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for State Courts

Measuring the Performance of Mental Health Courts: Respecting Uniqueness While Embracing Commonalities with Other Problem-solving Courts*

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Guiding Principles



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- 1) These measures are primarily tools designed to better manage and effectively administer MHCs.
- 2) The performance measures will secondarily assist with making policy decisions about how to address mental health issues within the criminal justice system. The measurements will provide data for accountability and sustainability to the public, the court community, defendants, and funding agencies.
- 3) The final set of selected measures will be inclusive of the key issues that address the purpose of MHCs (both criminal justice and mental health needs). Yet, balance the need to be *inclusive* of all key domains with the desire for the measures to comprise a *manageable* number of measures practical for implementation in the field.

Guiding Principles (cont'd)



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- 4) The performance measures will be
 1. specific,
 2. measurable, and
 3. subject to specific documentation.
- 5) *Performance measures* are clearly distinguished from *process* and *outcome/impact evaluations*.
- 6) The performance measures will reflect Problem-Solving Court Principles, developed by CCI
- 7) The performance measures will build upon performance measures developed for other types of problem-solving courts (e.g., the NRAC measures developed for adult drug courts) and for courts in general (e.g., CourTools), where appropriate.

Client Accountability



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1. In-program reoffending charges
2. Compliance with program requirements

Attendance at:

3. Therapeutic sessions
4. Court status hearings (before a judge)
5. Case manager/monitor/probation contacts - attendance rates
6. If drug testing required, % of clean tests
7. Average number of sanctions per participant
8. Average number of incentives per participant
9. Average number of in-program jail days

Social Functioning



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1. Housing
2. Symptom management (Modified Colorado Symptom Index)
3. Quality of Life (Quality of Life Inventory)

Case Processing



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1. Time from arrest to entry by type of exit
2. Time from arrest to first treatment episode by type of exit
3. Total time in program (between admission and exit), by type of exit.
4. % of referrals admitted
5. Retention (admissions cohort)
6. Average caseworker caseload

Collaboration



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1. Percent attendance of team members at staffing
2. Percent attendance at status hearings
3. Percent of time judge was provided information from each team member that was complete
4. Number/ percent of staff who over a year's time attended X number/hours of training relevant to MHCs
5. Annual review of roster of treatment and service providers in community

Individualized and Appropriate Treatment



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1. Percent of programs offer evidence-based practices-
of 7.
2. Treatment provided (under construction).

Procedural Fairness



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Program level variables:

1. Are team member required to sign confidentiality agreements?
2. Are participants provided with an orientation to MHC operations prior to their court date?
3. Has the PD received MHC training?
4. Is the MHC steering committee consulted before program changes are implemented?

Participant-level variables:

5. Participant level of satisfaction with MHC process
 - a. Measure with COURTOOLS # 1 or alternative measure (e.g., Lois Smith)

Aftercare/Post-Exit Transition



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1. Incidence of Post program recidivism during post-exit tracking period
2. Average number of jail days during post-exit tracking period
3. WRAP/ Care coordination/ case management plan in place at the time of exit?

Next Steps



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1. Triage candidate measures into priority categories for implementation
2. Implement and pilot test the MHC PMs in 3 jurisdictions
 - a. King County, WA
 - b. Suggestions?

Questions



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Questions

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