends Among Mental Health Courts

- “If you’ve seen one mental health court ...”
- MHCs are fueled by imperatives of problem and anecdotal evidence of success, not data.
- MHCs spur cross-system collaboration
- Coordination with related activities (e.g., diversion, drug courts) appears to be ad hoc and insufficient
- Evaluation is often an afterthought

Looking Ahead

Federal Legislation: S. 1194

- Mentally Ill Offender Treatment and Crime Reduction Act of 2003
- Authorized \$50M per year (2004 and 2005) for grants to improve collaboration between criminal justice and mental health agencies
- Some of these funds are likely to be available for mental health courts development
- Passed Senate by unanimous consent, passed the House, sent to the President for signature, October 2004

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