

AN ASSESSMENT AND EVALUATION OF MENTAL HEALTH COURTS IN  
MARICOPA COUNTY ARIZONA

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## **Abstract**

Maricopa County Arizona has joined a number of other jurisdictions around the country in the creation of two mental health courts; one at the limited jurisdiction level in the City of Tempe and the other in the Superior Court of Arizona in Maricopa County. These courts were created as a response to the myriad of challenges to adequately insure that mentally ill offenders receive equal access to the justice system, while also addressing those needs that are unique to this population. The purpose of this research paper is to evaluate the effectiveness of these mental health courts and the use of a “problem solving” court model versus the more conventional approach found in a traditional court setting.

The goals of the Tempe Municipal Mental Health Court and the Maricopa Superior Mental Health Court are to:

- Effectively provide mentally ill offenders access to treatment.
- More effectively coordinate services between the courts, criminal justice system and treatment providers.
- Reduce the level of recidivism of mentally ill offenders.
- Provide more cost effective/efficient use of resources than traditional courts.
- Provide more expeditious case resolution than traditional courts.
- Provide more effective community reintegration services than traditional courts.

This study included both a qualitative and quantitative approach to evaluating these specialized problem solving courts. Caseload statistics were compared over a three month period prior to the inception of the Maricopa County Mental Health Court versus the same period one year later. Additionally, three separate surveys were produced and

conducted for four separate respondent groups; 1) program participants, 2) Probation and Value Options mental health case managers, as well as 3) judges and 4) attorneys who worked in the court.

There were several challenges in obtaining adequate data sets that prevented this researcher from drawing many definitive conclusions regarding the effectiveness of these mental health courts. Because of delays in the start of the Mental Health Court in Tempe, as of this writing there is not enough data to draw any significant conclusions about its performance. Additionally, the number of survey responses from participants in the Superior Court Mental Health Court was inadequate for this researcher to draw any definitive conclusions about the program.

These data limitations notwithstanding, the survey findings were instructive and provided valuable insights regarding the mental health court model. Although not statistically conclusive, available survey results indicated that participants, staff, judges and attorneys strongly supported Mental Health Court and considered it to be a more effective way to address the aforementioned goals. An evaluation of adult probation caseload data revealed that the percentage of probation revocations and reinstatements for Mental health Court participants was approximately the same as for those mentally ill offenders who went through a traditional court setting. The percentage of probationers early terminated or successfully expired from probation was significantly higher for mental health court participants.

While there were several research questions that lacked empiricle data, available information indicates that Mental Health Court appears to show promise in providing improved services for court staff and program participants, as well as greater

communication and cooperation between the court, mental health service providers and mentally ill offenders. Based on these preliminary findings, this researcher concludes that the Mental Health Court model is worthy of receiving continued resources with the understanding that it is of paramount importance that its administration carefully collect and evaluate program statistics.



## INTRODUCTION

Rafael Rodriguez is mentally ill. He was diagnosed with paranoid schizophrenia. He hears voices and once tried to kill himself by injecting rat poison. On April 24, 1999, Rodriguez, age 22, was jailed for shooting a gun in Phoenix. A court official recommended three years of probation coupled with assignment to the department's mental health unit to help ensure he would take his medications and attend counseling. However, a jail counselor believed that Rodriguez posed a danger to himself and others, court records show. She said he was delusional and threatened to go off his medications. Ideally, the counselor said, Rodriguez should be committed to the Arizona State Hospital. If not, he should be placed under court ordered treatment through Value Options, the for-profit company that holds the contract to deliver mental health services in Maricopa County.

Court records do not indicate what came of the counselor's recommendations. On November 16, 1999, Rodriguez was released to Value Options case managers and taken to a downtown homeless shelter. He was seen by his case manager each day over the next three days. On the fourth day, police records indicate, Rodriguez stabbed his roommate Johnny Martinez to death.<sup>1</sup>

The story of Rafael Rodriguez is all too common in Arizona and not unusual throughout the country. Arguably, the mentally ill are the most disenfranchised, stigmatized and sadly, the most treatable population in the country. However, there has been a tremendous disconnect between the needs of this population and Arizona's public policy makers, mental health treatment providers, the criminal justice system and the courts. As a result, Arizona can lay claim that its largest mental health facility is the

Maricopa County Jail, with 10% of its over 8,500 inmates estimated to have a Serious Mental Illness.<sup>2</sup>

Arizona also has the dubious distinction of being the state with the second lowest level of per capita funding for the mentally ill in the country and, like most states, has a criminal justice system that has been traditionally ill equipped to effectively address the needs or issues surrounding mentally ill offenders. This dysfunctional approach to a complicated problem has dramatically impacted Arizona's criminal justice system. As a consequence, one may question whether an individual suffering from a mental illness will receive the same access to justice as the rest of Arizona's population.

The courts in Maricopa County, Arizona have responded to these challenges. In July of 2002, the Maricopa County Superior Court established a mental health court for case-managed defendants convicted of felonies and sentenced to adult probation. In October of 2003, the Tempe Municipal Court followed suit with a mental health court for misdemeanor offenders. Both of these courts developed specialized dockets with the vision of improving public safety while avoiding the unnecessary recycling of mentally ill defendants through the criminal justice system. The purpose of this paper is to evaluate these two mental health courts and address the following thesis:

- Maricopa County Mental Health Courts are more effective than "traditional" courts in reducing recidivism.
- Maricopa County Mental Health Courts are more effective/efficient than traditional courts in providing program participants access to treatment services.
- Maricopa County Mental Health Courts provide a more cost effective/efficient use of resources than traditional courts, from a macro-economic perspective.

- Maricopa County Mental Health Courts provide more expeditious case resolution than traditional courts.
- Maricopa County Mental Health Courts provide participants more effective community reintegration services than traditional courts.

## **LITERATURE REVIEW**

Though mental health courts have grown rapidly across the United States, it has only been six years since the inception of nation's first Mental Health Court in Broward County, Florida.

The history of mental health courts can be traced back to the development of problem solving courts. The Circuit Court in Cook County, Illinois established a criminal domestic violence calendar with dedicated court staff, a waiting room for abused adults and specially trained security personnel to insure the safety of victims. Many experts consider this to be the first example of a problem solving court in the United States. Since 1984, problem solving courts have sprung up throughout the country, testing solutions to problems such as addiction, domestic violence, community issues, etc. Today there are hundreds of problem solving courts that are testing new approaches to difficult cases where social, legal and human problems intersect.<sup>3</sup>

According to the Center for Court Innovation, there are six shared principles that distinguish problem-solving courts from the conventional approach to case processing. These same principles apply to mental health court:

- **Case Outcomes:** Problem solving courts seek to achieve tangible outcomes for victims, for offenders and for society. These include reduction in recidivism, increased sobriety for addicts, and healthier communities.
- **Judicial Monitoring:** Problem solving courts rely upon the active use of judicial authority to solve problems and to change the behavior of the litigants. Instead of “passing off” cases to other judicial officers, judges at problem solving courts stay involved with each case through out the post-adjudication process.
- **Informed Decision Making:** Problem solving courts seek to improve the quality and quantity of information available in the court room through technology, more frequent court appearances and on-site professional staff. With better information, courts can respond more swiftly and effectively to problems and hold defendants as well as partner agencies to a higher level of accountability.
- **Collaboration:** Problem solving courts employ a collaborative approach, relying on both government and non-profit partners to help achieve their goals.
- **Non-Traditional Roles:** Some problem solving courts alter the dynamics in the court room, including at times, certain features of the adversarial process.
- **System Change:** Problem solving courts promote reform outside of the courthouse as well as within.

On June 6, 1997, the 17<sup>th</sup> circuit in Broward County established the nation's first mental health court. Using a drug court model, this court was established in response to the tightening of civil commitment standards and the policy of deinstitutionalization that brought thousands of mentally ill into the community. Those who refuse to take their medication end up getting in trouble with the police and are typically charged with petty offenses like urinating in public, trespassing and petty theft. They are brought to jail, having to deal with the stress of detention, typically receive few if any mental health services and suffer further decompensation. Mental health experts agreed that jail and the criminal court process is inappropriate for most of these individuals whose problems are due more to issues of mental illness than to their criminality.

The primary goal of the Broward County Mental Health Court has been to slow the revolving door of mentally ill patients who are repeatedly arrested and sent to prison when what they really need is clinical/mental health treatment.

Generally, Broward County's Mental Health Court is limited to non-violent misdemeanants. The court employs no formal diagnostic screens to determine whether to accept jurisdiction; rather, a history of mental illness, mental health treatment, or apparent symptoms when the defendant comes before the court may result in the decision for the court to take jurisdiction. According to a report on this court's operation, diagnoses of these individuals at the time of their appearance before the mental health court included schizophrenia (18%); depression (10%); dual diagnosis of mental illness and substance or alcohol usage

(29%); bipolar disorders (13%); mental retardation (2%); and unknown causes (28%).

Some of the common characteristics shared by most mental health courts include the following:

- Most incoming detainees can be referred to mental health court at any point in the arrest process.
- Typically, a defendant's participation in mental health court is voluntary and at any time can be transferred back to a traditional courtroom.
- Typically, there will be social workers and/or case workers on hand in court to evaluate defendants and offer their expertise.
- Instead of sentencing defendants to jail, they are "sentenced" to treatment.
- Patients who fail to follow their prescribed treatment plan can be ordered to jail.

Since Broward County's court was established, numerous mental health courts have been developed with many more mental health courts being proposed through out the country.<sup>4</sup>

There is much available information on the reasoning behind the development of mental health courts, as well as their general philosophy. Materials were obtained from sources such as the website for the National Alliance for the Mentally Ill (NAMI) as well as the Criminal Justice Mental Health Consensus Project. While both groups spoke on the issues of mental health courts, their views were presented from the vantage point of their constituents, the mentally ill and the courts. For example, the National Mental Health Association (NMHA), "supports diversion from the criminal justice system of all

persons accused of crimes for whom voluntary mental health treatment is a reasonable alternative to the use of criminal sanctions, at the earliest possible phase of the criminal process, preferably before arraignment. NMHA is skeptical of mental health court initiatives which risk further criminalization of persons with mental illness.” NMHA also asserts that “the greatest danger is that mental health courts will assume a coercive role, both in allocating scarce treatment resources and in further criminalizing and stigmatizing persons with mental illness who get caught up in the criminal justice system. Secondly, there is a risk of fragmentation, both of the struggling community based mental health treatment system and of the already fragmented criminal justice system.”<sup>5</sup>

This researcher found no studies or other materials specific to mental health courts that were critical of the mental health court concept per se. However, there is literature that questions the concept of problem solving or helping courts in effectively bringing about changes to those people they were designed to help. In judicial and court management circles there is also considerable debate about the resources and costs associated with drug courts and other problem solving court models. Because of the complexity of this issue, this researcher believes that further discussion of this particular topic beyond the scope of this paper.

Some criticism has been leveled at the lack of reliable research information available on mental health courts. In an article published in the June 2002 issue of the Alaska Law Review, an evaluation of Anchorage’s Mental Health Court was criticized for its lack of standardized procedures. The Alaska Judicial Council commented that “the process of information gathering and evaluation is often resisted far more vigorously than the changes in processes and approach brought by the therapeutic courts.”<sup>6</sup> In an

April 2000 Bureau of Justice Assistance monograph on “Emerging Judicial Strategies for the Mentally Ill”, a variety of challenges were cited that were unique to this specialized court. Issues included identification of appropriate candidates through screening and evaluation, as well as its timeliness, accuracy and confidentiality. The second issue surrounded the threat of using the court as a vehicle for “coerced treatment” in a setting that is typically considered to have voluntary participation. Potential conflict may exist between the goals of criminal justice and mental health treatment professionals. For example, the court is expected to expeditiously move cases while treatment professionals require time to diagnose a mentally ill offender’s condition and develop a treatment plan.

There are specific challenges in defining success in the mental health court environment versus other problem solving courts. Mental health court participants may suffer from a variety of symptoms and illnesses that can impact their behavior and their capacity to respond to available treatment services. This can result in the lack of a common starting point in which to compare a particular defendant with other mental health court participants.

The vast majority of mental health courts that exist today were developed within the last several years. As such, there is a limited amount of quantitative evaluation material available. The available research shows that mental health courts are successful on a number of different levels. In 2001, an evaluation report was conducted by researchers from the University of Washington on the Seattle Municipal Court’s Mental Health Court. They determined that this court was serving its designated population and that the evaluated sample group showed a significant decrease in bookings subsequent to their involvement with Mental Health Court. The study also showed that the court



effectively linked mentally ill individuals charged with misdemeanor offenses with needed mental health services. Also of note was the increased likelihood of community success with treatment, access to housing, and linkages with other critical supports through participation in the court.

Although early evaluations of mental health courts are showing positive results, it is clear that there is a need to produce longitudinal studies on this population to determine the lasting effectiveness of mental health courts.

While the philosophy and objectives of mental health courts are fairly consistent throughout the country, issues with each jurisdiction's mental health system, in essence the ability to actualize the orders of the court, vary dramatically.

Materials from a special report from the Arizona Republic newspaper on the mental health crisis on Maricopa County provided a significant amount of information on the needs of the mentally ill, as well as the challenges that this population brings to the criminal justice system.

As this researcher was responsible for the oversight and development of Tempe's mental health court, many of the materials for this paper were created exclusively for the development of this specialized docket. Additionally, materials from the Superior Court Mental Health Court Steering Committee were incorporated in researching this topic.

## **MENTAL ILLNESS DEFINED**

In order to adequately understand the purpose and mission of mental health courts, one must first have an understanding of mental illness, the scope of the problem

within the community and finally, the challenges that mentally ill offenders pose to the criminal justice system both on a national and local level.

While definitions vary widely, the National Alliance for the Mentally Ill (NAMI) describes mental illness as a brain illness that can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others and the capacity to cope with the demands of life. These illnesses are treatable; typically with medication coupled with assistance via counseling, self-help groups, and other community services designed to help individuals achieve their highest level of recovery.

Mental illnesses are brain disorders that cannot be overcome by "will power". They impact anywhere from 2.6 - 5.4% of the general population.

Without treatment, the consequences of mental illness for the individual and society are staggering. Unnecessary disabilities, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives are often the outcome of untreated individuals who are left to fend for themselves. Yet, according to NAMI, between 70 and 90 % of individuals with mental illness have a significant reduction of symptoms and improved quality of life through a combination of pharmacological and psychosocial treatments and supports. The treatment success rate for a first episode of schizophrenia is 60%; 65% to 70% for major depression; and 80% for bipolar disorder.<sup>7</sup>

Because the majority of people in need of mental health treatment do not receive adequate care, the cost of untreated brain disorders continues to escalate from \$79 billion in 1990 to \$113 billion in 2000. Additionally, with a budget crisis that has impacted most states in the country, appropriations for mental health programs have fallen in

relation to other state funding. Nationwide, in 2000, total state funding has increased 68% for corrections, 56% for health and welfare and 33% for mental health.<sup>8</sup>

### **The Mentally Ill in the Criminal Justice System**

While the impact of the untreated mentally ill effects every facet of society, it is profoundly felt in the nation's criminal justice system. While, according to NAMI, 2.6% - 5.4% of the nation's population suffers from a mental illness, it is estimated that as many as 16% of our nation's prison population have serious brain disorders and suffer from a mental illness. To put this in perspective, 283,800 people with a diagnosed mental illness were incarcerated in American prisons and jails in 1998. This is four times the number of people in state mental hospitals throughout the country and this estimate does not speak to the thousands of offenders who have an undiagnosed, untreated mental illness.<sup>9</sup>

Persons in this same population are 64% more likely to be arrested for what Judge Lerner-Wren, (one of the founders of the mental health court concept), describes as "public acts of bizarreness". A study conducted in New York State found that men involved in the public mental health system over a five year period were four times as likely to be incarcerated as men in the general population; for women the ratio was six to one.

This flood of mentally ill inmates began about 40 years ago when many large state run hospitals, criticized for warehousing and at times abusing patients, were closed in a process known as de-institutionalization. As an example, the Arizona State Hospital, located in Phoenix, once home to over 1,500 patients, now holds approximately

300 patients. Smaller, community based facilities were supposed to be opened to care for these just released patients, but the funding for these clinics never materialized. As a result, the county and state governmental agencies were charged with keeping patients out of the hospital. However, they offered few if any alternatives to hospitalization, leaving this vulnerable population with few or no other places to go. As a result, thousands of mentally ill persons, often with severe psychoses, were left on their own, often to the streets but increasingly to jails and prisons. <sup>10</sup>

One of the unintended consequences of de-institutionalization has been a dramatic increase in incarcerated offenders. According to the Bureau of Justice Statistics year 2000 special report on mental health treatment in state prisons, 1,394 of the nations 1,558 state public and private adult correctional facilities reported that they provided mental health services to their inmates. Additionally, one in every eight state prisoners was receiving some mental health therapy or counseling services. Nearly 10% were receiving psychotropic medications including anti-depressants, stimulants, sedatives, tranquilizers or other anti- psychotic drugs. Nation-wide, 41% of jail detainees and 60% of state and federal prison inmates in need of mental health treatment actually receive the care they required.

As a result of these policy changes, the Los Angeles City Jail, the Cook County Jail and Riker's Island now each hold more people with mental illness on any given day than any hospital in the United States. Inmates with mental illness in state prisons were 2.5 times more likely to have been homeless in the year preceding their arrest than inmates without a mental illness. On average, these inmates serve a longer portion of their sentence than inmates without mental illness. For example, on Riker's Island, the

average length of stay for an inmate is 42 days; it is 215 days for a person with a mental illness. Nearly half the inmates in prison with a mental illness were incarcerated for committing a non-violent crime. Studies have shown that there is a weak statistical association between mental disorders and violence. Serious violence by people with major mental health disorders appears concentrated in a small fraction of the total number, especially among those who use alcohol and other drugs. One study in North Carolina found that people with mental illness are almost three times as likely to be victims of violent crime as those without mental illness. The costs associated with treatment dramatically escalate the costs associated with running both jail and prison systems.<sup>11</sup>

### **THE MENTAL HEALTH SYSTEM IN MARICOPA COUNTY**

The problems associated with dealing mentally ill offenders that plague our nation's criminal justice system are magnified in Maricopa County, Arizona. Years of chronic under-funding of the State's mental health providers, poor choices by the State's policy makers as well as a fragmented approach towards addressing these issues are chief contributors to the problem. A number of other factors contribute to the challenges facing the mentally ill in Maricopa County. To best understand these factors, one needs to have an understanding of the challenges that face Maricopa County, as well as the other subject of this study, the City of Tempe.

Maricopa County is one of the largest counties in the country. With a land mass of over 9,800 square miles it has a population of 3,194,798 people and includes Phoenix, ranked as the sixth largest city in the country and Gilbert, the fastest growing

city in the Country . Maricopa County makes up over 60% of Arizona's population. From 1990 through 2000, Maricopa County has experienced the largest population growth in the Country.<sup>12</sup>

Although Maricopa County, like all of Arizona, has experienced tremendous growth and a generally vibrant economy, this does not always translate to adequate human service programs for its citizens. In the February 2000 "Arizona Public Health Association Health Status Report for Arizona," it was determined that:

- One quarter of Arizonans lack medical insurance and have limited or non-existent access to personal health services. Arizona has the second highest percentage of uninsured in the nation, second only to Texas.
- The suicide mortality rate in Arizona among adolescents ages 15 - 19 years old was 23.7 per 100,000 persons, the second highest rate in the Country. The national rate was 9.4 per 100,000 persons.
- Arizona ranked third highest in suicides among those 75 - 79 years old and older, with 32.4 suicides for every 100,000 people.
- Arizonans die earlier than other Americans.
- Arizona Department of Health Services, Division of Behavioral Health 2001 budget projections suggest a budget of \$528 million is needed to serve the seriously mentally ill already accessing state supported mental health services in Arizona. Current state Behavioral Health appropriations total \$172 million leaving a \$356 million shortfall.
- The State's necessary focus on prolonged and severe behavioral health problems means that only the most needy and ill receive care, leaving those without

insurance or with limited private mental health benefits with little or no access to mental health and substance abuse care.

Located in the East Valley of Maricopa County, Tempe has a population of 158,625 (2000 census) in a landlocked community of 40 square miles. It is the sixth largest city in the county and has the highest population density of any city in the state with almost 4,000 people per square mile.<sup>13</sup>

Tempe is the home of Arizona State University. Like many university towns, Tempe attracts an inordinate number of mentally ill and transients due not only to the warm climate but also to the increased acceptance of diverse populations. Tempe has the highest poverty rate of any of Maricopa County's East Valley cities. In an 18 month East Valley Human Service Needs Assessment conducted in 2002-2003, participating East Valley communities conducted 48 meetings with over 500 participants to evaluate their cities' strengths and challenge areas. In Tempe, one of the five identified needs involved the mentally ill. Specifically, behavioral health services for mentally ill and substance abusers were identified as an important need. Housing services, case management, medical detoxification and treatment services were also identified.

Issues of mental illness have been a political issue within the City of Tempe as well. In 2001, the Tempe City Council commissioned a study on issues of homelessness in the city. Not surprisingly, this study concluded that there was a strong correlation between homelessness and mental illness. There was also a concern among Tempe merchants that when transients were urinating in public, begging for food outside of restaurants or essentially exhibiting the bizarre behavior associated with mental illness,

it was having a negative effect on business; one that Tempe could ill afford during an economic down time.

While Arizona's population explosion has been a contributor to funding and service challenges for the mentally ill, the problems are systemic and go back decades. According to the Arizona Revised Statutes (A.R.S. 36 – 550),:

the “Seriously Mentally Ill (SMI) is defined as a person, who as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long term or indefinite duration. In these persons mental disability is severe and persistent resulting in a long term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation”.

In 1979, the Arizona State Legislature passed laws to help the seriously mentally ill receive mental health services. At the time, hospitals and other individual agencies dispensed care on a piecemeal basis. As a result of these changes, the State was divided into five regions with private firms providing almost all of the mental health care under the auspices of the Arizona Department of Health Services. These firms are known as Regional Behavior Health Authorities or RHBA's. Their role is that of “middle man” between the State's Department of Health Services and the local social service agencies that provide care to the mentally ill. Services to be provided by the RBHA include mental health counseling, psychiatric services, medications, inpatient services, residential



and detoxification services, case management, behavioral rehabilitation and crisis services. Approximately 24,800 Arizonans with a serious mental illness are enrolled and receiving services in the Arizona Behavioral Health System at an annual cost of over \$363 million.<sup>14</sup>

In 1981, a class action lawsuit, Arnold vs. Sarn, was filed to force the State to follow its own rules and provide adequate care for the seriously mentally ill. In 1985 the Maricopa County Superior Court agreed with Arnold that the state violated its legal duty. The Arizona Supreme Court affirmed this judgment in 1989. In 1991, the parties in this case negotiated a “blueprint” of an extensive system of care for people who are seriously mentally ill and the Office of the Court Monitor was appointed to oversee its implementation. In 1995, the State again failed to meet the blueprint and a criteria was set up to end the lawsuit. In 1997, the Arizona State Hospital gave up its federal certification from the Health Care Financing Administration because of the filthy conditions, short staffing and overcrowding. (This certification was not reinstated until July of 2000.) In 1997, Comcare, the Maricopa County RHBA, filed for bankruptcy protection. The Arizona Department of Health Services declared a state of emergency and took over the system until such time as a new RHBA was put into place. In July of 2000, Governor Jane Hull was named as a defendant in the Arnold Vs. Sarn lawsuit and was ordered by the court to develop a funding plan for the state mental health system. In July of 2000, the legislature agreed to spend an additional \$70 million on mental health care and an additional \$155 million in 2001. As of this writing, the Arnold Vs. Sarn lawsuit has still not been settled.

From 1995 to 2000, the RBHA in Maricopa County changed hands three times. In September 1998, Value Options, a for - profit behavioral health care company owned by FHC Health Systems Inc. in Virginia, received the Arizona state contract as the mental health maintenance organization for the county's poor and uninsured. Value Options took over as the Maricopa County RBHA in February of 1999.<sup>15</sup> In an Arizona Republic newspaper special report from January of 2001, Value Options came under public scrutiny "for making millions of dollars in profits through a system that is widely recognized as inadequate and was accused of making it difficult for the mentally ill to receive services due to a web of beaurocratic roadblocks. In the mean time, an estimated 3,000 homeless mentally ill walk the streets of Maricopa County."

The Arizona Republic reported that as care shifted from the hospitals to the jails, the mentally ill in Arizona have gone from being patients to being prisoners, a process called criminalization. This process means that mentally ill are often arrested, jailed and paroled to places like homeless shelters that offer little or no care; subsequently, they are rearrested. To put this into focus, the Arizona Republic reported that from February of 1999 through calendar year 2000, 13% of Value Options mentally ill clients had been to jail.

In Maricopa County, the Valley's largest functioning in-patient facility is its county jail system. Over an 18 month period from 1999-2000, studies found that case managed mentally ill clients were arrested and booked into the county jail 2,675 times. Of those, 1,477 mentally ill clients have been booked once; the rest have been booked multiple times. This does not speak to the thousands of offenders who present with signs of mental illness who have not gained access to the county's mental health system. With

more than 200 licensed mental health beds, Maricopa County Madison Street Jail's "6/3" unit and Durango Jail's Psychiatric unit are two-thirds the size of the Arizona State Hospital. County officials believe that up to 10% of the county's jail population of over 8,000 offenders has some form of mental illness. In 2000, the jail's psychiatric inmate population was up 17% from last year. During that same period, the number of inmates on psychotropic medications was up by 24%.<sup>16</sup>

### **ADDRESSING ISSUES OF MENTAL ILLNESS IN THE MARICOPA COUNTY SUPERIOR COURT**

The Superior Court in Maricopa County consists of 91 judges, 23 commissioners and 9 hearing officers. It has jurisdiction over major crimes (felonies), probate, mental health, major civil suits, tax cases, family law cases, and juvenile dependency and delinquency cases. Maricopa County has a centralized court administration that supervises the superior court and coordinates with 24 municipal courts that service specific political sub-jurisdictions.

The Maricopa County Superior Court and the Tempe Municipal Court have reputations as being progressive and willing to take on new strategies to address challenges. Yet, as with the rest of the country, issues of mental illness impact every aspect of a defendant's involvement with the criminal justice system in Maricopa County. The challenges of adequately addressing the needs of the mentally ill within the community are manifested within the court system. The court is charged with delivering fair and impartial justice. Issues of mental illness can cause judges, prosecutors and public defenders to question whether a defendant is truly responsible for the actions that

lead to his or her arrest. Although the courts in Maricopa County are committed to effectively serving mentally ill offenders, the services have historically been fragmented and have lacked a system of oversight. As a result, there has been a lack of coordination, resulting in a failure of early identification of offenders at the lower court level and gaps of systemic delivery at the superior court level.

At the time of the arrest, is the mentally ill defendant capable of understanding his/her rights? When this defendant goes to court for his initial appearance does he/she understand the nature of the charge? Does his illness increase the possibility of his being incarcerated rather than being released on his own recognizance or on bond? If incarcerated, will the jail identify this individual as being mentally ill? Will there be the resources available to adequately address these issues? Will the defendant be capable of receiving adequate representation? With overcrowded dockets, does a public defender have the time and the skills needed to deal with a mentally ill defendant? Does the court's Presentence report writer have adequate information to provide the sentencing judge the needed information to make an appropriate decision? Even with an appropriate recommendation, is there any assurance that the defendant will get those community resources that would reduce the possibility of recidivating upon release from jail? These challenges face a court system that is already inundated with case filings which are increasing at a rate much greater than its staffing or funding.

In fiscal year 2003, there were 35,200 felony case filings within the Criminal Division of the Maricopa County Superior Court.<sup>17</sup> Studies indicate that anywhere from 2.6% to 16% of the nation's criminal justice population suffer from a mental illness.

Using these calculations, it is conceivable that anywhere from 915 to as many as 5,600 defendants represented in these filings could be suffering from a mental illness.

In Arizona, limited jurisdiction courts account for 94% of all processed misdemeanor cases. During fiscal year 2003, the Tempe Municipal Court had 30,159 charges filed and 14,034 misdemeanor cases filed in the Criminal division. Using the same figures, anywhere from 365 to as many as 2,200 defendants going through the criminal division of the Tempe Municipal Court could be suffering from a mental illness.

Historically, there have been few options available to the Maricopa County court's to adequately and systemically address issues of equal access for mentally ill offenders.

### **RULE 11 PROCEEDINGS**

Technically, the legal recourse available for judges to evaluate a defendant's competency is found in Rule 11 of the Arizona Rules of Criminal Procedure. Under Arizona Revised Statutes (ARS) Rules of Criminal Procedures, Rule 11.1, Definition and Effect of Incompetency cites that:

“a person shall not be tried, convicted, sentenced or punished for a public offense except for proceedings pursuant to A.R.S. 13-4606(D) while as a result of a mental illness, defect, or disability, the person is unable to understand the proceedings against him or her or to assist in his or her own defense. Mental illness, defect or disability means a psychiatric or neurological disorder that is evidenced by behavioral or emotional symptoms, including congenital mental conditions, conditions resulting

from injury or disease and developmental disabilities defined in A.R.S. 36-551. The presence of a mental illness alone is not grounds for finding a defendant incompetent to stand trial.”

If a defendant’s mental condition is called into question, Rule 11.2 allows for “any party” to request that an examination take place to determine if a defendant is competent to stand trial or to investigate the defendant’s mental condition at the time of their offense. Upon the approval of the motion, all available criminal and medical history information shall be provided to the court within three days of filing for use by the mental health expert. The court may then order that a preliminary examination be conducted pursuant to A.R.S. 13-4503C to assist the court in determining if reasonable grounds exist to further order examination of the defendant. Should any court determine that reasonable grounds exist for competency hearings; the case is then transferred to the superior court. If the court determines that competence is not an issue, the case is then set for trial. If, on the other hand, grounds for an examination exist, the court appoints two mental health experts (one of which must be a psychiatrist) to examine the defendant and testify about his condition.

Under Rule 11.5, the reports of the experts must be submitted within 10 working days of the completion of the examination and made available to all parties. Within 30 days after the reports have been submitted, the court shall then hold a hearing to determine the defendant’s

competency. If the court finds the defendant competent, the proceedings continue without delay. If the court determines that the defendant is incompetent, and that there is no substantial probability that the defendant will become competent within 21 months of the date found competent, it may remand the defendant to the Department of Health Services to begin civil commitment proceedings, order appointment of a guardian or release the defendant from custody and dismiss the charges without prejudice. If the court determines that a defendant is incompetent, it can order competency restoration treatment unless there is clear and convincing evidence that the defendant will not regain competency within 15 months. The court is then notified in the event that the defendant regains competency.

The court orders subsequent hearings to redetermine the defendant's competency. If found competent, the court will continue regular proceedings. If the court again finds the defendant incompetent, it shall renew or modify the treatment order for not more than 180 days. The court has the discretion to order a dismissal of the charges against any defendant adjudged incompetent at any time. At that time the judge may dismiss the charges or have a civil commitment hearing, if the court determines it to be appropriate based on mental condition.

Rule 11 proceedings are used infrequently by Arizona courts. According to statistics provided by the Superior Court's Forensics Unit, the following case information is available:

Year	Full Rule 11's Ordered	Restoration Treatment Ordered	Civil Commitment Ordered
2000	434	208	22
2001	394	213	34
2002	631	365	42
2003 (to date)	774	422	48

The processes of Rule 11 proceedings are very costly to individual jurisdictions. For example, in Tempe, two Rule 11 proceedings for misdemeanor offenders who committed non-violent offenses cost the city over \$60,000 in medical and psychiatric costs. When faced with such a financial liability, prosecutors in limited jurisdiction courts may often opt to dismiss charges against defendants suspected of being mentally ill rather than risk the possibility of incurring such costs. While this may be the most pragmatic approach, it does not necessarily meet the needs of the community or the defendant.

### **ADULT PROBATION AND MENTALLY ILL DEFENDANTS**

The Superior Court has made a variety of attempts to provide services to mentally ill offenders at the post- sentence level. While Maricopa County is required to have mental health services available within the jail, there have been few community based transition services or supervision resources available to this population at the post-sentence level. At the superior court level, there has been a reliance on the Maricopa



County Adult Probation Department to develop and broker mental health services and provide supervision and treatment, often at a great expense.

Administratively, the Maricopa County Adult Probation Department operates under the judicial branch of the state government. In many ways, the department mirrors the Superior Court in that it is considered to be one of the most progressive in the country. The department offers a wide array of services that are provided, based on an intermediate sanctions based continuum. Since the department's inception in 1972, probation has placed a focus on the development of alternative sanctions for offenders. For example, the Adult Probation Department developed specialized sex offender units in 1989 that included both counseling and intensive supervision. It developed the first post-conviction drug court in 1992. It established a unique specialized curriculum for domestic violence offenders. In 1999, a DUI Court was established to hold drunk drivers accountable to the community. A Family Drug Court was developed in 2000 and that same year an incentive based drug court for defendants who were not eligible for incarceration was established as well. When there was a marked increase in juveniles transferred to the adult court system, the probation department developed specialized caseloads as well as treatment programs that were unique to that population. The department created education programs that allowed defendants to receive their GED's and has done research on specialized treatment for defendants with learning disabilities. Cognitive counseling programs that place an emphasis on appropriate decision making have been in place for a number of years and have produced positive results. In essence, the culture of the probation department has been one of creativity and experimentation, while providing the court with viable alternatives to incarceration.

The Superior Court and the Adult Probation Department have made numerous attempts to impact mentally ill offenders through alternative sanctions to incarceration and uniquely specialized programming, with varying degrees of success.

In 1989, the Maricopa County Adult Probation Department received funding from the Arizona State Legislature to develop alternatives to incarceration for those selected offenders who were more likely to go to jail or prison due to a lack of appropriate treatment services rather than their specific criminal acts. The court and probation department agreed that a significant portion of that funding should be used to serve mentally ill offenders. Historically, one of the biggest service gaps for mentally ill offenders was transitional programming that filled the void between the jail and the community. By way of example, the jail's psychiatric staff would medically stabilize and often times diagnose mentally ill offenders only to have them released from jail without a residence or the ability to access medications. The end result was that the time, energy and expense directed toward these individuals would often be wasted. To address this issue, the probation department partnered with New Arizona Family, a community based provider, to open the Elsinore Transitional Living Center in April of 1990. This Center was a 28 bed facility designed for both mentally ill probationers case managed by the State as well as probationers suspected of having a mental illness needing assessment, counseling, medication and treatment services. The program was designed as a 90 day in-patient facility whose primary purpose was to stabilize and transition mentally ill offenders from jail to the community. A secondary goal was to save on the cost of jail beds by moving these individuals out of jail via a modified court order. This program was well received by the community, yet there were ongoing issues of defendants

languishing in the facility due to the inability of the RBHA to find long - term living arrangements. Additionally, there were questions from the court regarding the logic of using criminal justice directed funds to provide a service that technically, should have been funded by the Arizona Department of Behavioral Health Services. Due to the expenses required to run this facility, coupled with the fact that the program failed to impact the larger issues associated with housing, the Elsinore Transitional Center shut its doors in 1999.

Because the Superior Court often lacked a dedicated staff resource in expressing concerns related to mentally ill offenders, the Adult Probation Department created the position of “SMI” Coordinator in 1999. This individual was to serve as a liaison between the court, Value Options and often times, the Court Monitor to help insure that these offenders were receiving priority services. Much of the success of this position came as a result of making Value Options and the Department of Health Services accountable to abide by their contract to provide mental health services. This individual was also responsible to draw attention to the bureaucratic obstacles that kept mentally ill offenders from accessing the mental health system. While having an SMI coordinator served a great purpose, a change in funding priorities prevented the position from continuing. Secondly, the systemic changes needed between the court and the RBHA required decision making from a higher level than could be provided by the Adult Probation Department.

While these programs have had various degrees of success, the foundation for affecting change in mentally ill offenders came with the creation of Seriously Mentally Ill (SMI) caseloads in 1983. The Maricopa County Adult Probation Department developed

specialized mental health caseloads consisting of both developmentally disabled and case managed mentally ill offenders. In certain cases, those probationers who were thought to be mentally ill but who, for whatever reason, were unable to receive case management services were also placed on these specialized caseloads. In many respects these specialized caseloads were a grass roots venture in that they were developed at the insistence of other probation and court staff. Probation officers were unable to adequately supervise these offenders due to their inability to navigate the maze of red tape often needed to get defendants into appropriate housing, medical care and other case management services. In essence, for these clients, the mental health “system” was so fragmented that it could take a seasoned probation officer months to navigate a probationer to the appropriate service. Because of these complexities, mental health caseloads were designed with reduced numbers to allow specialized probation officers the ability to devote the appropriate amount of time to do an adequate job and just as importantly, to learn the mental health system.

Since the inception of mental health caseloads in Maricopa County, an entire mental health unit consisting of a supervisor, 12 probation officers and a specialized surveillance officer are now in place. These officers balance supervision and adherence to court orders with treatment, counseling and more often than not, a tremendous amount of case advocacy. The Superior Court, treatment providers and Value Options case managers consider these caseloads to be one of the bright spots in the attempt to adequately supervise mentally ill offenders. In many ways, they also serve as the corner stone of the Superior Court Mental Health Court.

As difficult as it has been to address the needs and issues of the mentally ill at the Superior Court level, the challenges are significantly magnified in Arizona's limited jurisdiction courts. Because these courts deal with misdemeanor cases and a huge volume of filings, cases must be handled quickly and a minimal amount of information is provided to the judge before the disposition of a case. Typically, prosecutors in limited jurisdiction courts have little information regarding the defendant's mental health or social history. Judges' dockets are such that available time is spent looking at little more than the immediate offense. Ironically, because these defendants spend a minimal amount of time in jail, there is less opportunity to observe those behaviors that might require some sort of psychiatric intervention.

As the offenses heard in limited jurisdiction courts are considered less serious than in Superior Court, there is no dedicated funding source available to provide services. Each court must look to find resources with the cost of treatment typically being paid for by the defendant.

### **ADDRESSING ISSUES WITH THE MENTALLY ILL IN THE TEMPE MUNICIPAL COURT**

While cases heard in limited jurisdiction courts are of a less serious nature, the needs of defendants are just as real. Oftentimes, these individuals are charged with survival crimes such as theft, urban camping, urinating in public and other charges that often are a result of drawing attention to themselves. Compared with felonies, Arizona statute would dictate that misdemeanor convictions are not considered to be as serious in nature. However, a defendant who appears in a limited jurisdiction court could still have significant prior criminal history, without ever receiving any psychiatric intervention. As

such, the opportunity exists for a limited jurisdiction mental health court to impact mentally ill defendants before they have further involvement with the criminal justice system.

Unlike many limited jurisdiction courts, the Tempe Municipal Court is fortunate in that the city funds its own social services agency. Tempe Social Services can either provide or broker services to defendants referred through the court. These services might include drug or alcohol counseling, and diversion programs such as group or individual programming for domestic violence offenders. However, Tempe still has had to rely on Value Options as a referral point when an individual appears to have a mental illness.

Since access to Value Options is strictly voluntary, defendants have the discretion to refuse treatment. In the event they do request assistance, it can take months to determine the nature of an individual's mental illness (if any), or if they qualify for services. It may take far longer if these needs include placement into residential programming. Such time frames far exceed the time to disposition that is typical in limited jurisdiction courts. Finally, attempts by limited jurisdiction courts to improve the quality of mental health services can be limited by the needs of mentally ill defendants in the Superior Court, with the lower courts having little representation for services.

Over a 6 month period in 2002, the Tempe City Prosecutors Office determined that there were approximately 50 Value Options case managed defendants that had their cases heard in the Tempe Municipal Court. In 2003, a joint study between the Tempe Municipal court and Value Options found that there were 18 case managed defendants that had their cases heard in the Tempe Municipal Court during the first six months of the

year. It was recognized that this number represented a small percentage of individuals who may have suffered from a mental illness, but who were not in the Value Options case management system.

## **DEVELOPMENT OF THE MENTAL HEALTH COURT IN MARICOPA COUNTY**

Although past efforts to provide services to mentally ill offenders in Maricopa County were commendable, there was still a lack of a systemic approach that would serve as a connect between the defendant, the courts, adult probation, the Maricopa County Jail, Value Options and other mental health treatment providers. Leaders in the Maricopa County Superior Court believed that a viable solution to these issues could be found in the development of a mental health court.

The development of mental health courts in Maricopa County began at the urging of the Honorable Michael Jones, Lower Court Appeals Judge of the Superior Court in Maricopa County. Judge Jones called together a committee of court staff and mental health professionals, including Adult Probation, the County Attorney's Office, the Public Defender's Office, the Arizona Department of Correctional Health Services, the Department of Health Services, Value Options, Tempe Municipal Court, Arizona State University School of Social Work, the Arizona State Hospital, Pretrial Services and the Maricopa County Sheriffs Office, to explore the viability of developing a Superior Court Mental Health Court. The Committee agreed that it would be most appropriate to research the effectiveness of other mental health courts, determine what funding, if any

would be needed to develop a mental health court, and explore the needed areas of collaboration to make such a court a reality.

The fact that a Superior Court Judge served as the coordinator of this exploratory committee helped insure that all of the invited “players” were accountable to adequately represent their departments. This was especially important because of the history of distrust that has occurred between many of these parties due to years of competition for funds, and the inability to work effectively with one another.

After numerous meetings, a strategic plan was developed, not only to develop a mental health court but to create a systemic approach to address the needs of the mentally ill in Maricopa County’s criminal justice system. This 10 step plan was a tiered approach to a complex problem that included the following goals:

**Step 1** - Establish a mental health court calendar within the Superior Court consisting of criminal probation revocation cases, including all post-sentence seriously mentally ill cases already identified by Adult Probation and Pretrial Services.

**Step 2** - Develop a Mental Health Court team consisting of judges, attorneys, probation officers. This team will also include where appropriate, case managers from the local treatment vendor, Veterans Administration or the Arizona State Department of Developmental Disabilities.

**Step 3** - Search and apply for available grant monies to fund new and existing services such as housing, counseling, job search as well as monitoring programs such as drug and alcohol screening.



**Step 4** - Defendants for whom there is a question regarding their ability to aid in their own defense under Criminal Rule 11 will be directed to the Mental Health Court Calendar.

**Step 5** - Create lines of communication between the Mental Health Probation Revocation Calendar and the Probate Mental Health Court department. As part of the evaluation and planning performed by the mental health team, check with the Probate /Mental Health Court department to look for existing guardianship, commitment and treatment orders, notify the Probate Department and other interested parties of the existence of a criminal case, and pending hearings.

**Step 6** - Add felonies for sentencing that have been identified by the Adult Probation department as eligible for the calendar. The Adult Probation Department has available in the presentence report process a screening tool to identify persons with mental health issues that may affect their success on probation. This screening could also be used to transfer appropriate cases pending sentencing to the Mental Health Calendar.

**Step 7** - Include pretrial defendants identified within hours of their entering the jail for their initial appearance court hearing.

**Step 8** - Create a full time dedicated position for a mental health coordinator (Boundary Spanner). The coordinator will become part of the mental health court team, assist in developing the Mental Health Court, coordinate and assist in developing a model mental health court in Tempe and use this information as a template for other limited jurisdiction courts in Maricopa County, assist in securing needed resources, manage the overall project and track the progress of

mental health courts, strengthen the coordination between the probate and mental health division of the court and coordinate training events.

**Step 9** - Collaborate with the City of Tempe to be the site of a model mental health court at the limited jurisdiction court level, primarily for misdemeanants. Tempe's Mental Health Court will serve as a model for other municipalities and Justice Court jurisdictions within the county to emulate in order to provide more effective services to the mentally ill and to increase community safety. In addition to implementing these two mental health courts, the project will develop a plan for coordinated mental health services across the limited jurisdiction courts. Finally, develop a plan to disseminate the City of Tempe's Municipal Court model to recruit other jurisdictions.

**Step 10** - Organize a symposium and other training related to identifying and addressing the needs of the mentally ill within the court system and how it relates to the community. The symposium will provide training regarding mentally ill offenders to lawyers, judges, and other court personnel and cross training for multiple systems involved with this population. The symposium will address a number of topics including some of the chronic concerns of the defense bar over its dual role as both a member of a mental health court team and an aggressive advocate for its clients. The Boundary Spanner will obtain needed funding for the successful implementation of the symposium.

Once committed to the concept of a mental health court, the committee focused on the target population and fleshed out the operational details of the proposed mental health court. Because the infrastructure existed in Adult Probation and the superior court

administration to sustain the development of a mental health court, a decision was made to begin the development process without waiting for funding for the creation of a boundary spanner position. As such, priority for program start up was given to the superior court with plans being created for the Tempe Mental Health Court at a later date.

## **TARGET POPULATIONS FOR MENTAL HEALTH COURT**

It was agreed that the focus of a superior court mental health court would be a post-sentencing model, addressing the needs of sentenced felony probationers. At any given time, there are approximately 500 case-managed mentally ill probationers on specialized SMI caseloads. These individuals often end up in the probation violation stage due to what appears to be the willful non-compliance to the Probation Terms and Conditions, when in fact the precipitating issue may be related to their mental illness. The committee believed that without an understanding of these issues and without a goal of keeping these offenders in the community and out of jail, the system would continue to be overloaded with SMI probationers who may not belong there. It was anticipated that between 25 - 30 probationers per month might enter mental health court.

The mental health court in Superior Court was also established to reduce unnecessary jail days and to have each member of the staffing team come together to discuss appropriate treatment plans that make sense. Yet, at the same time, the mental health court model was to address issues related to community safety. The team would be able to assess individual issues related to non-compliance and as a team, determine if

the issues are related to psychiatric and/or treatment issues or if the problems are generally due to offender non-compliance.

The mental health court would serve two categories of SMI probationers. The first category, the review hearing stage, would be intended to address the needs of those clients falling out of compliance with the terms and conditions of their probation. The court team would staff those cases prior to the mental health court convening for session to discuss possible causes related to non - compliance. If additional psychiatric or treatment services are needed, the team would develop a plan to address the need for these services. If the issues are behaviorally based, the team would work to develop steps for the probationers to follow in order to demonstrate a willingness to comply. When court convenes, the judge addresses the client and discusses the established treatment plan and often subsequent review hearings are set to measure change. These hearings will be set prior to the judge having to issue a warrant for Probation Violation, with the goal of turning behavior around to avoid incarceration and to keep the client in the community.

The second category of SMI probationers who would appear before the mental health court are those in violation of their probation. This may be the result of a new felony offense being committed while on probation, or repeated non-compliance to Conditions of Probation. A formal Petition to Revoke with a Warrant would be ordered by the court. Prior to the Probation Violation Hearing, the court team will meet to discuss sentencing or disposition options with every consideration given to reinstatement to Probation and for the client to remain within the community.

In developing this court, committee members agreed that the primary commitment of the court must be to understand the psychiatric issues related to each probationer. The early success of the court can be attributed to the commitment of each team member to treat every probationer as an individual and to look for a community based option when ever possible, with notable exceptions when community safety concerns dictate otherwise.

## **THE ROLE OF THE MENTAL HEALTH COURT STAFFING TEAM SUPERIOR COURT**

Each member of the mental health court staffing team plays a significant role and brings specialized resources to the table. A staffing team for the Superior Court Mental Health Court would consist of the judge, Value Options Case Manager, two deputy public defenders, a deputy county attorney, SMI Probation Officer, a psychiatrist from Correctional Health Services and other treatment providers that may be part of the defendant's treatment team. This might include residential treatment managers, counselors or even family members. The following roles and responsibilities of this specialized court were agreed upon:

**The Judge:** Judges who preside over helping courts, especially mental health courts, must possess a variety of unique qualities. As such, they need to be hand picked rather than fall into such a position via regular judicial rotation. The mental health court judge must have the ability to listen and consider the comments of the staffing team, maintain order and discipline of the group and make a decision, even if it is contrary to the

consensus. The judge must also prepare to handle an increased work load that results in greatly increased contact with the defendant and a much more labor intensive process to achieve the desired goals of the court.

**Value Options:** Value Options authorizes and provides case management, treatment and other services for the mentally ill. They have also developed a jail diversion project that includes a data link that sends identifying information on all persons booked into the Maricopa County Jail to their case management information system. This system automatically matches existing clients against the daily list of jail bookings. Value Options maintains jail diversion staff in the jail for assessment, referral and discharge planning. Value Options also provides crisis intervention training in collaboration with various police departments in Maricopa County. This training has helped improve on-scene assessments of persons police believe may have a mental illness.

**Adult Probation:** The Maricopa County Adult Probation Department not only provides supervision, but it can also access and broker other treatment services that can complement those resources offered by Value Options. This could include GED programming, cognitive classes and emergency housing at its Transitional Living Center. Because supervising probation officers are ultimately responsible for the decision to file a petition to return probationers back to court, they are the conduit between the defendant and the Judge. When appropriate, they can determine if there are resources available within the community to keep a defendant stabilized and out of jail in the event of non-compliance.

**Maricopa County Attorney/Deputy Public Defender:** The relationship between the public defender and county attorney in a Mental Health Court setting can be best

described as collaborative. While the County Attorney is charged with prosecuting defendants for non-compliance, it recognizes the goal to provide needed services to the defendant and on most occasions, concurs with the consensus of the group. Even more difficult at times, is the role of the public defender. This individual must balance the needs of the defendant, their client, with their legal rights, including the decision to reject mental health court knowing that it could mean the refusal of services that could ultimately help the individual remain in the community.

In July of 2002, the Maricopa County Superior Court opened its doors to the mental health court. Dockets were heard on Friday mornings, with a 2 hour staffing preceding each morning's review hearing.

### **THE DEVELOPMENT OF THE TEMPE MUNICIPAL MENTAL HEALTH COURT**

Much like the Superior Court, Tempe court staff were not inclined to wait for the funding of a Boundary Spanner to start their mental health court. The constant cycle of mentally ill offenders that would go through the Tempe Municipal Court, often on multiple occasions, was the prime motivation to move on this project. The lack of coordination between the court and treatment providers has been much more apparent than even at the Superior Court level. Individual cases are disposed of, but unless the underlying issues are addressed, the situation is not resolved. The problems simply resurface in new cases.

While the prosecutor's office identified fifty case managed mentally ill offenders that went through the court in 2002, a far greater number presented with signs and

symptoms of mental illness. However, at that time there was no way to identify and assess defendants with such needs, much less provide these defendants with appropriate services.

In June of 2003, the Tempe Municipal Court held its first Mental Health Court development meeting. The initial committee consisted of the City Prosecutor, Presiding Judge, Deputy Court Manager, representatives from Tempe Social Services, several members of the Tempe Police Department, the Tempe Detention Officer, The Tempe Homeless Coordinator, a representative from the Arizona Bar Association and the Value Options Jail Discharge Coordinator; (the same individual who served in the superior court position). The court's public defenders were invited to all of the development meetings but never appeared. Public defenders were reluctant to participate in the Mental Health Court process, primarily because of the challenges that these defendants represent to the attorney.

The purpose of the development meetings was to iron out concerns and issues before the mental health court actually began. These discussions were designed to help everyone clarify their roles and understand the expectations of the court. It was agreed that interagency cooperation and collaboration were crucial to the success of the program.

The committee agreed on the following objectives and goals for the program:

- Provide an early identification of mentally ill offenders and address the unique needs of mentally ill offenders at the limited jurisdiction level. This will have to require the involvement and cooperation of treatment providers, the police, prosecutors, public defenders and court staff.
- Coordinate services with and between the Superior and Municipal courts.



- Reduce the number of jail days that defendants spend in custody.
- By providing appropriate treatment and support services to the mentally ill, improve public safety through improved monitoring.
- Place only Value Options case managed defendants in the program with the long term goal to include those defendants exhibiting signs and symptoms of mental illness, in the hope that they would be considered for treatment services from Value Options.
- Tempe's specialized court will be designed as a diversion program with defendants being monitored and participating in programs from four to six months. Defendants will enter into a signed agreement as to how they will proceed, delineating their obligations and responsibilities. This agreement will be reviewed by the judge with the defendant and defense counsel.
- Status conferences will be ongoing and include rewards and recognition for positive behavior and program compliance.
- The goal is to have the defendant stabilized, in an ongoing program, on medication or participating in whatever treatment modality is determined to be appropriate.
- Those defendants who are not case managed but appear to need mental health intervention will be provided voluntary information for screening at Value Options.

Prosecutors committed that those defendants who successfully stabilized within the designed treatment program will have their cases dismissed. Although this was a

motivator for the defendant and his attorney, the committee recognized that it created special challenges for the judge in terms of the leverage needed to ensure compliance. Defendants in the Superior Court Mental Health Court are on probation for a felony offense and face jail, or even prison time as a possible sanction for non-compliance. In contrast, the limited jurisdiction model will test the success of the misdemeanor court process without this leverage of substantial jail time. This model would have to emphasize the importance of a coordinated effort among all of the team, including a shared sense of responsibility by the defendant and a commitment to a program that will result in long-term benefit to the defendant. All members of the team must understand the goals and believe in the value of approaching these cases from the vantage point of treatment and prevention rather than just punishment. Perhaps, the greatest challenge of this court model would be to convince defendants that it is in their best long term interest to participate in mental health court to receive the available services rather than to go through the more traditional court process that might get them out of the system without effectively addressing their needs.

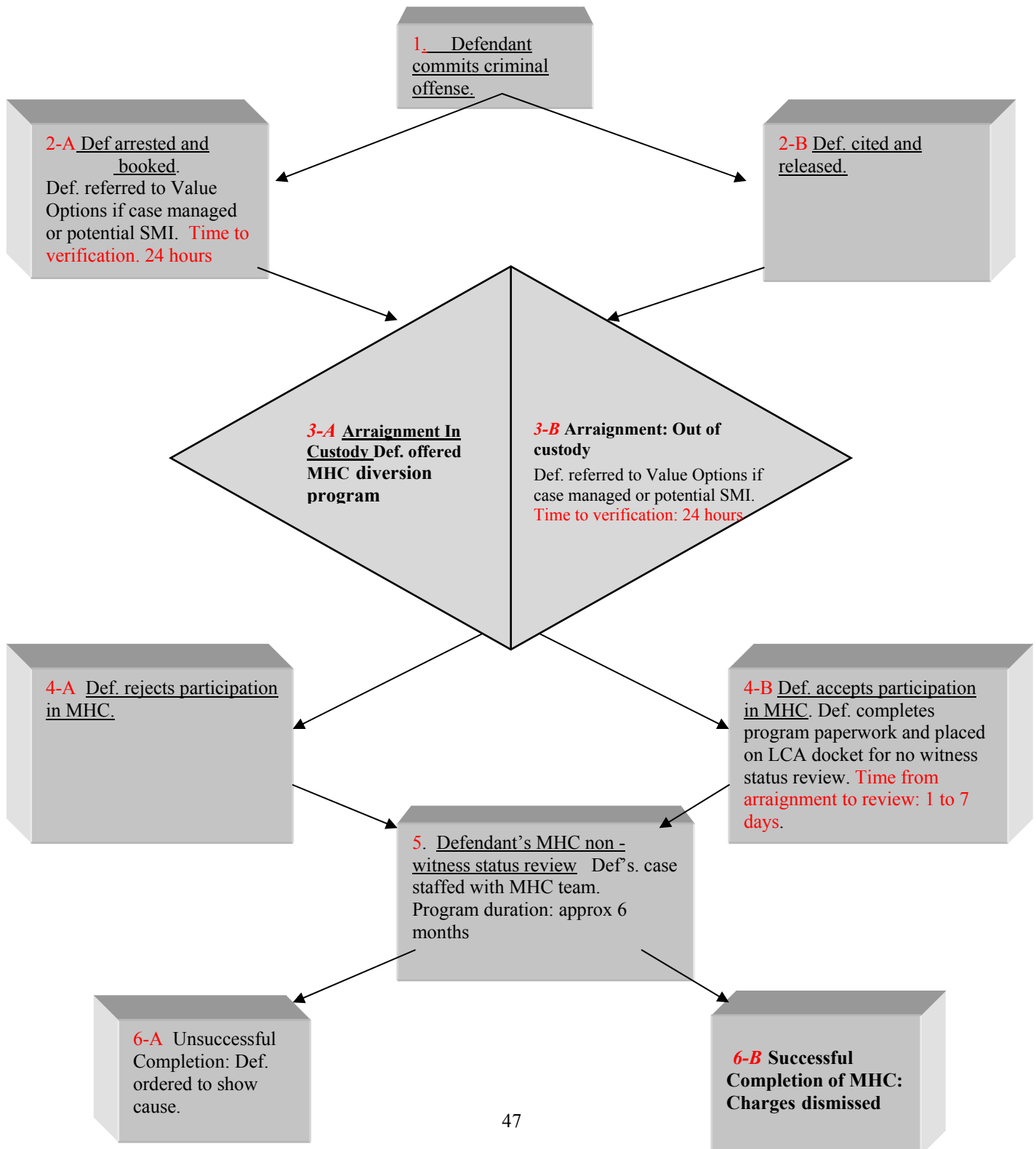
In order to better educate the court and criminal justice staff participating in the court process, Value Options agreed to offer classes to cross train participants to increase familiarity with mental health issues.

Although one could make the case that the goals of the Tempe Mental Health Court were lofty, the lack of infrastructure made its development and success much more tenuous. While the Adult Probation could provide staff, grant writers, presentence officers, specially trained probation officers and a myriad of other in-house services, no such resources existed in Tempe or any other limited jurisdiction court in Arizona.

Additionally, while Value Options has a sophisticated procedure to determine if a defendant booked into the Maricopa County Jail was case managed, it is not possible to obtain the same information when a defendant is booked into a small municipal jail such as in Tempe. These jails are rated to house defendants for no more than 72 hours. Typically, they are housed for no more than 24 hours. At that point they are either transferred to the Maricopa County Jail or released. The Tempe Jail is not equipped to provide any medical or psychiatric services.

The Value Options jail data link is presently limited to identifying case managed offenders incarcerated in the Maricopa County Jail. Because of the inability to effectively determine when a case managed offender was initially arrested in Tempe, there was no choice but to use subjective means to try to determine mental illness. In essence, if a police officer, court staff, prosecutor or public defender saw a defendant exhibit signs or symptoms of mental illness, they could then begin the referral process to Value Options to determine if the individual was case managed and therefore eligible for consideration in mental health court. It was anticipated that a potential mental health court case would be referred through the following steps on attached flow chart:

**TEMPE MUNICIPAL COURT  
Mental Health Court Flow Chart**



1. Defendant commits a criminal offense.
2. Defendant arrested and booked.

The defendant's initial arrest and booking is the first opportunity in which he/she may be considered as a "candidate" for mental health court. At the time of arrest, the officer or detention staff may observe behaviors that may suggest a mental illness. The police or detention officer may fax a referral form (Appendix F) to Value Options. This form includes a release of information and allows Value Options to verify if the defendant is case managed. After the defendant is booked, detention staff also has the opportunity to observe the defendant's behavior from the time of arrest until his or her arraignment. If the defendant's behaviors suggest that he may have a mental illness and/or the defendant indicates that he/she is case managed through Value Options (VO), Tempe Police or detention staff may fax a case referral form to VO. Response as to case status from VO is within 24 hours during the workweek. If not case managed, defendant is offered the opportunity to contact Value Options for a mental health evaluation.

2-B. Defendant is cited and released:

If Tempe Police Officer suspects the defendant may be suffering from a mental illness, this information is reported on the ticket or in the report.

3-A. Arraignment: In Custody:

The prosecutor is made aware of defendant's mental health status from Value Options or based on observations of the defendant, may determine that the individual may be suffering from a mental illness. If case managed, the defendant will be offered the option of diversion programming through Mental Health Court. The defendant would sign an agreement letter outlining the rules of the program and requirements for completion of the program.

3-B. Arraignment: Out of Custody:

If prosecutor or court staff indicates the defendant shows signs or symptoms of mental illness, or the defendant indicates he/she is case managed, a case referral form is faxed to Value Options. Anticipated response time: 24 hours. If the defendant is not case managed he or she will be provided with treatment information in the event they choose to voluntarily refer themselves to Value Options for services.

4-A. Defendant rejects participation in MHC:

Defendant's case is plead out at arraignment or goes to Pretrial conference. The defendant may reconsider and be placed into Mental Health Court at any time.

4-B. Defendant accepts participation in MHC:

The bailiff notepads the case for participation in MHC. Defendant is ordered to appear at the Mental Health Court on the next available Tuesday morning docket for

status review. Bailiff notifies Criminal Court Services supervisor, who contacts Value Options program liaison.

5. MHC non-witness review:

MHC staffing team reviews case prior to the hearing. Case plan developed and presented at status review.

6-A. Unsuccessful Completion of MHC:

Defendant's case returned to normal case track.

6-B Successful completion of MHC.

Defendant receives certificate of successful completion from the court and charges are dismissed.

The court developed staff procedures (Appendix D) to process these cases through the docket. In late October, 2003, Tempe Municipal court saw its first cases on the mental health court docket. Defendants have been identified through court staff and the prosecutor's office. Police and detention personnel have been reluctant to participate in the program due to a perceived liability in identifying individuals as having the potential to be mentally ill.

## **RESEARCH METHODOLOGY**

The purpose of this research paper is to address the following questions.

- Are the Maricopa County Mental Health Courts more effective than traditional courts in reducing recidivism?

- Do the Maricopa County Mental Health Courts provide more effective community integration services than traditional courts?
- Are the Maricopa County Mental Health Courts more effective/efficient than traditional courts in providing program participant's access to treatment services?
- Do the Maricopa County Mental health Courts provide a more cost effective efficient use of resources than traditional courts?
- Do Mental Health Court participants serve fewer days in jail than those in traditional courts?
- Do mental health courts provide more expeditious case resolution than traditional courts?

To answer these questions, a variety of research modalities were used: surveys, monthly probation statistics, and questionnaires.

For the survey component of the research, this researcher conducted three surveys (Appendix A) in the form of confidential questionnaires. These surveys included a format that allowed respondents to rate their level of agreement with each statement and asked them to complete a narrative section along with demographic information.

One survey was provided to probationers participating in mental health court. A second was provided to Adult Probation Officers in the SMI unit as well as Value Options Case managers. A third survey was provided to judges and attorneys who work in Mental Health Court. All three surveys contained some similar questions so that there could be a comparison of the level of agreement between the different respondents. Surveys were provided over a six week period from October through November of 2003. The purpose of this survey was to ask participants to compare their experience in the



Maricopa County Superior Mental Health Court versus traditional courts in addressing their problems, being “heard” in the court setting and being treated fairly. The participant questionnaire was a three - page survey consisting of 17 statements that included a 7 point scale in which respondents could answer in a range from “strongly disagree” to “strongly agree”. It also included 5 demographic questions relating to their court involvement and services received through the court. Finally, there were two narrative questions regarding strengths and weaknesses of the Mental Health Court.

A survey pretest was conducted with 5 probationers prior to providing this information court wide. It was determined that no changes were needed to the survey instrument.

Eight surveys were provided to each of the SMI units 12 Probation Officers with instructions to provide them to those probationers who had participated in Mental Health Court. If needed, additional surveys were available upon request. These surveys were coded to determine which area office they came from. Each selected probationer received the survey with a cover letter enclosed in a stamped, self- addressed envelope. They were given the option of returning the letter by mail or giving it to their probation officer to return. Of the 96 surveys that were sent to probation officers, 62 were distributed and 11 or 17% were returned.

The survey provided to Value Options case managers and adult probation officers in the Mental Health Unit contained identical information for both populations.

However, the survey results were calculated separately. The purpose of the survey was to determine how probation officers and case managers viewed the effectiveness of Mental Health Court in assisting their clients. The survey was 2 pages in length and consisted of

14 statements that could be rated on a 7 point scale ranging from "strongly disagree" to "strongly agree". The survey included 5 demographic questions regarding employment history and experience with Mental Health Court, 5 demographic questions about work history and 2 narrative questions about strengths and weaknesses of Mental Health Court. This survey was pre-tested with 2 Probation Officers and no changes were made to the document. Probation officers received the survey from their supervisor. They were given the option of mailing the surveys back or returning them to their supervisor. Of the 12 questionnaires submitted to probation officers, 8 or 66% were returned. Forty surveys were provided to the Value Options Jail Release Coordinator to give to those case managers who had clients participating in Mental Health Court. Of the 40 survey questionnaires provided, 15 surveys or 38% were returned.

A third survey was provided to judges and attorneys working in both the Tempe and Superior Court Mental Health Court. This survey was distributed to 6 court staff and 5 surveys or 83% were returned.

In addition to survey items, this researcher obtained monthly statistical reports from the Adult Probation Mental Health Unit. This information was used to attempt to determine the rates of recidivism, probation violations and reinstatement and revocation rates in the Mental Health Court versus traditional courts. These monthly statistics were compared over a three month period from April through June of 2002, prior to the start of Mental Health Court versus the same months in 2003 after Mental Health Court had begun. In order to address questions about jail dates, this researcher obtained incarceration statistics for all SMI unit probationers during calendar year 2002 versus 2003.

## **OBSTACLES TO DATA COLLECTION**

Perhaps the biggest frustration in collecting research data was the marginal response to the participant survey provided to SMI probationers. Due to a combination of time and financial restrictions that prevented this researcher from personally conducting surveys, coupled with the inability to insure follow-through from the defendants, this researcher had to rely on probation staff to conduct the surveys. It is unknown exactly how many surveys were submitted to probationers. Of those that were submitted, it is also unknown how many probationers chose not to respond and what, if any, reasons they had for failing to do so. Research has shown that a better response rate can be achieved by employing researchers to conduct such a personal survey interview, and providing a financial incentive for probationers to provide information.

Despite the fact that the probationer response rate could not be considered to be a valid sample, taking all respondent surveys in their entirety, this researcher believes that these responses still appear to provide useful information regarding the efficacy of Mental Health Court.

This researcher requested and received data on jail incarceration from the Maricopa County Adult Probation Department covering calendar years 2002 and 2003. These statistics indicate that in 2002, 211 SMI probationers in the Adult Probation Mental Health Unit were incarcerated in jail or received probationary terms that included jail incarceration. Of this population, a total of 88 probationers showed as being incarcerated during part or all of the three month evaluation period prior to the establishment of Mental Health Court in June of 2002. In 2003, 336 SMI probationers in the Adult Probation Mental Health Unit were incarcerated in jail, or received

probationary terms that included a term of incarceration. Of this population, a total of 92 probationers show as being incarcerated during all or part of the three month period from April through June of 2003. It could be assumed that this information demonstrates that a smaller percentage of probationers were incarcerated after the advent of mental health court. However, this researcher found that these statistics were not reliable for comparison purposes. Probation researchers indicated that because of shortcomings in the probation department's case management system, there was no way, short of reviewing a hard copy of every case file, to confirm if a probationer with a deferred jail sentence actually served their jail time. This is due to the fact that it is not uncommon for a judge to reduce, defer or delete jail time based on compliance with court orders. Secondly, these researchers indicated that there was an increase in officer compliance in maintaining these statistics over this 2 year period, making the information compiled in 2002 even more suspect and thus unreliable for comparison purposes. As such, this researcher could only rely on monthly statistical reports that indicate incarceration information, but not the number of jail days served.

This researcher was able to obtain a significant amount of information from monthly statistical caseload reports provided by staff in the Adult Probation SMI unit. This information was used to compare SMI probationer activity for a three month period just prior to inception of the mental health court in 2002 with the same population type one year later. In hindsight, it is suspected that this information may have provided more definitive conclusions if the comparison study had been over a longer duration.

Finally, this researcher was unable to track or provide survey material to those probationers who had their probation revoked or were incarcerated in the Maricopa

County Jail. As a result, there could certainly be a bias towards mental health court in the survey results. Those individuals in compliance with their probation terms and the rules of mental health court were remaining within the community and must have been exhibiting some degree of success in the program.

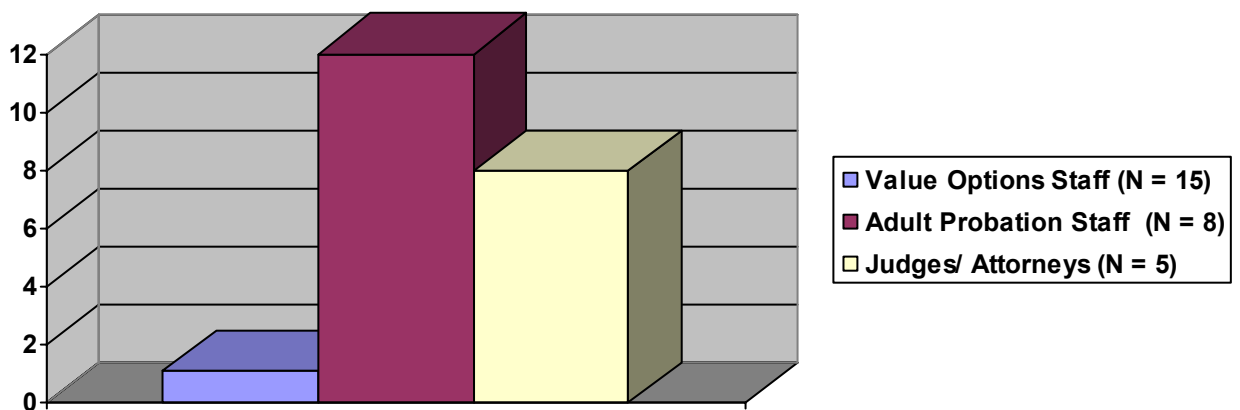
## **FINDINGS**

As is evidenced by the compiled scores of the three survey questionnaires, there is a strong support and preference for Mental Health Court by probation, court and Value Options staff as well as the defendants who participate in the program. Of the four groups of respondents, the lowest survey scores of the Mental Health Court program's efficacy came from Value Options staff. Yet, with one exception, their responses were in the area of neutral to strongly agree. A compiling of survey results for all respondents is included in Appendix B.

<b>COMPARISON OF THE MENTAL HEALTH COURT SURVEY RESULTS (survey response ratings range from 1, strongly disagree to 7, strongly agree)</b>				
<b>SURVEY STATEMENT</b>	<b>PROBATIONERS</b>	<b>COURT STAFF</b>	<b>VALUE OPTIONS STAFF</b>	<b>PROBATION STAFF</b>
MHC is more effective than traditional court in addressing treatment needs.	6.64	7.0	5.63	6.75
Defendants more successful on probation because of MHC.	5.91	6.0	4.25	6.0
Communication is more effective in MHC.	6.45	6.75	6.56	6.88
MHC helps keep defendants out of jail.	5.82	6.0	4.79	5.75
MHC participants receive quicker access to services.	6.64	6.75	5.06	6.13

Of interest in assessing and interpreting demographic information in the survey responses, is the level of work experience amongst the court, probation and Value Options. Value Options staff participating in Mental Health Court had an average of 8.8 months of employment, versus probation staff who had an average of over 12 years experience working with the courts. Court staff had approximately 9 years average experience working with offenders (Graph C). Additionally, survey information indicated that probation and court staff had significantly more experience working in a traditional court setting (Graph A) than employees of Value Options. This information could suggest that probation and court staff may have a stronger appreciation for the differences in a mental health court versus a traditional court setting than the less experienced Value Options staff.

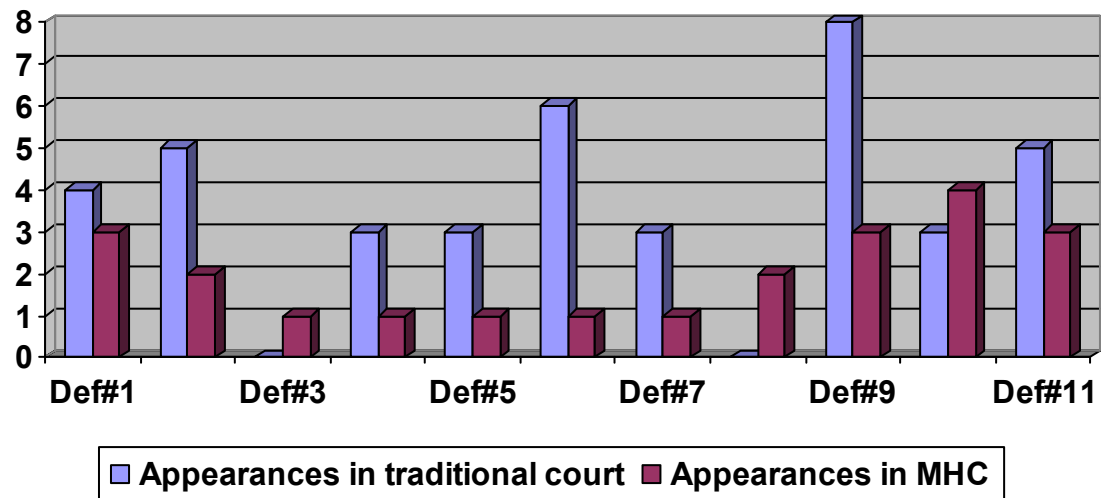
**Graph A: Total Years of Experience Participating in a Traditional Court Setting**



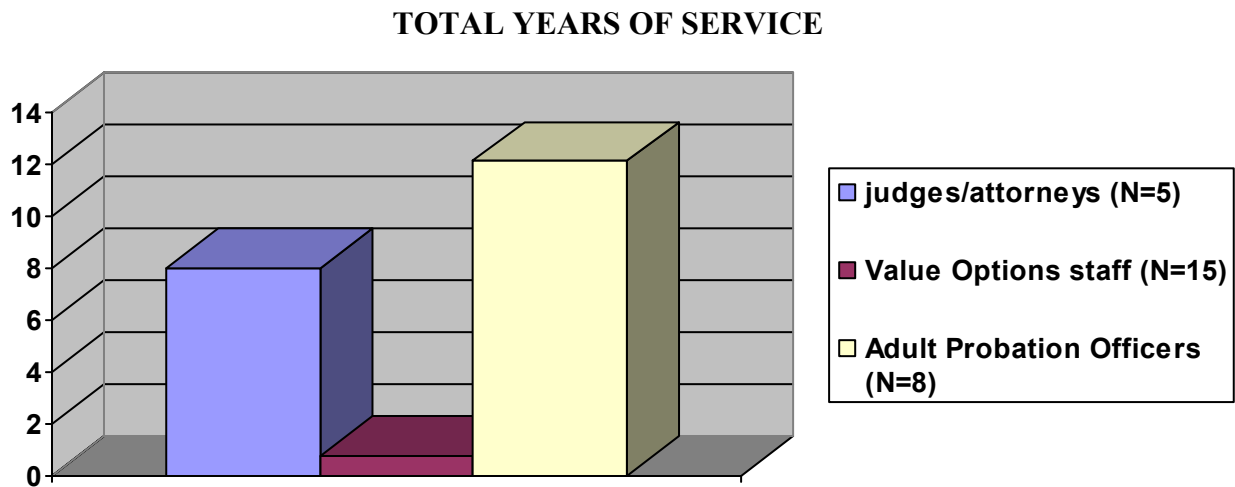
Survey information regarding the number of probationer experiences in Mental Health Court versus a traditional court setting (Graph B) indicates that 9 of 11 defendants

have some experience outside of mental health court. On average, these defendants have more experience in traditional court than mental health court. As such there is some basis for these defendants to compare the effectiveness of the two court settings.

**GRAPH B: Comparison of SMI Probationer Appearances in Traditional Court Versus Mental Health Court**



**GRAPH C: Comparison of Employment “Time in Position” Between Court, Probation and Value Options Staff.**



In reviewing survey comments on the strengths of the Mental Health Court program, court staff indicated that “the court truly serves the needs of the defendant” and “the ability to staff the case with the most significant members of the treatment team to come to a negotiated disposition that is best for the client, victim and the community”.

Value Options staff commented that “the judge is more compassionate and receptive to information than in a traditional court” and that Mental Health Court “allows all to have a voice”. One Value Options respondent indicated that “Judge Hyatt has the ability to accept and request information from case managers/probation officers to determine what is best for probationers” and that “the coordination of services is greatly improved while limits are being set for clients”.

Probation staff cited “the additional and effective intervention” of Mental Health Court as being an asset. A probation officer wrote that Mental health Court “enhances the validity and integrity of the court with respect to mental health orders of supervision.” Mental Health Court also “increases communication and solidarity of all parties involved”.

Mental Health Court participants indicated that the court is “succeeding” and that “it gives people the real chance of getting it and making the necessary changes to fix their lives”. One respondent indicated that “the services are all great” and that Mental Health Court provides “second chances”. A participant indicated that the program increases “communication between everyone” and “it is there to help people”.

In describing program weaknesses, court staff indicated that “we still need to promote more active participation amongst a greater assortment of community stakeholders such as Terros and Desert Vista to name two”. “Sometimes the calendar is



too large and we have to rush through cases.” “While it is not really a weakness of the court, it is difficult to get all of the parties together”.

Value Options staff cited weaknesses that included Mental Health Court being “extremely time consuming to those who have full/busy schedule” and “when the probationer does not show”. Mental Health Court is “too time consuming. There’s not enough collaboration in the system yet”. One Value Options respondent indicated that “Mental Health Court is overbooked. I had my case postponed twice and I wish I could have had more time to present though I was overall very impressed by the dialogue with the judge, and probation officer/case manager”.

In citing weaknesses, probation staff indicated that “clients need more input”, and “We have a lot of cases and staffing usually takes a long time but the overall outcome is usually positive”. Another weakness cited was “The cohesion between agencies involved and the time this lack of cohesion wastes. Online staffings before court appearances may expedite staffings on court days”. “The time taken in court.” “Backed up when calendar fills up and delays the staffings or reviews to be scheduled”.

Weaknesses cited by Mental Health Court participants included “the waiting”, the program is “not succeeding but I think people should take advantage of it.”

## **RESULTS OF THESIS STATEMENTS**

Based on the results of the research findings, this researcher will address each of the six thesis areas individually:

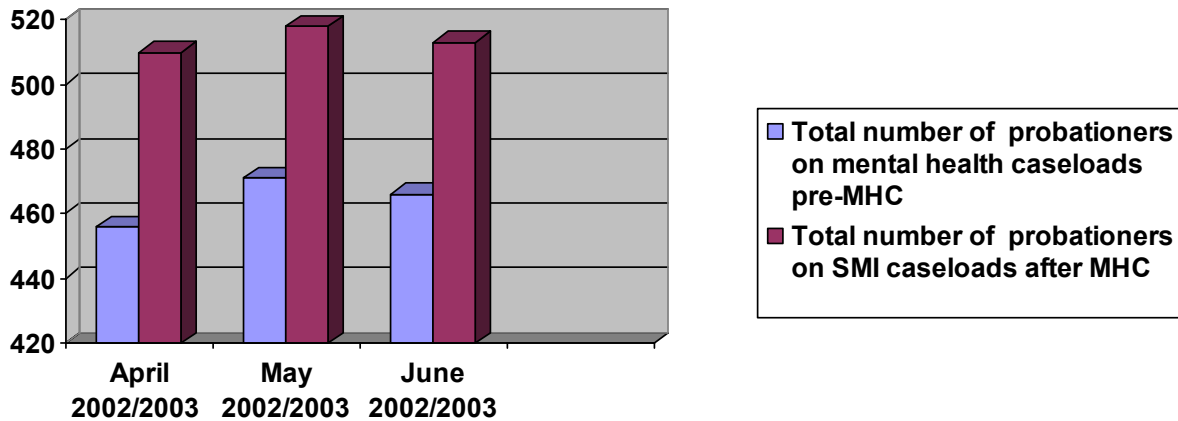
**Question #1: Are the Maricopa County Mental Health Courts more effective than traditional courts in reducing recidivism?**

To answer this question, data was gleaned from probation statistics, as well as responses from the survey instrument. During the 3 month evaluation period in 2002 and 2003, the number of probation violations/revocations (Graph E) was almost identical. However, the overall caseload size in 2003 (Graph D) was on average 12% higher than in 2002, making the overall revocation rate higher in 2003. The percentage of offenders who had their probation revoked (Graph F) with a sentence to the Arizona Department of Corrections (ADOC) was almost identical between the comparison groups. The total number of probationers sentenced to ADOC (Graph G) was slightly higher in 2002. The actual number of probationers reinstated (Graph H) to probation was similar between comparison groups with a slightly higher reinstatement percentage (Graph I) in 2002. Finally, both the total number (Graph J) and actual percentage (Graph K) of SMI probationers who were early terminated or successfully expired from probation was significantly higher in 2003 after the inception of Mental Health Court.

## **STATISTICAL COMPARISONS OF SMI CASELOADS BEFORE AND AFTER MENTAL HEALTH COURT**

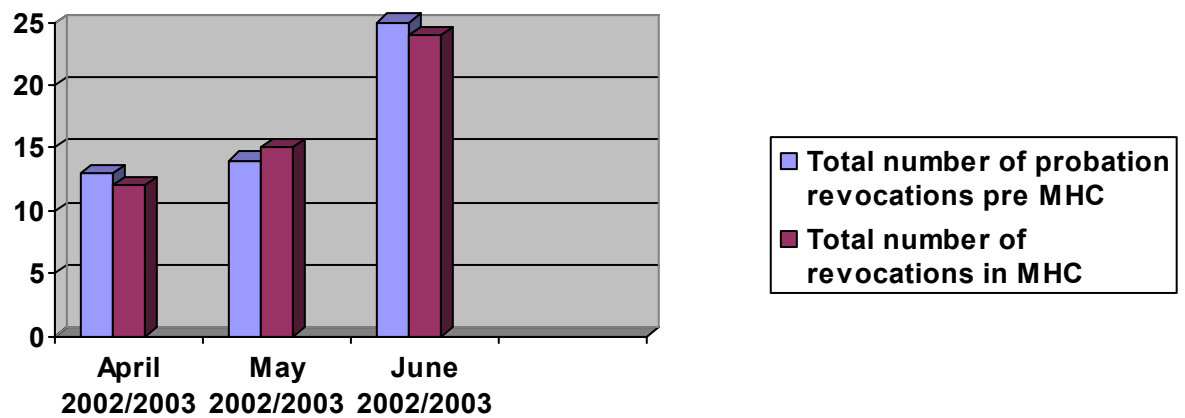
**GRAPH D: Comparison of SMI Caseloads Before and After Inception of Mental Health Court.**

(April 2002: 456, April 2003: 510, May 2002: 471, May 2003: 518, June 2002: 466, June 2003: 513)



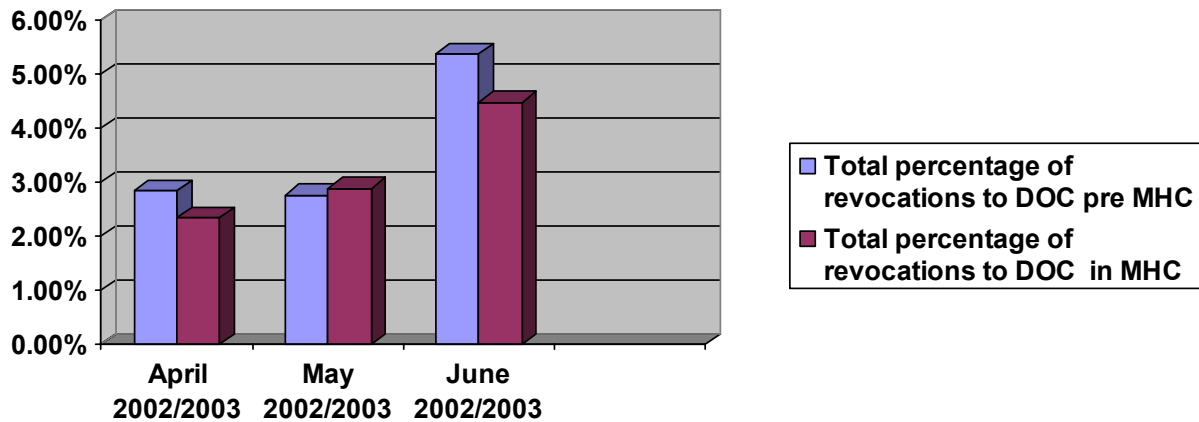
**GRAPH E: Comparison of the Number of SMI Probation Revocations Before and After the Inception of Mental Health Court.**

(April 2002: 12, April 2003: 11, May 2002: 13, May 2003: 15, June 2002: 25, June 2003: 23)



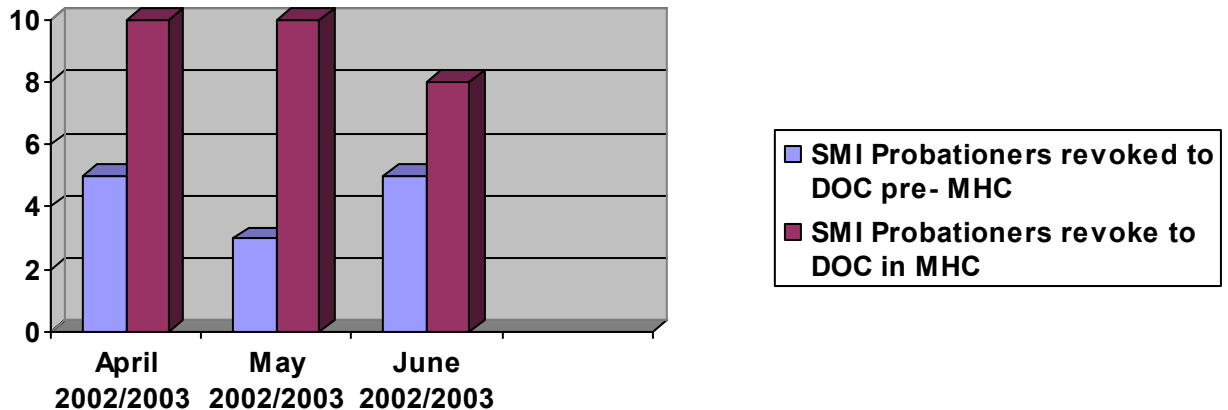
**GRAPH F: Comparison of the Percentage of SMI Probation Revocations to the Arizona Department of Corrections Before and After the Inception of Mental Health Court.**

(April 2002: N = 5, April 2003: N = 10, May 2002: N = 13, May 2003: N = 15, June 2002: N = 25, June 2003: N = 23)



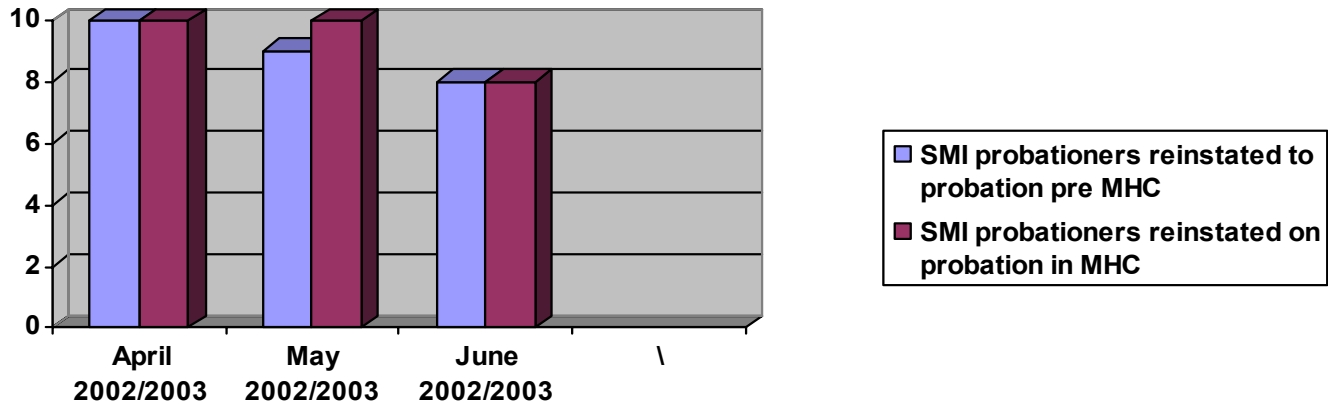
**GRAPH G: Comparison of the Total Number of SMI Probationers Revoked to the Department of Corrections Before and After the Inception of Mental Health Court.**

(April 2002: N = 5, April 2003: N = 10, May 2002: N = 3, May 2003: N = 10, June 2002: N = 5, June 2003: N = 8)



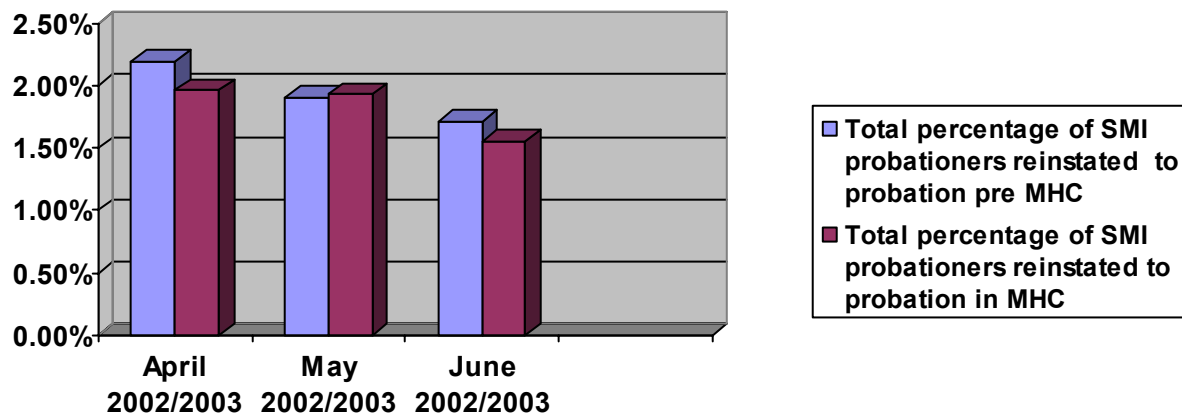
**GRAPH H: Comparison of the Total Number of SMI Probationers Reinstated to Probation before and After the Inception of Mental Health Court.**

(April 2002: N = 10, April 2003: N = 10, May 2002: N = 9, May 2003: N = 10, June 2002: N = 8, June 2003: N = 8)



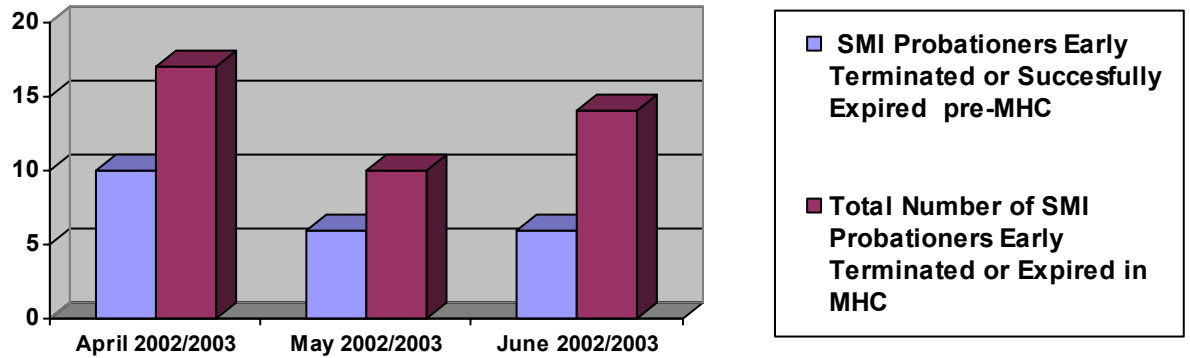
**GRAPH I: Comparison Total Percentage of SMI Probationers Reinstated on Probation Before and After the Inception of Mental Health Court.**

(April 2002: N = 10, April 2003: N = 10, May 2002: N = 9, May 2003: N = 10, June 2002: N = 8, June 2003: N = 8)



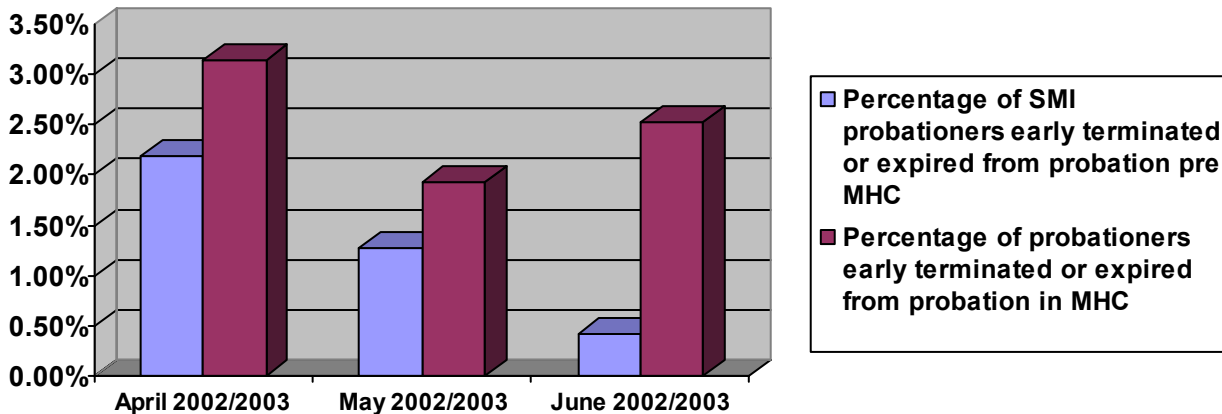
**GRAPH J: Comparison of Total Number of Probationers Early Terminated or Successfully Expired From Probation Before and After the Inception of Mental Health Court.**

( April 2002: N = 10, April 2003: N = 17, May 2002: N = 6, May 2003: N = 10, June 2002: N = 6, June 2003: N = 14)



**GRAPH K: Comparison of the Total Percentage of SMI Probationers Early Terminated or Successfully Expired From Probation Before and After the Inception of Mental Health Court.**

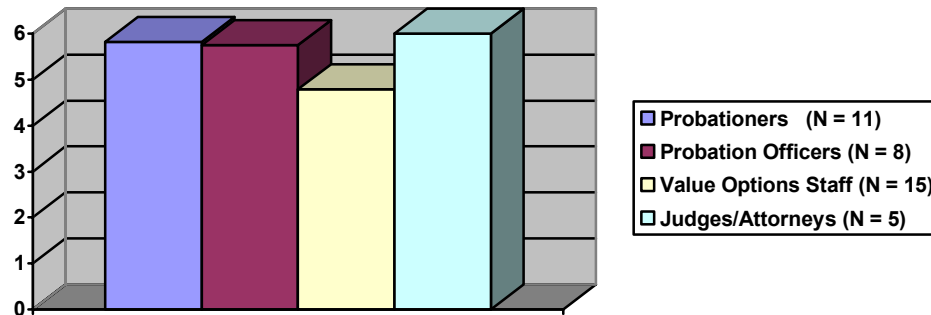
(April 2002: N = 10, April 2003: N = 17, May 2002: N = 6, May 2003: N = 10, Jun 2002: N = 6, June 2003: N = 14)



In comparing survey responses between the four response groups (Graph L), all respondents indicated that Mental Health Court played a role in keeping probationers out of jail.

**GRAPH L: Typically my clients serve fewer days in jail because of Mental Health Court/Mental Health Court has helped keep me out of jail.**

7 = strongly agree



0 = strongly disagree

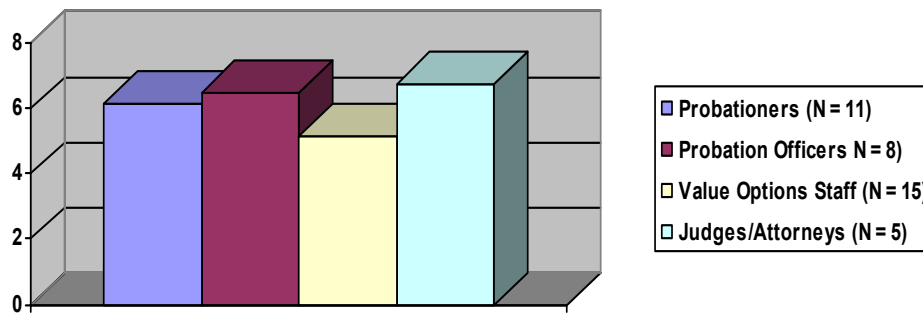
**Question #2: Do the Maricopa County Mental Health Courts provide more effective community integration services than traditional courts?**

**Question #3: Are the Maricopa County Mental Health Courts more effective/efficient than traditional courts in providing program participants access to treatment?**

In comparing responses from the four survey respondents (Graphs M, N and O), participants believe that Mental Health Court plays a more effective role in addressing treatment needs of mentally ill probationers.

**GRAPH M: Mental Health Court is a more effective tool than traditional courts in providing supervision/case management and helping me with my psychiatric problems.**

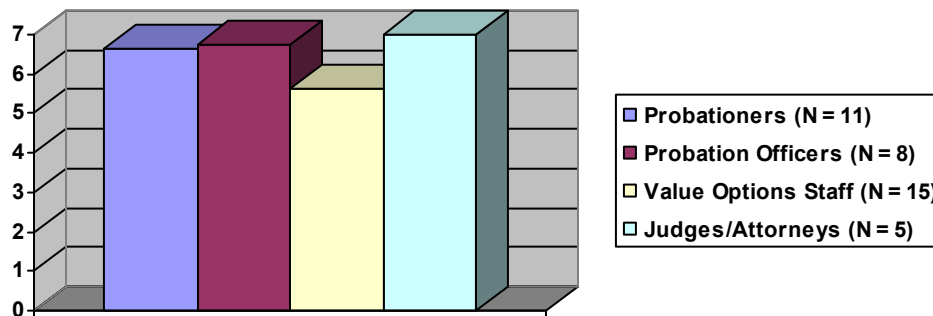
7 = strongly agree



0 = strongly disagree

**GRAPH N: The use of Mental Health Courts are an improvement over traditional court in addressing the treatment needs of mentally ill clients/addressing my treatment needs.**

7 = strongly agree

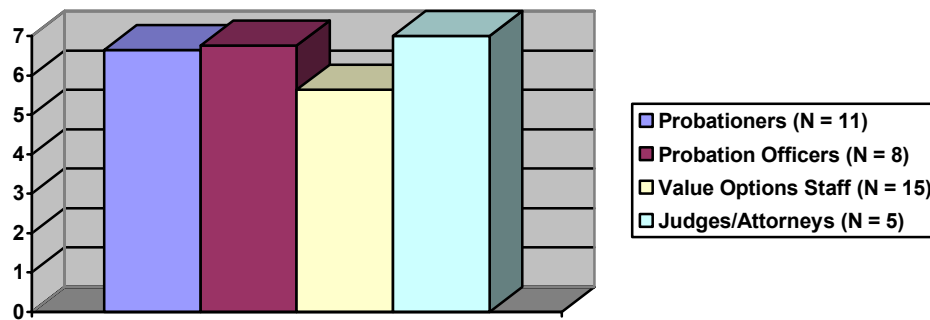


0 = strongly disagree



**GRAPH O: The use of Mental Health Court is an improvement over traditional courts in addressing the case management/supervision needs of mentally ill clients/ addressing my treatment needs.**

7 = strongly agree



0 = strongly disagree

**Question #4: Do the Maricopa County Mental Health Courts provide a more cost effective/ efficient use of resources than traditional courts?**

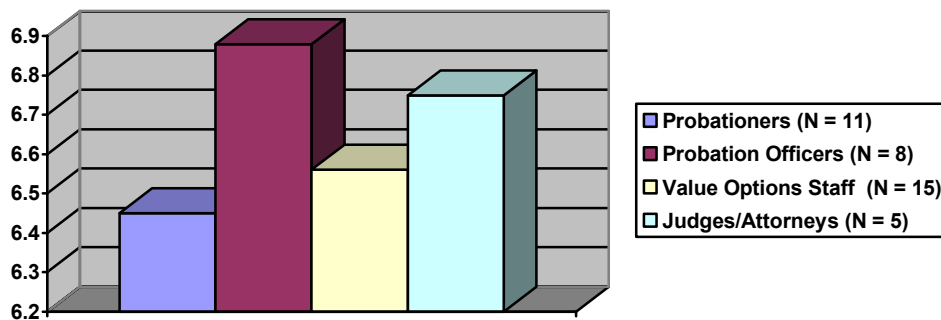
In many respects, this is one of the most difficult areas to respond to.

Comprehensive cost benefit analysis is beyond the scope of this study. While narrative comments and responses from the four survey groups consider mental health court to be a more effective way to communicate (Graph P), it is also clear that respondents indicated that one of the weaknesses of the program involved too much waiting and ongoing issues with continuances. As there is no definitive information regarding the number of days of incarceration served, this researcher cannot speak to jail costs. However, the higher number and percentage of expiration/ early termination rates (Graph M and Graph N) speak well to the potential cost savings of Mental Health Court. Finally, although it is subjective, the perception from all four of the respondent groups indicates that that they both prefer and are more successful in mental health court. This says much about the

desire of all of the respondent groups to see both the program and its participants succeed.

**GRAPH P: Communications between clients, (my) probation officer, (my) Value Options case manager and the court are more effective (is better) in a Mental Health Court than a traditional court.**

7 = strongly agree



0 = strongly disagree

**Question #5: Do Mental Health Court participants serve fewer days in jail than those in traditional courts?**

Survey respondents strongly support the belief that Mental Health Court reduces the number of incarceration days served by Mental Health Court participants. (Graph L).

However this researcher found no empirical data to support this thesis statement. The lack of reliable incarceration statistics makes any definitive conclusions in this area unfeasible.

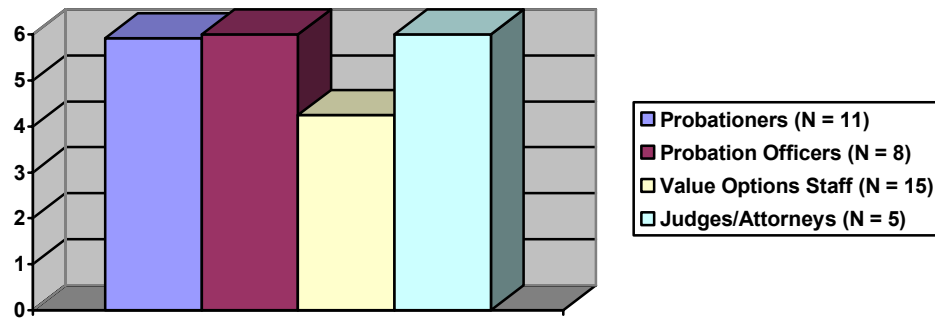
**Question #6: Do Mental Health Courts provide more expeditious case resolution than traditional courts?**

Survey respondents cite improved communications, improvement in addressing treatment needs, and more effective communication in addressing case management and treatment needs (Graphs M – R). While the court process is not necessarily faster in a mental health

court setting, court staffings result in quicker and more effective decision making between all of the participants. Narrative comments indicated that some respondents found the staffing process to be cumbersome and too time consuming.

**GRAPH Q: I am more successful with my clients/on probation because of Mental Health Court.**

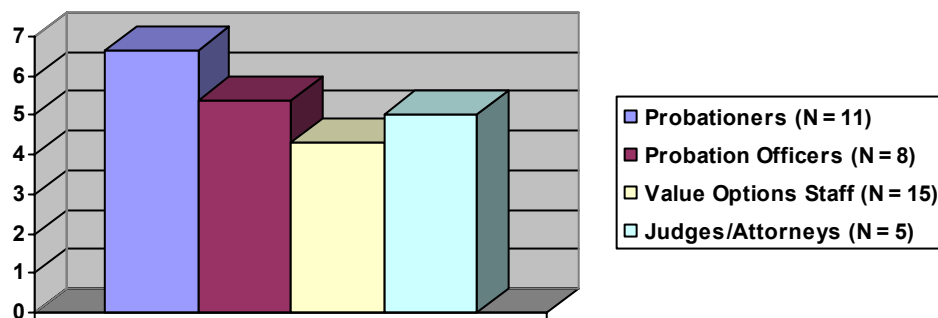
7 = strongly agree



0 = strongly disagree

**GRAPH R: I/my clients prefer Mental Health Court to a Traditional Court.**

7 = strongly agree



0 = strongly disagree

## **SUMMARY**

While much of the data this researcher sought to obtain is more limited than had been hoped for, survey information indicates that the foundation for both mental health courts is in place and is showing promising results. Research data is less clear in showing many specific trends for the program. Based on research results, the following conclusions can be made:

- Based on reviewing survey results in their entirety, there is strong support for Mental Health Court from judges, attorneys, program staff and defendants. These results strongly support all six of this researchers thesis statements.
- 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.
- The percentage and total number of probationers who were early terminated or successfully completed probation was higher in Mental Health Court.
- The percentage of probationers reinstated to probation was slightly lower in Mental Health Court.

## **RECOMMENDATIONS**

As is the case with many research projects, this researcher was left with many more questions than answers. It is clear that numerous resources have been put in place to help insure the success of Mental Health Court. Staff are enthused about the potential

of this program and SMI probationers prefer this specialized court. Yet, because of the challenges in obtaining program data, it is difficult to claim definitively that mental health court is successful. In order to get a more accurate picture of the effectiveness of these courts, it is recommended that further research be conducted in the following areas:

- Conduct a longitudinal study of Mental Health Court participants in both the Tempe and Superior Court Mental Health Court. In particular, an evaluation of recidivism over a period of several years could more effectively determine if the enhanced coordination of services in mental health court serves its purpose.
- Develop a more accurate tracking system to determine incarceration rates for Mental Health Court participants. While this researcher was able to determine violation information, it is important to know if mental health court is impacting the total number of days actually served in jail.
- Find a more reliable method of obtaining survey information from Mental Health Court participants. This would include probationers residing within the community, as well as those who are in jail and prison.
- Better determine direct and in – direct program costs, including the costs of running staffings.
- Provide statistical information on Tempe’s Mental Health Court. Because of delays, the first participants in Tempe’s Mental Health Court began the program shortly before the completion of this paper. As of this writing, there have been 14 defendants in the program. Further research is needed to determine the effectiveness of mental health court in a limited jurisdiction court setting.

- Based on limited survey feedback, consider a possible reorganization of the staffing procedures in the Superior Court Mental Health Court. Participants indicated that time constraints occasionally resulted in a lack of time to adequately staff certain cases. Consideration should be given to any administrative changes that could positively affect this process.

While clearly there is much work that needs to be done to improve the quality and effectiveness of Maricopa's Mental Health Courts, the early results are promising and perhaps most importantly, there is a shared purpose among court staff and treatment providers in working to positively impact this disenfranchised population.

## **APPENDICES**

**APPENDIX A: SURVEY QUESTIONNAIRES**  
**MENTAL HEALTH COURT**  
**STAFF SURVEY**

NAME: (optional) \_\_\_\_\_

The following questions ask you to rate your level of agreement with each of the statements provided. Please write the number that corresponds most completely with your opinion.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Agree	Slightly Agree	Strongly Agree

1. \_\_\_\_\_ Mental Health Court is more effective tool than traditional courts in providing supervision/case management to my clients.
2. \_\_\_\_\_ Participating in Mental Health Court is an effective use of my time.
3. \_\_\_\_\_ I am more successful with my clients because of Mental Health Court.
4. \_\_\_\_\_ The majority of my clients prefer Mental Health Court to a traditional court.
5. \_\_\_\_\_ Since the advent of Mental Health Court I have not had to file as many petitions to revoke probation or if a case manager, discontinue services.
6. \_\_\_\_\_ Typically my Mental Health Court clients serve fewer days in jail than those in a traditional court.
7. \_\_\_\_\_ My Mental Health Court clients receive quicker access to treatment/support services than in a traditional court.
8. \_\_\_\_\_ The use of Mental Health Court is an improvement over a traditional court in addressing the treatment needs of mentally ill clients.
9. \_\_\_\_\_ The use of Mental Health Court is an improvement over traditional courts in



addressing the case management/ supervision needs of mentally ill clients.

10. \_\_\_\_\_ The use of Mental Health Court team staffings allow all of the court participants a voice in the case.
11. \_\_\_\_\_ Communication between clients, the court, probation and Value Options is more effective in Mental Health Court than in a traditional court.
12. \_\_\_\_\_ Clients understanding and comprehension of their rights and the legal process is more effective in Mental Health Court than in a traditional court setting.
13. \_\_\_\_\_ The public defender appears more attentive to the clients case in Mental Health Court than in a traditional court.
14. \_\_\_\_\_ The county attorney appears more attentive to the clients case in Mental Health Court than in a traditional court.

The greatest weakness of Mental Health Court is:

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The greatest strength of Mental Health Court is:

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I am employed as a ☐ Probation Officer  
☐ Value Options Case Manager  
☐ Other: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Duration of time working with Mental Health Court \_\_\_\_\_

Duration of time working in a traditional court setting (including Mental Health Court). \_\_\_\_\_

Approximate number of cases presented in Mental Health Court \_\_\_\_\_

**Thank you for taking the time to complete this survey. Please place it in the attached self addressed stamped envelope and return it no later than October 31, 2003.**

**MENTAL HEALTH COURT  
PARTICIPANT SURVEY**

**NAME (optional)** \_\_\_\_\_

The following questions ask you to rate your level of agreement with each of the statements provided. Please write the number which corresponds most closely with your level of agreement in the blank to the left of the statement.

- |           | 1  | 2        | 3                    | 4       | 5                 | 6     | 7                |
|-----------|--|----------|----------------------|---------|-------------------|-------|------------------|
|           | Strongly<br>Disagree   | Disagree | Slightly<br>Disagree | Neutral | Slightly<br>Agree | Agree | Stongly<br>Agree |
| 1. _____  | Mental Health Court is a more effective tool than traditional courts in helping me with my psychiatric problems. |          |                      |         |                   |       |                  |
| 2. _____  | I have been treated with dignity and respect in Mental Health Court  |          |                      |         |                   |       |                  |
| 3. _____  | I have been treated with dignity and respect in traditional courts.  |          |                      |         |                   |       |                  |
| 4. _____  | I have been treated fairly in Mental Health Court.   |          |                      |         |                   |       |                  |
| 5. _____  | I have been treated fairly in traditional courts.  |          |                      |         |                   |       |                  |
| 6. _____  | Participating in Mental Health Court is an effective way to address my needs.                                    |          |                      |         |                   |       |                  |
| 7. _____  | I am more successful on probation because of Mental Health Court.  |          |                      |         |                   |       |                  |
| 8. _____  | I prefer Mental Health Court to a traditional court.   |          |                      |         |                   |       |                  |
| 9. _____  | I receive quicker access to services in Mental Health Court than in a traditional court                          |          |                      |         |                   |       |                  |
| 10. _____ | The use of a Mental Health Court is an improvement over a traditional court in addressing my treatment needs.    |          |                      |         |                   |       |                  |

**Please turn to the next page**

11. \_\_\_\_\_ I have more of a voice in my case in Mental Health Court than I did in a traditional court.
12. \_\_\_\_\_ Mental Health Court staff reward me for good behavior.
13. \_\_\_\_\_ Communication between my probation officer, Value Options case manager and the court is better in the Mental Health Court than in a traditional court.
14. \_\_\_\_\_ I am less likely to commit a new criminal offense because of Mental Health Court.
15. \_\_\_\_\_ Mental Health Court has helped keep me out of jail.
16. \_\_\_\_\_ Mental Health Court has helped me get services such as housing, social security.
17. \_\_\_\_\_ My public defender in Mental Health Court pays more attention to my case than the public defender in traditional court.

How long have you been on probation? \_\_\_\_\_

How long have you been participating in Mental Health Court? \_\_\_\_\_

How many times have you attended Mental Health Court? \_\_\_\_\_

How many times have you attended a traditional court? \_\_\_\_\_

How long have you been case managed through Value Options? \_\_\_\_\_

What kind of involvement have you had in Mental Health Court? (Check all that apply)

- ☐ Probation violation
- ☐ Review hearing for rewarding good behavior
- ☐ Review hearing for non-compliance
- ☐ Other: \_\_\_\_\_

**Please turn to the next page**

Please check the type of services (if any) that you have received while in mental health court:

☐ Drug treatment    ☐ Alcohol treatment    ☐ Housing    ☐ Mental Health Counseling

☐    **Employment** ☐    **Psychiatric services** ☐  
**Other** \_\_\_\_\_

**The greatest weakness of mental health court is:**

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**The greatest strength of mental health court is:**

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**Thank you for taking the time to complete this survey. Please place it in the attached self addressed stamped envelope and mail it no later than November 14, 2003.**

## MENTAL HEALTH COURT COURT STAFF SURVEY

NAME: (optional) \_\_\_\_\_

The following questions ask you to rate your level of agreement with each of the statements provided. Please write the number that corresponds most completely with your opinion.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Agree	Slightly Agree	Strongly Agree

1. \_\_\_\_\_ Mental Health Court is a more effective tool than traditional courts in providing supervision/case management.
2. \_\_\_\_\_ Participating in Mental Health Court is an effective use of my time.
3. \_\_\_\_\_ I am more successful with my clients/cases because of Mental Health Court.
4. \_\_\_\_\_ The majority of my clients prefer Mental Health Court to a traditional court.
5. \_\_\_\_\_ Since the advent of Mental Health Court my clients/cases have been compliant with their court orders.
6. \_\_\_\_\_ Typically my Mental Health Court clients/cases serve fewer days in jail than those in a traditional court.
7. \_\_\_\_\_ My Mental Health Court clients/cases receive quicker access to treatment/support services than in a traditional court.
8. \_\_\_\_\_ The use of Mental Health Court is an improvement over a traditional court in addressing the treatment needs of mentally ill clients.
9. \_\_\_\_\_ The use of Mental Health Court is an improvement over traditional courts in addressing the case management/ supervision needs of mentally ill clients.
10. \_\_\_\_\_ The use of Mental Health Court team staffings allow all of the court participants a voice in the case.

11. \_\_\_\_ Communication between clients, the court, probation and Value Options is more effective in Mental Health Court than in a traditional court.
12. \_\_\_\_ Clients understanding and comprehension of their rights and the legal process is more effective in Mental Health Court than in a traditional court setting.
13. \_\_\_\_ The public defender appears more attentive to the clients case in Mental Health Court than in a traditional court.
14. \_\_\_\_ The prosecutor appears more attentive to the clients case in Mental Health Court than in a traditional court.

The greatest weakness of Mental Health Court is:

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The greatest strength of Mental Health Court is:

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Length of employment:\_\_\_\_\_

Duration of time working with Mental Health Court \_\_\_\_\_

Duration of time working in a traditional court setting (including mental health court). \_\_\_\_\_

Approximate number of cases presented in Mental Health Court\_\_\_\_\_

**Thank you for taking the time to complete this survey.**

## APPENDIX B

### SUMMATION OF MENTAL HEALTH COURT PARTICIPANT SURVEY

Probationers participating in Mental Health Court were asked to rate to rate their level of agreement with each of the following statements based on the rating scale. The results of these eleven surveys were compiled and an average score was calculated for each question.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

N = 11

1. Mental Health Court is a more effective tool than traditional courts in helping me with my psychiatric problems. **Average score: 6.16**
2. I have been treated with dignity and respect in Mental Health Court.  
**Average score: 6.18**
3. I have been treated with dignity and respect in traditional courts.  
**Average score: 5.36**
4. I have been treated fairly in Mental Health Court. **Average score: 6.09**
5. I have been treated fairly in traditional courts. **Average score: 5.36**
6. Participating in mental health court is an effective way to address my needs.  
**Average score: 6.09**
7. I am more successful on probation because of Mental Health Court.  
**Average score: 5.91**
8. I prefer Mental Health Court to a traditional court. **Average score: 6.64**

9. I receive quicker access to services in Mental Health Court than in a traditional court. **Average score: 6.64**
10. The use of a Mental Health Court is an improvement over traditional court in addressing my treatment needs. **Average score 6.64**
11. I have more of a voice in my case in Mental Health Court than I did in a traditional court. **Average score: 5.82**
12. Mental Health Court staff rewards me for good behavior.  
**Average score: 6.00**
13. Communication between my probation officer, Value Options case manager and the court is better in the Mental Health Court than a traditional court. **Average score: 6.45**
14. I am less likely to commit a new criminal offense because of Mental Health Court.  
**Average score: 6.09**
15. Mental Health Court has helped keep me out of jail. **Average score: 5.82**
16. Mental Health Court has helped me get services such as housing, social security.  
**Average score: 5.09**
17. My public defender in mental health court pays more attention to my case than the public defender in traditional court. **Average score: 4.89**



## SUMMATION OF MENTAL HEALTH COURT SURVEY OF VALUE OPTIONS STAFF

Value options staff was asked to rate their level of agreement with the following statements based on the following rating scale.

N = 15

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Agree	Slightly Agree	Strongly Agree

1. Mental Health Court is more effective tool than traditional courts in providing supervision/case management to my clients. **Average score: 5.19**
2. Participating in Mental Health Court is an effective use of my time.  
**Average score: 4.75**
3. I am more successful with my clients because of Mental Health Court.  
**Average score: 4.25**
4. The majority of my clients prefer Mental Health Court to a traditional court.  
**Average score: 4.31**
5. Since the advent of Mental Health Court, I have not had to file as many petitions to revoke probation or if a case manager, discontinue services. **Average score: 3.81**
6. Typically my Mental Health Court clients serve fewer days in jail than those in a traditional court. **Average score: 4.79**
7. My Mental Health Court clients receive quicker access to treatment/support services than in a traditional court. **Average score: 5.06**
8. The use of Mental Health Court is an improvement over a traditional court in addressing the treatment needs of mentally ill clients. **Average score: 5.63**
9. The use of Mental Health Court is an improvement over traditional courts in addressing the case management/ supervision needs of mentally ill clients.  
**Average score: 5.75**
10. The use of Mental Health Court team staffings allow all of the court participants a voice in the case. **Average score: 5.63**
11. Communication between clients, the court, probation and Value Options is

more effective in Mental Health Court than in a traditional court.

**Average score: 6.56**

12. Clients understanding and comprehension of their rights and the legal process is more effective in mental health court than in a traditional court setting.

**Average score: 5.44**

13. The public defender appears more attentive to the clients case in mental health court than in a traditional court. **Average score: 5.44**

14. The county attorney appears more attentive to the clients case in mental health court than in a traditional court. **Average score: 5.19**

Average length of employment: **8.8 months**

Average duration of time working with mental health court: **8.8 months**

Average duration of time working in a traditional court setting (including mental health court): **8.8 months**

Approximate total number of cases presented in mental health court by surveyed staff: **36**

## SUMMATION OF MENTAL HEALTH COURT SURVEY OF ADULT PROBATION STAFF

Maricopa County Adult Probation staff were asked to rate their level of agreement with the following statements based on the following rating scale.

N = 8

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Agree	Slightly Agree	Strongly Agree

1. Mental health court is more effective tool than traditional courts in providing supervision/case management to my clients. **Average score: 6.50**
2. Participating in mental health court is an effective use of my time.  
**Average score: 6.63**
3. I am more successful with my clients because of Mental Health Court.  
**Average score: 6.00**
4. The majority of my clients prefer Mental Health Court to a traditional court.  
**Average score: 5.38**
5. Since the advent of Mental Health Court I have not had to file as many petitions to revoke probation or if a case manager, discontinue services. **Average score: 5.00**
6. Typically my Mental Health Court clients serve fewer days in jail than those in a traditional court. **Average score: 5.75**
7. My Mental Health Court clients receive quicker access to treatment/support services than in a traditional court. **Average score: 6.13**
8. The use of Mental Health Court is an improvement over a traditional court in addressing the treatment needs of mentally ill clients. **Average score: 6.75**
9. The use of Mental Health Court is an improvement over traditional courts in addressing the case management/ supervision needs of mentally ill clients.  
**Average score: 6.75**

10. The use of Mental Health Court team staffings allow all of the court participants a voice in the case. **Average score: 7.00**

11. Communication between clients, the court, probation and Value Options is more effective in Mental Health Court than in a traditional court.  
**Average score: 6.88**

12. Clients understanding and comprehension of their rights and the legal process is more effective in Mental Health Court than in a traditional court setting.  
**Average score: 5.75**

13. The public defender appears more attentive to the clients case in Mental Health Court than in a traditional court. **Average score: 6.88**

14. The county attorney appears more attentive to the clients case in Mental Health Court than in a traditional court. **Average score: 6.38**

Average length of employment: **12.13 years**

Average duration of time working with mental health court: 7 of the 8 staff had worked in mental health court since its inception. The other officer had worked in Mental Health Court for 2 months.

Average duration of time working in a traditional court setting (including mental health court): **12.13 years**

Approximate total number of cases presented in Mental Health Court by surveyed staff;  
**89**

## SUMMATION OF MENTAL HEALTH COURT STAFF SURVEY

Judges and attorneys were asked to rate their level of agreement with the following statements. The following information is a compilation of respondent's answers.

N = 5

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Agree	Slightly Agree	Strongly Agree

1. Mental Health Court is a more effective tool than traditional courts in providing supervision/case management. **Average score: 6.75**
2. Participating in Mental Health Court is an effective use of my time. **Average score: 6.75**
3. I am more successful with my clients/cases because of Mental Health Court. **Average score: 6.0**
4. The majority of my clients prefer Mental Health Court to a traditional court. **Average score: 5.0**
5. Since the advent of Mental Health Court my clients/cases have been compliant with their court orders. **Average score: 5.2**
6. Typically my Mental Health Court clients/cases serve fewer days in jail than those in a traditional court. **Average score: 6.0**
7. My Mental Health Court clients/cases receive quicker access to treatment/support services than in a traditional court. **Average score: 6.75**
8. The use of Mental Health Court is an improvement over a traditional court in addressing the treatment needs of mentally ill clients. **Average score: 7.0**

9. The use of Mental Health Court is an improvement over traditional courts in addressing the case management/ supervision needs of mentally ill clients. **Average score: 7.0**
10. The use of Mental Health Court team staffings allow all of the court participants a voice in the case. **Average score: 7.0**
11. Communication between clients, the court, probation and Value Options is more effective in Mental Health Court than in a traditional court. **Average score: 6.75**
12. Clients understanding and comprehension of their rights and the legal process is more effective in Mental Health Court than in a traditional court setting. **Average score: 6.25**
13. The public defender appears more attentive to the clients case in Mental Health Court than in a traditional court. **Average score: 6.25**
14. The prosecutor appears more attentive to the clients case in Mental Health Court than in a traditional court. **Average score: 6.25**

Average length of employment: **8 years**

Average duration of time working with mental health court. **Since its inception**

## APPENDIX C: CORRESPONDENCE

City of  
Tempe  
P. O. Box 5002  
140 East Fifth Street, Suite 200  
Tempe, AZ 85280  
480-350-8271  
www.tempe.gov

Municipal Court  
Criminal Division

October 20, 2003

Dear Court Professional,

This past June I spent three weeks in Williamsburg Virginia attending Phase II of the National Center for State Court's Executive Development Program. Part of the requirement for completion of this program is to write a research paper that will (hopefully) be of some benefit to the court. I have chosen to conduct an evaluation of the Mental Health Court in Maricopa County Superior Court and Tempe Municipal Court. To that end I have put a survey together for mental health court participants. I would greatly appreciate it if you could provide your client with the attached survey. Upon its completion, the survey can be returned to me in the attached self- addressed stamped envelope. I greatly appreciate your assistance on this project.

Sincerely,

Mark Stodola  
Deputy Court Manager  
Tempe Municipal Court

City of Tempe  
P. O. Box 5002  
140 East Fifth Street, Suite 200  
Tempe, AZ 85280  
480-350-8271  
www.tempe.gov

Municipal Court  
Criminal Division

October 20, 2003

Dear Court Professional,

This past June I spent three weeks in Williamsburg Virginia attending Phase II of the National Center for State Court's Executive Development Program. Part of the requirement for completion of this program is to write a research paper that will (hopefully) be of some benefit to the court. I have chosen to conduct an evaluation of the Mental Health Court in Maricopa County Superior Court and Tempe Municipal Court. To that end I have put a survey together for mental health court staff in order to determine the strengths and growth areas for the program. The survey information is anonymous and you are not required to provide your name. Upon its completion, the survey can be returned to me in the attached self- addressed stamped envelope. If you have questions or would like to speak to me personally on the project, I can be reached at 480-350-8457. I greatly appreciate your assistance on this project as well as the timely completion of the survey.

Sincerely,

Mark Stodola  
Deputy Court Manager  
Tempe Municipal Court



## **APPENDIX D: DOCKET INFORMATION**

### **TEMPE MUNICIPAL COURT MENTAL HEALTH DOCKET**

<b><u>Court Start –up Date</u></b>	<b>Fall 2003</b>
<b><u>Supervising Judge</u></b>	<b>The Honorable Louraine Arkfeld</b>
<b><u>Program Goals</u></b>	<b>Ensure the coordination of care for behavioral health offenders, protect community safety, expedite case processing, decrease the number of incarceration days, reduce recidivism and coordinate interactions between the behavioral health system, city services and criminal justice systems.</b>
<p>Stage of Intervention Post arrest or when citation is issued; or when a defendant is identified as having behavioral health issues.</p>	
<b><u>Method of entry</u></b>	<b>At the arraignment, deferred prosecution by referral</b>
<b><u>Eligible Criminal Offense</u></b>	<b>Misdemeanors</b>
<b><u>Mental health Eligibility</u></b>	<b>Person with a serious mental illness; person with a co-occurring disorder with an Axis 1 diagnosis; person with organic brain impairment or a developmental disability.</b>
<b><u>Mental Health Team</u></b>	<b>Judge, defendant, Prosecutor, Defense Attorneys, Value Options Case Manger, Deputy Court Manager, City of Tempe Homeless Coordinator, Representative from Care 7, Social Services.</b>
<b><u>Treatment</u></b>	<b>Treatment begins once a defendant has been identified as a person with mental health issues.</b>

## APPENDIX E: COURT PROCEDURE

### Tempe Mental Health Court Procedure

**PURPOSE:** Mental Health Court (MHC) is a specialized docket designed to address the unique needs of Seriously Mentally Ill offenders charged at the Limited Jurisdiction level, provide services that will reduce the possibility of recidivism and to reduce the number of jail days these defendants spend in custody.

**DISCUSSION:** By early identification of mentally ill or developmentally disabled offenders, the Court can integrate treatment services with judicial case processing. Defendants diagnosed with mental illness can choose to be placed in a specialized mental health court docket in court room number three where he/she will be referred for individualized treatment and services. At the mental health court docket, the judge, prosecutor and public defender will meet bi-weekly (or as needed) with Value Options to address the defendants psychological needs and make assessments for treatment referrals. Defendants participating in the MHC Program will be monitored for a period of approximately six months. Upon successful completion of the program, the defendant's charges will be dismissed.

### PROCEDURE

#### *Police /Detention Officer*

1. Defendant is **arrested and booked**: If the defendant's behaviors suggest that he may have a mental illness and/or indicates that he/she is case managed through Value Options (VO).
  - a. FAX a case referral form and an authorization for release of information to Value Options @ 602-914-5968. A response will be faxed back to the prosecutor's office.
  - b. VO will respond back to the prosecutor's office whether the defendant is presently in the system as case managed or whether an evaluation will take place.
2. Defendant is **cited and released**: If citing officer suspects the defendant may be suffering from a mental illness, this information will be reported on the bottom of the citation and/or the incident report.
  - a. Example of Inscription: 918 – VO?

***Specialist (Customer Services Team)***

3. When the original citation is filed, any citation that has the words “ 918 – VO? “ inscribed on the lower portion of the citation should be copied. Take the copy and highlight the inscription on the bottom then send the copy to the attention of prosecutor assigned to the case.

***Prosecutor/Public Defender***

4. **In Custody Arraignment:** If the defendant's behaviors suggest that he may have a mental illness and/or indicates that he/she is case managed through Value Options (VO). The prosecutor or public defender faxes VO at 602-914-5968 to verify whether defendant is case managed if this has not previously been done. A response will be faxed back to the prosecutor's office. If case managed, the defendant will be offered the option of diversion services in the MHC Program. If not case managed the defendant will be provided information to contact Value Options for evaluation and assessment.
5. **Out of Custody Arraignment:** If the defendant's behaviors suggest that he may have a mental illness and/or indicates that he/she is case managed through Value Options (VO). The prosecutor or public defender faxes VO at 602-914-5968 to verify whether defendant is case managed if this has not previously been done. A response will be faxed back to the prosecutor's office. If case managed, the defendant will be offered the option of diversion services in the MHC Program. If not case managed the defendant will be provided information to contact Value Options for evaluation and assessment.

***Specialist (Bailiff)***

6. Defendant **accepts** participation in MHC Program.
  - a. Change case number to reflect division number three.
    - 1) Ref code 3999 – Case reassigned to
  - b. Public Defender assignment should be Tamara Brooks-Primera –11811
    - 1) Ref code 4425 – Pub Def Assigned (Payment determined at end of case) or
    - 2) Ref code 4225 – Pub Def Assigned (Specific \$\$ amount assessed)
7. Ref code 5900 - No Witness Status Review
  - 1) Bring up calendar for Mental Health Court. Schedule defendant in the next available docket.
  - b. Enter suspense date ( 6 months from today's business day)
  - c. Have defendant sign his/her copy.
  - d. Place Court copy in file, on right hand side behind the case history log.
8. Three copies will print *Court*, *Defendant*, and *Value Options*.

- a. Fax the *Value Options* copy to Lisa Scullion @ 602-914-5968.
  - b. After faxing, place the Value Options copy in the Court Services Supervisor's in basket.
9. Defendant **rejects** participation in MHC. Enter appropriate reference code.
- a. Ref code 5901 - Def rejects participation MHC Program
  - b. Defendant pleads out at arraignment or is set for a future PTC date.

***Specialist (Court Rm 3 Baliff)***

10. E-mail docket to Jail Discharge Coordinator at VO on Friday prior to Tuesday docket.
- a. Email: lisa.scullion@valueoptions.com

***Mental Health Court Staffing Team***

11. Reviews all cases set for no witness status review prior to the hearing. Case plan developed and presented at status review. Future no witness status reviews will be scheduled as needed for the duration of the program.
- a. Ref code 5910 – No Witness Status Review Continued

***Specialist (Bailiff)***

12. Defendant **successfully** completes MHC Program.
- a. Ref code 5902 – MHC Program Completed
  - b. Defendant will receive a certificate of completion from the court and charges are dismissed. Go to "H" drive/Customer Support/Mental Health and place the defendant's name on a completion certificate then print.
  - c. Update file according to Judge's log notes
  - d. Update file with Ref code 3902 – Case Closed
  - e. Prep file for scanning and place in appropriate refile bin.
13. Defendant **unsuccessfully** completes MHC Program.
- a. Ref code 5903 – MHC Program Non-Compliance
  - b. Defendant's case returned to normal case track. Schedule PTC

**APPENDIX F: ENQUIRY FORM**

City Court

**Tempe Municipal Court**

**Mental Health Court**

**Value Options Case Management Enquiry**

**DATE:** \_\_\_\_\_

**DEFENDANTS NAME:** \_\_\_\_\_, \_\_\_\_\_  
Last First

**D.O.B.** \_\_\_\_\_

**IN CUSTODY:** yes\_\_\_ no\_\_\_ (If yes, booking number: \_\_\_\_\_)

**COMPLAINT NO(S):** \_\_\_\_\_

**CHARGES:** \_\_\_\_\_

**NEXT COURT DATE:** \_\_\_\_\_ **DIVISION** \_\_\_\_\_

**Does the defendant claim to be case managed by Value Options?**

yes\_\_\_ no\_\_\_

( If yes, case manager's name: \_\_\_\_\_)

**REFERRED BY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DEPARTMENT:** Police ☐ Detention ☐ Prosecutor ☐ Court ☐

**FAX to:** Lisa Scullion  
Jail Discharge Coordinator  
Value Options  
FAX number: 602-914-5968  
Cell number: 602-685-3896



## APPENDIX G: RELEASE OF INFORMATION

# ValueOptions

*More Choices. For More People.*

TEMPE MUNICIPAL COURT

### **AUTHORIZATION FOR RELEASE OF INFORMATION/CASE MANAGEMENT ENQUIRY**

I, \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
Consumer's Name

Date of Birth \_\_\_\_\_

hereby authorize ValueOptions, 444 N. 44<sup>th</sup> Street, Phoenix, AZ 85008

To release the information described below to:

Tempe Municipal Court, 140 N 5<sup>th</sup> St. Tempe AZ, 85281

X Other (Specify) Verification that the above named individual is case managed through ValueOptions

The above information may include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.

Purpose for Disclosure: Participation in the Tempe Municipal Mental Health Court

I understand that at anytime, I may revoke this authorization by writing to ValueOptions. The revocation will be effective except to the extent that action based on this authorization has already been taken. This consent will expire:

☐ Upon discharge from the provider      **Or**      ☐ On: \_\_\_\_\_      **Or**      ☐ Upon disenrollment from *ValueOptions*

Defendant in Custody: Yes \_\_\_ No \_\_\_ (If yes, booking number: \_\_\_\_\_)

COMPLAINT No(s): \_\_\_\_\_ CHARGES: \_\_\_\_\_

NEXT COURT DATE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

Does the defendant claim to be case managed by ValueOptions: Yes \_\_\_ No \_\_\_ (If yes, Case Managers Name: \_\_\_\_\_)

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEPARTMENT: Police ☐ Detention ☐ Prosecutor ☐ Court ☐

\_\_\_\_\_  
Signature of Consumer

\_\_\_\_\_  
Witness

Other required signature (if applicable)  
Signature

Date of Consumer

Notice to Recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of it without this specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

**FAX to: Lisa Scullion, Jail Discharge Coordinator, ValueOptions**

**FAX number: 602-914-5968**

**Office number: 602-685-3896**

---

***ValueOptions of Arizona use only***

Is Defendant case managed? Yes ☐ No ☐ If yes, Consumer ID# \_\_\_\_\_

**FAX to Tempe Prosecutors Office: 480-350-8987**

## **APPENDIX H: CONDITIONS**

### **TEMPE MUNICIPAL COURT**

**DEFENDANT'S NAME** \_\_\_\_\_

**CASE NUMBER** \_\_\_\_\_

#### **CONDITIONS FOR PARTICIPATION IN THE TEMPE MENTAL HEALTH COURT**

- 1. You must continue to participate in case management services through Value Options while in mental health court.**
- 2. You must cooperate with the treatment provider assigned to you by Value Options and/or the court.**
- 3. You must attend all scheduled services as directed by the treatment provider.**
- 4. You must take medications as provided or prescribed and submit to blood level checks as instructed by treatment staff.**
- 5. You agree to complete the treatment program provided by the staffing team/treatment provider.**
- 6. Value Options will release to the City Prosecutors Office information relative to any non-compliance with program requirements.**
- 7. You must appear at any court settings scheduled in this matter, unless your presence is waived by the court, and if you fail to successfully complete the program, you will appear at all future court settings.**
- 8. You must not violate any federal, state or local laws while participating in the Mental Health Court Program.**
- 9. Providing false information or failing to comply with conditions set forth by the court or treatment provider may result in this agreement being rendered void, your being removed from the program and the case being accelerated for a pretrial.**
- 10. The Prosecutors Office reserves the right to terminate your eligibility at any time, including but not limited to failure to meet any of these terms and conditions and to set the case to a pretrial.**

\_\_\_\_\_  
**Defendant's signature**

\_\_\_\_\_  
**Date**



**APPENDIX I: STAFFING FORM**

**TEMPE MUNICIPAL COURT**  
**MENTAL HEALTH COURT STAFFING FORM**

**Defendant's Name** \_\_\_\_\_

**Case Number** \_\_\_\_\_ **Date of staffing** \_\_\_\_\_

**Nature of Offense** \_\_\_\_\_

**Value Options Case Manager** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Defendant's Presenting Problems**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Defendant's Case Plan/Goals**

1. \_\_\_\_\_

**Estimated Completion Date** \_\_\_\_\_

2. \_\_\_\_\_

**Estimated Completion Date** \_\_\_\_\_

3. \_\_\_\_\_

**Estimated Completion Date** \_\_\_\_\_

**Date of next review hearing** \_\_\_\_\_

## Endnotes

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<sup>1</sup> Arizona Republic, Sunday January 14, 2001- Thursday, January 19, 2001 “The Valleys Mental health Care System: A Permanent Crisis”. Snyder, Jodie and Steckner, Susie.

<sup>2</sup> Arizona Republic, *ibid*.

<sup>3</sup> Problem Solving Courts, Center for Court Innovation. Retrieved November 15, 2003 from <http://www.problem-solvingcourts.org> [article with no author obtained from website]

<sup>4</sup> Ed. Winick, Bruce, Wexler, David. Judging in a Therapeutic Key. Carolina Academic Press. 2003 pp59-63

<sup>5</sup> National Mental Health Association, Mental Health Courts. Retrieved August 1, 2003 from <http://www.nmha.org/position/mentalhealthcourts>

<sup>6</sup> Aikman, Alex “Thinking Out Loud; An occasional Letter from Alex Aikman, Issue #11, November 2003

<sup>7</sup> National Alliance for the Mentally Ill (NAMI), “About mental illness”. Retrieved August 1, 2003 from [http:// www.NAMI.org](http://www.NAMI.org) [Article with no authors name obtained from a website]

<sup>8</sup> *Ibid*

<sup>9</sup> Criminal Justice/Mental Health Consensus Project, Fact sheet, Retrieved August 1, 2003 from <http://consensusproject.org> [Article with no author obtained from a website]

<sup>10</sup> Arizona Republic, *ibid*

<sup>11</sup> Beck, Allen and Maruschak, Laura. “Mental Health Treatment in State Prisons”, 2000. p1-4 Bureau of Justice Statistics Special Report, July 2001

<sup>12</sup> United States Census 2000, United States Census Bureau, Retrieved September 2, 2003 from <http://www.census.gov> [article with no author obtained from website].

<sup>13</sup> *ibid*

<sup>14</sup> Seriously Mentally Ill, “Arizona Revised Statutes” retrieved from a website on December 4, 2003 from <http://www.azleg.state.az.us>

<sup>15</sup> Arizona Republic, *ibid*

<sup>16</sup> Arizona Republic, *ibid*

<sup>17</sup> “Monthly Performance Report”, Maricopa County Criminal Justice System, August 2003