

Mental Health Courts

A National Snapshot



Mental health courts (MHCs) are a new and rapidly expanding phenomena: in 1997 only four MHCs existed in the country; by January 2004, 70 courts were known to be in operation; as of June 2005, there are approximately 125 operational courts in 36 states.¹

Through an online survey, 90 adult MHCs from over 30 states—or nearly 80% of all known courts—have provided details about their history, community, program administration, clients, entry process, treatment plan, and data collection strategy. While this survey relies entirely on self-reported data and as such is neither conclusive nor exhaustive, it does provide revealing and instructive information about MHCs in aggregate. Unless otherwise noted, all charts included in this pamphlet are based on responses to the survey.

The online survey was conducted by the Council of State Governments (CSG), technical assistance provider for the Bureau of Justice Assistance (BJA) Mental Health Courts Program, as part of the registration process for the June 2005 Mental Health Courts and Beyond conference. The survey builds on the National Survey of Mental Health Courts (www.mentalhealthcourtsurvey.com), which is co-maintained by CSG, the National GAINS Center, and NAMI, in several ways: it was conducted between March and May 2005 and is thus particularly current; it reflects information inputted directly by representatives of each mental health court; and it captures data beyond what the previous survey had solicited.

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What Is a Mental Health Court ?



Modeled after drug courts and developed in response to the overrepresentation of people with mental illness in the criminal justice system, mental health courts divert select defendants with mental illness into judicially supervised, community-based treatment. All mental health courts are voluntary. Defendants are invited to participate in the mental health court following a specialized screening and assessment, and have the option of declining participation. A team of court staff and mental health professionals work together to develop treatment plans and supervise individuals who agree to the terms and conditions of community-based supervision. Participants typically appear at regular status hearings where incentives are offered to reward adherence to court conditions, sanctions are imposed for non-adherence to conditions, and treatment plans and other conditions are periodically reviewed for appropriateness. Completion (sometimes called "graduation") is defined according to specific criteria.

For additional information about the survey and courts' responses, visit:

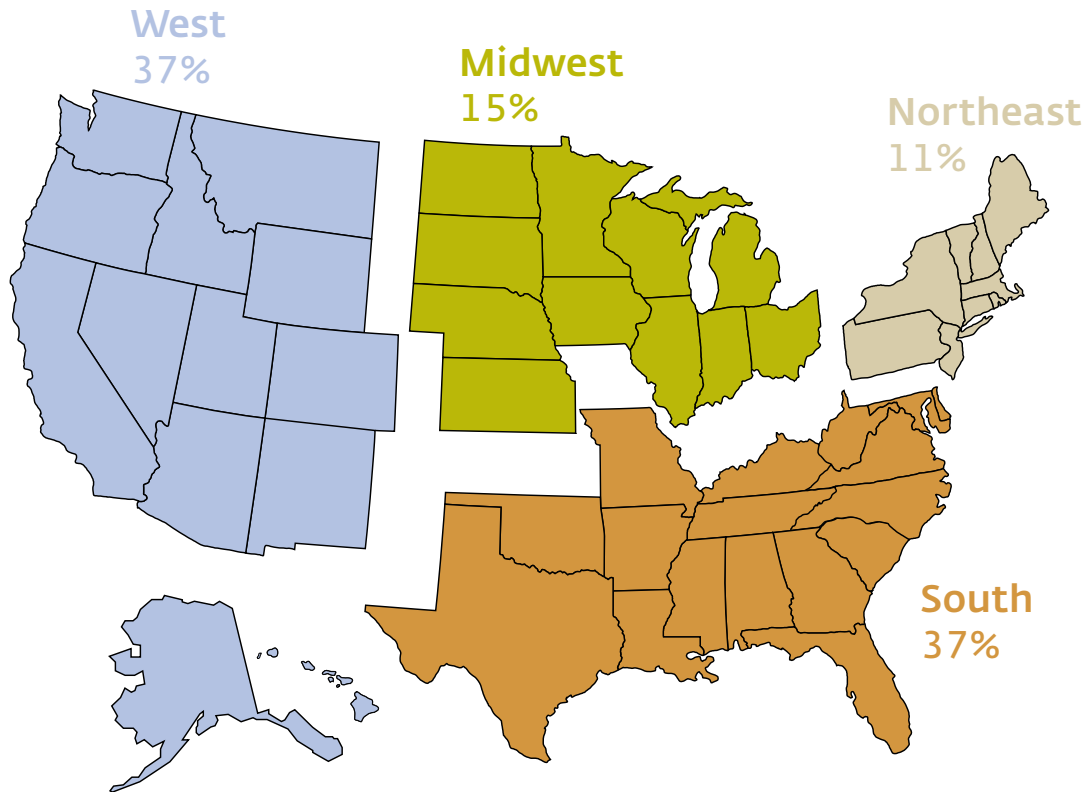


www.consensusproject.org/mhcourts/national-snapshot

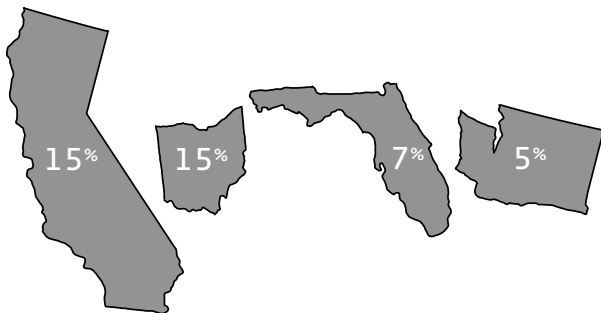
To contact a representative of the mental health courts program, call 212-482-2320, or email editors@consensusproject.org

I. Distribution Across the U.S.

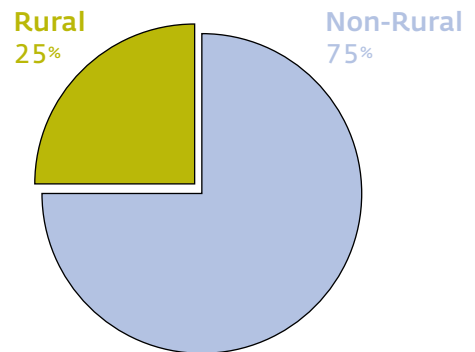
MHCs are located throughout the country but are disproportionately prevalent in the West and South.



Over 40% of all adult MHCs are located in California, Ohio, Florida, and Washington.

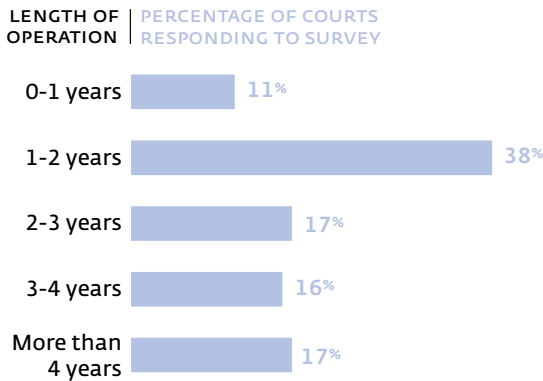


Nearly one-quarter of MHCs identified their jurisdiction as rural.



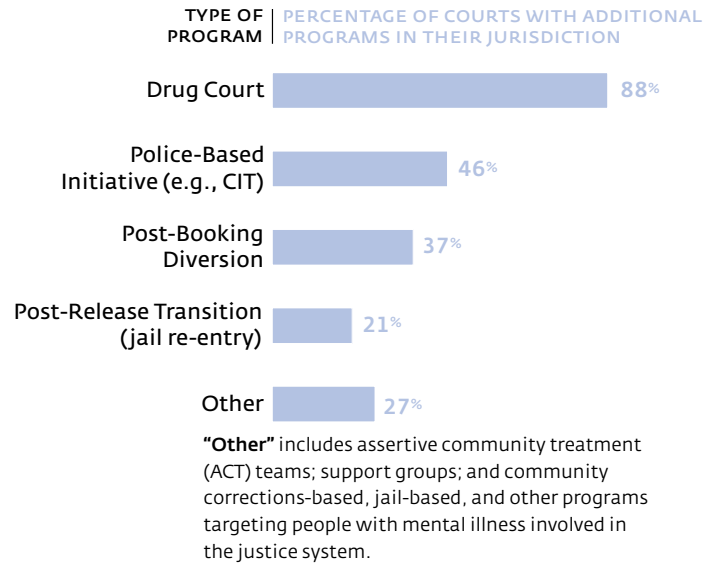
II. Presence in the Community

Half of the MHCs reported that they began receiving clients less than two years ago.²



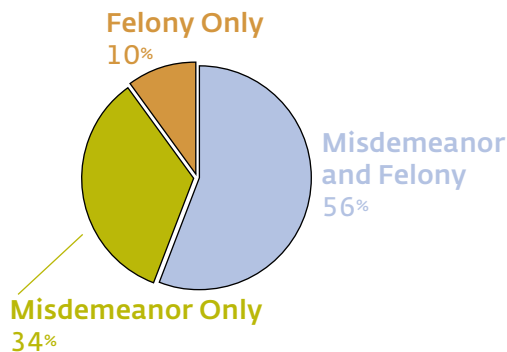
Sixty-five percent of MHCs reported that they enroll 50 clients or less over a 12-month period.³

Nearly 90% of all MHCs reported that a drug court also exists in their court system, and one-half of MHCs reported the existence in their jurisdiction of a police-based program (e.g. crisis intervention team) developed to improve outcomes for people with mental illness in contact with the criminal justice system.

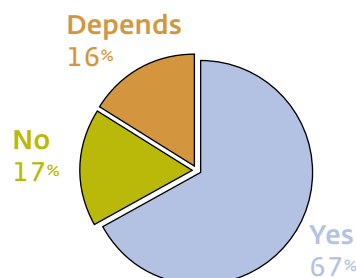


III. Mental Health Court Participants

Over half of the MHCs reported that they accept not only misdemeanors, but also felonies on a case-by-case basis.

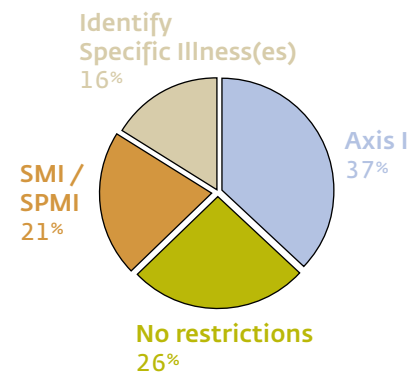


Forty percent of MHCs reported that they require a participant to enter a guilty plea.

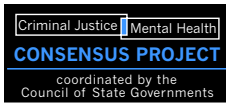


Sixty percent of MHCs reported that they accept only those referrals who have a "serious and persistent mental illness" or a mental illness that meets the criteria of an Axis I disorder.

Sixteen percent of MHCs reported that they accept clients with developmental disabilities.



Resources for People Planning, Operating, or Considering the Establishment of a Mental Health Court



Criminal Justice / Mental Health Consensus Project
www.consensusproject.org

The Consensus Project, coordinated by the Council of State Governments, serves as technical assistance provider for the Mental Health Courts Program, an initiative of the Bureau of Justice Assistance of the Office of Justice Programs.

- **A Guide to Mental Health Court Design and Implementation** — provides detailed guidance on issues such as determining whether to establish a mental health court, selecting the target population, ensuring confidentiality of mental health information, and sustaining the court. Examples from existing mental health courts illustrate key points. >> www.consensusproject.org/mhcourts/Guide-MHC-Design.pdf
- **Navigating the Mental Health Maze: A Guide of Court Practitioners** — offers a basic overview of mental illness, including symptoms, diagnosis, and treatment, and discusses the coordination of community-based treatment systems and court-based services. >> www.consensusproject.org/mhcourts/Navigating-MHC-Maze.pdf
- **A Guide to Collecting Mental Health Court Outcomes Data** — provides practical strategies to both well-established and newly operating courts for deciding which data to collect; obtaining, evaluating, and comparing the data; and overcoming common challenges. >> www.consensusproject.org/mhcourts/MHC-Outcome-Data.pdf
- **What is a Mental Health Court?** — introduces the mental health court concept, including the reasons why communities establish courts, how they differ from drug courts, recent research, and concerns that these courts have raised. >> [coming soon](#)
- **MHCP Web site** — maintained by the Consensus Project in its capacity as technical assistance provider for BJA's Mental Health Courts Program (MHCP), the MHCP Web site provides information about conferences, funding, and technical assistance opportunities; links to research publications and court resources; and facilitates interaction with peers across the country through bulletin boards and "Ask the Expert" sessions. >> www.consensusproject.org/mhcourts



The GAINS-TAPA Center for Jail Diversion
www.gainscenter.samhsa.gov/html/

The GAINS-TAPA Center for Jail Diversion, operated by Policy Research Associates, is funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration and serves as a technical assistance provider for the Targeted Capacity Expansion for Jail Diversion Grant Program.

- **An Overview of the Mental Health Service System for Criminal Justice Professionals** — a companion to the GAINS TAPA Center's 2004 publication: *Working with People with Mental Illness Involved in the Criminal Justice System: What Mental Health Service Providers Need to Know*, this new volume provides criminal justice professionals with basic information about the adult mental health service system, and highlights some of the common challenges encountered when working with people with mental illness in contact with the justice system. >> www.gainscenter.samhsa.gov/html/resources/publications.asp
- **Evaluating Jail Diversion Outcomes: Making the Case for Jail Diversion** — led by Judge Steven Leifman and TAPA Center Director Henry J. Steadman, this Net-Teleconference highlighted Judge Leifman's use of jail diversion outcomes data to advocate for his program and provided tips for evaluating jail diversion programs on a shoestring. A replay is available at www.gainscenter.samhsa.gov/html/resources/presentations.asp

ADDITIONAL USEFUL INFORMATION CAN BE FOUND AT:

MacArthur Research Network on Mandated Community Treatment
macarthur.virginia.edu/researchnetwork.html

The MacArthur Research Network on Mandated Community Treatment has been actively involved in conducting empirical research on mental health courts. Network's current research questions are whether, compared with usual criminal justice processing, mental health courts increase mentally ill defendants' access to and participation in mental health services, and whether participation in these services produces favorable outcomes for the defendant and for society. Because a lack of treatment participation is subject to varying levels of sanctioning by different courts, the Network is also examining the effects of the intensity with which mental health courts enforce the requirement of treatment.

COMING SOON

Consensus Project / GAINS TAPA Program Database The Consensus Project and GAINS Center have partnered to create a national database of programs serving adults with mental illness and co-occurring substance use disorders in contact with the criminal justice system. This on-line resource builds upon the database of program profiles established and maintained on the Consensus Project Web site (www.consensusproject.org/programs) and the extensive library developed by GAINS. Once integrated, the database will be fully searchable by program type, state/region, and other program features.

1 The approximate number of mental health courts in the country was determined by cross-referencing the MHCs listed in the National Survey of Mental Health Courts (www.mentalhealthcourtsurvey.com), maintained by the Council of State Governments, the National GAINS Center, and NAMI, with MHCs submitting the *Mental Health Courts and Beyond* conference survey. The National Survey listed 107 courts as of February 2005,

and CSG learned of an additional 18 courts through the conference survey (conducted from February through May, 2005).

2 Allison Redlich, Ph.D., Policy Research Associates, Inc., survey conducted from October, 2004 to January, 2005.

3 Ibid.