



Mental Health Court Evaluations: An Annotated Review of the Literature with Commentary

Knowledge & Information Services
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Overview

Brief History and Mental Health Courts

Court Leadership and Problem-Solving Courts

Mental Health Court Evaluations

Mental Health Courts Analyzed

Individual Mental Health Court Evaluations

Additional Resources

Conclusion

Overview

The first mental health court was specially designed to address the complex issues affecting persons with serious and persistent mental illness or disability who enter the criminal justice system. Mental health courts generally handle misdemeanor cases involving mentally ill defendants. The goals of the mental health court are similar to those of the drug court—to divert mentally ill misdemeanor offenders from jail into treatment. Therapeutic jurisprudence is applied as the court attempts to explore issues of choice, of personal responsibility, and of the relevance of a judicial course of treatment or punishment for any given criminal case.

[Top](#)

Brief History of Mental Health Courts

In 1996 Marion County, Indiana, started the Psychiatric Assertive Identification Referral/Response (PAIR) Program in Indianapolis, which many consider to be the nation's first mental health court. This initiative is a comprehensive pretrial, post-bookings diversion system for mentally ill offenders. In 1997 Broward County (Ft. Lauderdale), Florida, launched the first court to be formally called a specialized mental health court.

The exact number of mental health courts is not known as new specialized mental health courts are currently being planned and developed, although the [Mental Health Consensus Project](#) puts the number of mental health courts at 107 as of February 2005. Congress has promoted the development of mental health courts with the passage in 2000 of America's Law Enforcement and Mental Health Project Act, which instructed the Attorney General to fund 100 demonstration projects. The resulting Mental Health Courts Grant Program, which relies on a flexible definition of what constitutes a mental health court, provided grants to 23 courts in 2002, and another 14 courts in 2003, and will continue to fund technical assistance to mental health courts through 2005.¹

[Top](#)

Court Leadership and Problem-Solving Courts

In August of 1999, the Conference of State Court Administrators (COSCA) issued a position paper on therapeutic courts. The Conference of Chief Justices and COSCA subsequently passed a resolution in

¹ Survey of Mental Health Courts. Mental Health Consensus Project Web site, <http://www.mentalhealthcourtsurvey.com/>.

support of problem-solving principles and methods. In [Resolution 22](#), the Joint Problem-Solving Courts Committee found that:

- There is evidence of broad support for the principles and methods commonly used in problem-solving courts, including, ongoing judicial leadership, integration of treatment services with judicial case processing, close monitoring of and immediate response to behavior, multidisciplinary involvement, and collaboration with community-based and government organizations.
- These principles and methods have demonstrated great success in addressing certain complex social problems, such as recidivism, that are not effectively addressed by the traditional legal processes.
- The application of these principles advance the trust and confidence of the public.

[Top](#)

Mental Health Court Evaluations

Mental health courts are one example of problem-solving courts. Drug courts have been around since the early 1990s, and have been evaluated extensively. While the Drug Courts Program Office of the Office of Justice Programs defined effective drug courts in their 1997 publication [Defining Drug Courts: The Key Components](#), effective components of mental health courts have yet to be defined.

There is not a large volume of mental health court evaluations, since most mental health courts have not existed long enough to provide data on their successes and failures. Effective components and guiding principles of mental health courts are difficult to identify as well, since there is no single “model.” Defining success in mental health courts can also vary greatly because each mental health court operates under its own, mostly unwritten, rules and procedures and has its own way of addressing service issues.

The following information provides an overview of the current literature on mental health court evaluations. First, mental health courts are analyzed in three separate mental health court studies. Online links are provided to each study, along with a summary of the findings or recommendations. Next, links to four individual mental health court evaluations are provided, along with a summary of findings or recommendations. Finally, links to additional information on mental health courts are provided for reference. All literature is referenced in reverse chronological order with the most recent publication presented first.

[Top](#)

Mental Health Courts Analyzed

In ["The Role of Mental Health Courts in System Reform"](#) (Brazelon Center for Mental Health Law, 2004), Robert Bernstein and Tammy Selzer provide a very comprehensive summary of the issues, a review of 20 mental health courts, analysis and recommendations, the role of mental health courts, the operation of mental health courts, and mental health court procedures. They analyze potential problems and benefits posed by mental health courts. The authors contend that mental health courts, when used for more serious offenses, and in response to the issues raised in their paper, can play a productive role in a comprehensive strategy to break the cycle of poor treatment and to stem worsening mental illness, escalating criminal behavior, and increasing arrest and incarceration. In addition, they feel that “court-based diversion, whether through specialty mental health courts or through regular criminal courts, is not a panacea for addressing the needs of the growing number of people with mental illnesses who come in contact with the criminal justice system. Rather, it should be seen as but one part of the solution.”

In [Problem-Solving Courts: Models and Trends](#) (Williamsburg, VA: National Center for State Courts, 2003), Pamela M. Casey and David B. Rottman state that the data from the various evaluation studies that they reviewed suggest a) mental health courts are effective in linking participants to treatment services; b) participants receive more treatment while involved in the mental health court compared to the level of treatment they receive before entering the program; c) treatment plans are based on individual’s specific needs; and d) bookings decrease for individuals once enrolled in the mental health court compared to prior mental health court involvement. Casey and Rottman also identify common practices

and key elements of mental health courts; variations across courts, and special issues related to mental health courts.

In [**Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload: Mental Health Courts in Ft. Lauderdale, Seattle, San Bernardino, and Anchorage**](#) (Washington, DC: Bureau of Justice Assistance, April 2000), John S. Goldkamp and Cheryl Irons-Guynn discusses the successes and failures of four early mental health court programs. The authors identify various common features of the four mental health courts they evaluated: 1) targeted problems and populations; 2) a judge-centered court treatment process; 3) a new working relationship between the court and mental health services; 4) special courtroom procedures and new roles for courtroom staff; 5) a range of treatment and supportive services; and 6) multiagency and system support. In addition, they describe differences in the approaches of the four mental health courts, including the timing and method of resolving the underlying criminal charges, responses to noncompliance by participants, and the effect of a defense request for a trial. Finally, the authors identify several emerging issues: 1) the early identification of mental health court candidates; 2) the voluntariness of participation; 3) conflict between criminal justice and mental health treatment goals; 4) the definition of success; 5) the range of responses to participant behavior/performance; and 6) community linkages and resources.

[Top](#)

Individual Mental Health Court Evaluations

In [**An Assessment and Evaluation of Mental Health Courts in Maricopa County, Arizona**](#) (Williamsburg, VA: Institute for Court Management, Court Executive Development Paper, May 2004), Mark A. Stodola evaluates the effectiveness of two mental health courts: the City of Tempe and the Superior Court of Maricopa County. He made the following conclusions: 1) there is strong support for mental health courts from judges, attorneys, program staff, and defendants; 2) in evaluating the two probationer comparison populations, the percentage of probationers who were revoked and sentenced to the department of corrections is almost identical between mental health court and traditional court; 3) the percentage and total number of probationers who or successfully completed probation, or were removed from probation early, was higher in mental health court; and 4) the percentage of probationers reinstated to probation was slightly lower in mental health court.

In [**The Clark County Mentally Ill Re-arrest Prevention \(MIRAP\) Program**](#) (Regional Research Institute for Human Services, Portland State University, September 30, 2003), Heidi Herinckx et al. evaluate the Clark County Mental Health Court. The authors conclude, "Overall, the Clark County MHC (Mental Health Court) demonstrated success in reducing re-arrest and probation violations of MHC clients. Consumers reported positive outcomes from participation in quality of life, increased self-reliance and ability to manage their own lives, increased stability and self-awareness. The supports provided by the MH providers, court coordinators and judge provide the client with a network of caring professionals that assisted and encouraged clients to make positive life changes."

In [**The Effectiveness of the Broward Mental Health Court**](#) (Louis de la Parte Mental Health Institute, November 2002), John Petrila provides the evaluation findings and policy implications of his evaluation of the Broward County Mental Health Court. This evaluation includes "a description of the court process itself, as well as an assessment of the degree to which individuals appearing before the court find the court coercive and/or fair; and an analysis of the long term outcomes, using a variety of data including several interviews with individuals enrolled in the study as well as archival data." The author concludes that in Broward County, the mental health court is meeting the goals established by those who created it.

In [**Mental Health Court Evaluation Report**](#) (City of Seattle, Seattle Municipal Court, September 5, 2001), Eric Trupin et al. evaluate the Seattle Mental Health Court processes and structure, as well as mental health court defendant outcomes. The authors conclude that the Seattle Mental Health Court: 1) is meeting its goals of protecting public safety; 2) is highly successful in meeting the goal of connecting or reconnecting mentally ill persons with needed mental health services; 3) has made major progress toward improving the likelihood of ongoing success with treatment, access to housing or shelter, and linkages with other critical support; and 4) is garnering mixed opinions from the key informant interviewees

regarding its goal of reducing the use of jail and repeated interaction with the criminal justice system for mentally ill persons. Some of the other issues that the author looked at included 1) whether the mental health court (MHC) is serving the target population; 2) whether the MHC operations are consistent with the MHC philosophy; 3) whether the MHC operates efficiently and effectively; and 4) whether the MHC has effectively developed case-processing tools that differ from "regular" court processes. A caseflow chart documenting the flow of a case in the MHC is provided, along with the various survey instruments in this comprehensive report.

[Top](#)

Additional Resources

The [Criminal Justice Mental Health Consensus Project](#) provides links to several mental health court evaluations as well as other articles on mental health courts. For example, the PACE Program (Boulder, Colorado) is a probation alternative for mentally ill offenders. The presiding judge sees the PACE program as an alternative to a mental health court because they cannot "afford" to designate one judge just for mental health cases. The PACE program is highlighted in the consensus project profiles.

In "[Co-occurring Disorders and Specialty Courts](#)" (National GAINS Center and the TAPA Center for Jail Diversion, July 2003), Roger H. Peters and Fred C. Osher provide an overview of mental health clinical issues that judges and court staff should be aware of and provides recommendations based on evidence-based practices.

The [California Judicial Council](#) has a well-developed Web site on mental health courts. See their [Mental Health Courts Satellite Broadcast](#) document. Descriptions of different programs and common elements were provided in a satellite broadcast program of November 14, 2002.

In "[Miami's Infant and Young Children's Mental Health Program: A Case Study](#)," in **Future Trends in State Courts 2004** (Williamsburg, VA: National Center for State Courts, Knowledge and Information Services, 2004), Judge Cindy Lederman describes a case study that shows the effectiveness of Miami's mental health court program for children. This article is a follow-up to Judge Lederman's Report on Trends in the State Courts 2003 article, "[Miami's Infant and Young Children's Mental Health Program: A Place Where the Healing Begins](#)."

In "[The Use of Criminal Charges and Sanctions in Mental Health Courts](#)" (American Psychiatric Association, 2002), Patricia A. Griffin et al. conclude that "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 nonadherence is common, most mental health courts report rarely or occasionally using jail in this way."

The [Bureau of Justice Assistance, Mental Health Courts Web Site](#) discusses conferences, legislation, technical assistance, and grants for mental health court programs.

In the document, [Mental Health Court State Links](#) (NCSC CourtTopics Database, 2004), Madelynn Herman provides links to the various mental health courts around the country. Dates of establishment are also provided.

The NCSC [Mental Health Resource Guide](#) (NCSC CourtTopics Database, 2004) provides links to various articles and studies on mental health courts.

[Top](#)

Conclusion

The first mental health court began nine years ago in Broward County, Florida. There are now over 100 mental health courts around the country. Mental health courts are showing great promise in their attempt to address the unique needs of the mentally ill who enter the criminal justice system. Even though effective components have not been developed yet for mental health courts, as they have for drug courts, current evaluation studies outlined in this article demonstrate that they can have positive outcomes for the mentally ill who are involved in the criminal justice system.

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Mental Health

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