



MHCPM

Mental Health Court Performance Measures

IMPLEMENTATION & USER'S GUIDE



National Center for State Courts



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www.ncsc.org/mhcpm

Nicole L. Waters, Ph.D & Fred L. Cheesman II, Ph.D
(Project Co-Directors)

Sarah A. Gibson
Ilonka Dazevedo
National Center for State Courts

Neal Kauder
 VisualResearch^{inc}

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Research Division
National Center for State Courts
Williamsburg, VA 23185
800-616-6109

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PARTICIPATING SITES

Orange County, California

Superior Court of California, Orange County

Honorable Wendy Lindley

Paul Shapiro, Collaborative Courts Officer

Jim Mahar, Collaborative Courts Coordinator

Lynn Fenton, Collaborative Courts Analyst

Daniel Petras, Sr. Administrative Analyst; Planning & Research Division

Monroe County, New York

Monroe County Mental Health Court

Honorable Teresa D. Johnson

Michelle Devine, MHC Case Manager

Kimberly VanCamp, Mental Health Court Coordinator

Gary Updyke, Socio-Legal Center Clinician

York County, Pennsylvania

York County Mental Health Court

Honorable Penny Blackwell

April J. Billet-Barclay, Deputy Chief of Probation

Michael L. Stough, Treatment Court Administrator/Probation Supervisor

Washington, DC

Mental Health Diversion Court

Honorable Linda Davis

Honorable Joan Goldfrank

Ryan Cotter, Senior Research Associate

Sara Meacham, Research Assistant

ADVISORY COUNCIL

Honorable Roxanne Bailin

Chief Judge

20th Judicial District

Boulder, CO

P. Karen Blackburn

Program Administrator

Administrative Office of the Pennsylvania

Courts

Philadelphia, PA

Jacqueline Cooper

Public Defender

Public Defender's Office

Albuquerque, NM

Nancy Fishman

Project Director

Council of State Governments, Justice Center

New York, NY

Carol Fisler

Director

Mental Health Court Programs

Center for Court Innovation

New York, NY

Rhonda Lewsader

Assistant Prosecutor

City's Attorney Office

Springfield, MO

Doug Marlowe

Senior Investigator

NADCP/ Treatment Research Institute

Chadds Ford, PA

John Monahan

Professor

University of Virginia School of Law

Charlottesville, VA

Rebecca Rose

*Policy Advisor on Substance Abuse
& Mental Health*

Bureau of Justice Assistance

Washington, DC

Lisa Schreibersdorf

Executive Director

Brooklyn Defender Services

Brooklyn, NY

Lois Smith

Manager

King County District Court MHC

Seattle, WA

Hallie Fader-Towe

Policy Analyst

Council of State Governments, Justice Center

New York, NY

Bob Wolford

Director

Offender Services, Howard Center

Burlington, VT

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WHAT IS A PERFORMANCE MEASURE? WHY SHOULD YOU CARE?

PERFORMANCE MEASUREMENT IS CONSIDERED AN ESSENTIAL ACTIVITY IN MANY GOVERNMENT AND NON-PROFIT AGENCIES BECAUSE IT PROVIDES TOOLS FOR MANAGERS TO EXERCISE AND MAINTAIN CONTROL OVER THEIR ORGANIZATIONS, AS WELL AS PROVIDING A MECHANISM FOR GOVERNING BODIES AND FUNDING AGENCIES TO HOLD ORGANIZATIONS ACCOUNTABLE FOR PRODUCING THE INTENDED RESULTS. PERFORMANCE MEASUREMENT IS ESSENTIAL BECAUSE IT "...HAS A COMMON SENSE LOGIC THAT IS IRREFUTABLE, NAMELY THAT AGENCIES HAVE A GREATER PROBABILITY OF ACHIEVING THEIR GOALS AND OBJECTIVES IF THEY USE PERFORMANCE MEASURES TO MONITOR THEIR PROGRESS ALONG THESE LINES AND THEN TAKE FOLLOW-UP ACTIONS AS NECESSARY TO ENSURE SUCCESS."¹

AS A RELATIVE NEWCOMER AMONG PROBLEM-SOLVING COURTS, MENTAL HEALTH COURT (MHC) ARE STILL SEEN AS EXPERIMENTAL MODELS FOR COURTS IN SOME JURISDICTIONS. WHILE THERE ARE CURRENTLY OVER 250 MHCs NATIONWIDE, THERE IS A PAUCITY OF DATA TO EVALUATE THE SUCCESS OF MHCs. MOREOVER, THERE IS A LACK OF CONSENSUS ON WHAT KEY ELEMENTS OUGHT TO BE USED TO MEASURE THE PERFORMANCE OF MHCs. THE EXTENT TO WHICH MHCs CURRENTLY OFFER AN EFFECTIVE PROBLEM-SOLVING ALTERNATIVE TO THE CRIMINAL JUSTICE SYSTEM IS CURRENTLY UNANSWERABLE WITHOUT ADEQUATE PERFORMANCE MEASURES DESIGNED FOR MHCs.

WHILE PERFORMANCE MEASURES SERVE AS VALUABLE MANAGEMENT TOOLS, PERFORMANCE MEASUREMENT SHOULD BE CLEARLY DISTINGUISHED FROM IMPACT ASSESSMENT. ALTHOUGH THESE TWO APPROACHES ARE LINKED TO EVALUATION, THERE IS A CRITICAL DISTINCTION BETWEEN "OUTCOMES" AND "IMPACTS." THE FOCUS OF PERFORMANCE MEASUREMENT IS ON "OUTCOMES," WHICH ARE MEASURES OF THE STATED OBJECTIVES. THE BASIC CONCEPT OF PERFORMANCE MEASUREMENT INVOLVES (A) PLANNING AND MEETING ESTABLISHED OPERATING GOALS/STANDARDS FOR INTENDED OUTCOMES; (B) DETECTING DEVIATIONS FROM PLANNED LEVELS OF PERFORMANCE; AND (C) RESTORING PERFORMANCE TO THE PLANNED LEVELS OR ACHIEVING NEW LEVELS OF PERFORMANCE. IMPACT ASSESSMENT, ON THE OTHER HAND, REQUIRES ESTIMATES OF ATTRIBUTION OR THE "VALUE ADDED BY THE PROGRAM" (I.E., THE BENEFITS THAT WOULD NOT HAVE OCCURRED HAD THE PROGRAM NOT EXISTED).² DETERMINING IMPACT IS MUCH MORE DIFFICULT THAN MONITORING OUTCOMES.

LIST OF PERFORMANCE MEASURES

Participant Accountability

1. In-Program Reoffending
2. Attendance at Scheduled Judicial Status Hearings
3. Attendance at Scheduled Therapeutic Sessions

Social Functioning

4. Living Arrangement

Case Processing

5. Retention
6. Time from Arrest to Referral
7. Time from Referral to Admission
8. Total Time in Program

Collaboration

9. Team Collaboration
10. Agency Collaboration

Individualized and Appropriate Treatment

11. Need-Based Treatment and Supervision

Procedural Fairness

12. Participant-Level Satisfaction

Aftercare/Post-Exit Transition

13. Participant Preparation for Transition
14. Post-Program Recidivism

¹ Poister, T. H. (2003). *Measuring Performance in Public and Non-Profit Organizations*. San Francisco, CA: Jossey-Bass. p. xvi.

² Lipsey, M. (2004). Caution: *What you need to know before evaluating*. Workshop presentation at the NIJ Annual Conference on Criminal Justice Research and Evaluation, Washington, DC.

DEVELOPMENT OF MHC PERFORMANCE MEASURES

BEGINNING STAGES

With little empirically-based research on mental health court, the National Center for State Courts (NCSC) quickly realized the need for a collaborative effort between performance measure experts and subject matter experts, whose insight is grounded in knowledge of mental health court. This collaboration created an environment where previous work on performance measures as a court management tool (including NCSC's recent *CourTools*, original *Trial Court Performance Standards*, and extensive work identifying performance measurement systems for drug courts³ could be drawn from while still ensuring the performance measures would be applicable and appropriate for burgeoning MHCs.

To unite this collaborative endeavor, the NCSC adopted both a deductive and inductive approach to developing performance measures designed specifically for MHCs. The deductive perspective was assisted by a “big picture” framework of court performance, the Court High Performance Framework,⁴ that acted to provide a more “balanced” perspective on problem-solving court performance. This “balanced” perspective results in the inclusion of performance measures that might not be readily obvious to the field, but which nonetheless measure important aspects of problem-solving court performance.

Along with the deductive approach, an inductive approach also informed the present effort. NCSC tapped into previous field work and expertise that identified perspectives on effective procedures in MHCs. These perspectives include: 1) MHCs are accountable to their funding sources, stakeholders, and the community within which the court operates; 2) MHCs must be efficient in serving the clients and coordinating interagency interactions (e.g., monitoring and compliance reporting between clients and

the MHC team, timeliness and thoroughness of docket hearings); 3) Clients are expected to improve social functioning with a mental illness, establish a productive life in the community, reduce recidivism, and establish a network of support; 4) MHCs should be evaluated as procedurally just from both the public's perspective (i.e., not just a loop hole for serving jail time) and from the client's perspective (i.e., years of judicially supervised therapeutic justice is not judged as more punitive than the conventional punishment, jail time).

Combining the inductive and deductive approaches to identify performance measures, the NCSC team, along with its advisors, developed a preliminary list of candidate measures that adhered to the following **guiding principles**:

- These measures are primarily tools designed to better manage and effectively administer MHCs.
- The performance measures will secondarily assist with making policy decisions about how to address mental health issues within the criminal justice system. They will provide information to the public, the court community, defendants, and funding agencies that speak to the issues of accountability and sustainability in the context of MHCs.
- 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) while *balancing* the need to be inclusive of all key domains with the desire to keep the measures to a *manageable number*, practical for implementation in the field.⁵

³Rubio, D., Cheesman, F., and Federspiel, W. (2008). *Performance Measurement of Drug Court: The State of the Art*. Williamsburg, VA: National Center for State Courts.

⁴Ostrom, B., & Hanson, R. (2010). *Achieving High Performance: A Framework for Courts (Working Paper)*. Williamsburg, VA: National Center for State Courts.

⁵*Id.*

- *Performance measures* will be clearly distinguished from *process* and *outcome/impact evaluation measures*.
- The performance measures will reflect Problem-Solving Court Principles, developed by the Center for Court Innovation.⁶
- 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., NCSC's *CourTools*), where appropriate.
- The performance measures will be specific, measurable, and subject to documentation.

With the guiding principles and potential candidate measures in hand, an Advisory Council meeting was convened on September 14 and 15, 2009 with a select group of MHC experts and project staff from the NCSC who together produced a set of performance measures designed specifically for MHCs. Drawing largely from the “balanced scorecard” method⁷ and experience with problem-solving courts, seven key measurement domains were identified to provide a comprehensive view of MHC performance. The key **measurement domains** are:

- Participant Accountability
- Social Functioning
- Case Processing
- Collaboration
- Individualized and Appropriate Treatment
- Procedural Fairness
- Aftercare/Post-Exit Transition

Measures were discussed and assigned to each measurement domain. At the conclusion of the meeting, a total of 28 performance measures were developed. Considering limited resources of most MHCs, consensus among the advisors, applicability to a wide array of MHC

programs, and the practical limitations of implementing a large number of measures (recognized through NCSC's expertise developing performance measures for trial courts and problem-solving courts), 28 measures were prioritized into a list of 14 measures for pilot testing. The NCSC team was assisted by senior NCSC staff (Dr. Brian Ostrom and Dr. Pam Casey) in this process (for a list of additional suggested measures, see Appendix A).

PILOT STUDY

With the diversity that exists between mental health court and the desire to make the performance measures broadly applicable to MHC programs across the country, the NCSC, with the guidance of the Advisory Council, considered a number of criteria when selecting the pilot sites. These criteria included:

- Automation and availability of data
- Urban or rural jurisdiction
- Number of participants served per year
- Clinical and legal eligibility
- The presence of additional treatment courts within the same jurisdiction, and
- Date the program was established

The pilot study began in January and concluded in July of 2010. Four MHCs from Orange Co., CA, Monroe Co., NY, York Co., PA, and Washington DC agreed to field test the proposed core measures and any additional measures they found useful for this six-month time frame. The pilot sites received documentation on each of the proposed performance measures and after initiating implementation, the NCSC provided technical assistance through Webinar training and on-site visits. The pilot sites provided a unique and valuable perspective on feasibility and usefulness for each of the measures.

⁶ See: <http://www.courtinnovation.org/index.cfm?fuseaction=page.viewPage&pageID=628&nodeID=1>.

⁷ Kaplan, R. and Norton, D. (1992). The balanced scorecard: Measures that drive performance. *Harvard Business Review*, 70(1), 79-80.

FOCUS GROUP

At the conclusion of the six-month pilot study, the NCSC convened a focus group with key data specialists from each of the sites to discuss their experiences after six months of field testing the performance measures. All four sites presented the data they collected and shared both challenges and notable improvements made as a result of their data collection experience. The focus group discussion centered on how to overcome challenges, what clarifications were needed in the documentation, and what were the “good, bad, and missing” among the measures. The feedback from the pilot site representatives was extremely valuable in revising and rethinking the 14 core measures. Moreover, the pilot sites discussed the adoption and relative priority of the additional suggested measures. The resulting performance measures discussed in this Guide were chosen based on available research, practitioner expertise, and the feasibility of collecting the required data. Based on the focus group discussion and input from the Advisory Council, the NCSC presents the final set of MHC Performance Measures.

OVERVIEW OF THE 14 PERFORMANCE MEASURES

The core performance measures are designed to be implemented as a complete set of measures, providing balance across the seven key measurement domains. NCSC, with the benefit of guidance from the Advisory Council and pilot court sites, believes these measures are both important management tools to gauge performance of the MHC program and relatively simple measures to implement. The core performance measures are summarized below, organized by domain.

PARTICIPANT ACCOUNTABILITY

1 ***In-Program Reoffending*** — The incidence of in-program reoffending (i.e., whether an arrest occurred, yes or no). In-program reoffending is defined as an arrest that results in the offender being formally charged (excluding traffic citations other than DUI) and which occurs between admission and exit. While the date of arrest must fall between the entry date and exit date, the charge date may come after the participant has exited the program. This measure serves as an important measure of offender compliance and the level of supervision received, hence, an indicator for public safety.

2 ***Attendance at Scheduled Judicial Status Hearings*** — The percent of scheduled judicial status hearings attended by the participant. The performance measure reflects the level of judicial supervision for each participant.

3 ***Attendance at Scheduled Therapeutic Sessions*** — The percent of scheduled therapeutic sessions (defined as services to address mental health and/or substance abuse problems) attended. Therapeutic treatment is an essential element of MHCs.

SOCIAL FUNCTIONING

4 ***Living Arrangement*** — Tracks the progress of MHC participants towards securing a stable living arrangement. Specifically, the percent of participants who are homeless or not at exit, by living status at entry. Adequate housing is a prerequisite for treatment effectiveness.

CASE PROCESSING

5 *Retention* — The percent of participants admitted to the MHC during the same time frames, who exit the program by one of the following means: Successful completion, administrative closure, voluntary withdrawal while in compliance, discharge, transfer, and failure/termination. Retention is important in MHCs because it is critical that participants receive treatment and supervision of long enough duration to affect change.

6 *Time from Arrest to Referral* — The average length of time between a participant's arrest and referral to MHC. While the referral process is not entirely under the court's control, it is an important component in obtaining relevant and timely information. This is especially true when offenders who are mentally ill are incarcerated and are at risk for decompensation.

7 *Time from Referral to Admission* — The average length of time between the referral to MHC and when the participant was accepted into the program. The span of time between referral and admission is an important part of controlling the length of time it takes to get a participant into treatment. This measure will help the court identify inefficiencies in the screening and qualification process.

8 *Total Time in Program* — The average length of time between a participant's admission into the MHC and permanent exit. If this time span is very short, participants may not be receiving enough treatment and care to affect long term improvement. If it is very long, courts may be devoting too great a share of their resources to difficult cases, denying opportunities to other potential participants.

COLLABORATION

9 *Team Collaboration* — The percentage of time information relevant for discussion at the pre-docket meeting is available to the team. This provides a gauge to the court of the level of collaboration across the entire MHC team and allows for the identification of gaps in information sharing. With this measure, courts can investigate a lack of resources or lack of commitment by individuals/agencies. This is NOT a measure of attendance at pre-docket meetings.

10 *Agency Collaboration* — The percent of time that a MHC representative was notified within 24 and 48 hours that a participant in the program was arrested. This measure assesses the timeliness of the basic communication flow between corrections (jail) and the MHC program so that services and medication are maintained during time spent in detention. Effective inter-agency collaboration will improve the effectiveness of the MHC and its operations.

INDIVIDUALIZED AND APPROPRIATE TREATMENT

11 *Need-Based Treatment and Supervision* — Measures the percentage of participants who receive the highest (and alternatively lowest) level of services and supervision and whether those are the same participants who are designated as having highest (and lowest) needs. The goal of this domain is to align participants' diagnosis and criminogenic risk with the appropriate treatment and service dosage. The measure provides courts with an indicator of whether the resources available for supervision and treatment are allocated based on need. Achieving this will provide the necessary balance for effective use of tax payer money,

ensuring public safety, and improving the welfare of the participant using need-based, individualized, and appropriate treatment.

PROCEDURAL FAIRNESS

12 *Participant-Level Satisfaction* — Perceived fairness of the program by the participant as expressed in a short 5-question survey. Research indicates that the perception of fairness is often more important than the actual outcome of the case (see e.g., procedural justice) making this measure important in gauging the perception of the participant.

AFTERCARE/POST-EXIT TRANSITION

13 *Participant Preparation for Transition* — Percent of correct responses by the participant identifying sources of assistance (e.g., for medication or mental health symptoms) to be used after exiting the program. This measure provides the MHC with an assessment of whether participants are prepared for their transition by ensuring that needed treatment and services will remain available and accessible after their court supervision concludes.

14 *Post-Program Recidivism* — Percentage of participants who reoffended within two years after exiting the MHC. This performance measure is an important measure of the lasting outcomes of the court's program as well as public safety. It captures longer-term outcomes, as compared to Measure 1 "In-Program Reoffending," and is thus reflective of the effectiveness of the program.

NAVIGATING THE USER'S GUIDE

COHORT SELECTION

The NCSC proposes that MHCs collect performance measure data for select participants, or cohorts, that can be used to monitor performance over time. Longitudinal and retrospective cohorts, corresponding to "admission" and "exit" cohorts, respectively, have long been a staple of bio-medical research, and more recently, of sociological and criminological research. Admissions cohorts consist of all MHC participants admitted during the same time period. Because all members of the cohort are admitted during the same timeframe, they will be equally subject to the same set of historical influences during the time they participate in MHC, some of which may influence their progression through MHC. For example, MHC policies or procedures may change as the cohort progresses through the MHC (e.g., the frequency of contacts with the case manager may increase or decrease as a result of the court's budget or new treatment providers may be available).

By using admissions cohorts, we are able to link changes in the performance of different admissions cohorts to particular events. For example, decreasing the frequency of case manager contacts for a particular admissions cohort may result in an increased termination rate for that cohort in comparison to previous admissions cohorts that had a higher frequency of contacts. Because everyone in the admissions cohort is subject to the same set of historical influences, and the only difference between the two cohorts is the frequency of case manager contacts, it explains the performance differential in this way. Thus, admissions cohorts are used to control for historical artifacts that may lead to erroneous or spurious conclusions about MHC performance.

Exit cohorts consist of all MHC participants who exit or leave the MHC during the same period of time. They do not provide the same level of protection against historical

artifacts as do admissions cohorts. However, they avoid delays in reporting information associated with admissions cohorts (which must be tracked until every member of the admissions cohort exits to provide complete information). Because timely information is more useful in management decisions and MHCs can rarely wait for admissions cohorts to complete the program before producing performance data, the use of exit cohorts is recommended for most performance measures.

TIME FRAME

Throughout this report, reference is made to six-month admissions or exit cohorts for two reasons. First, from a MHC operations perspective, six-month cohort performance measure data will allow for a relatively quick response to changes in MHC outcomes and performance. Second, current data management systems have the capacity to report performance measures data for almost any time interval. Therefore, a six-month performance measure cohort balances operational efficiency and effectiveness without overly burdening individual MHCs. Moreover, performance measure data can be easily aggregated to one-year cohorts for reporting purposes. Although this is the NCSC's general recommendation, MHCs with a small number of participants should consider a longer time frame so that the data are more useful. For example, if only 10 participants are part of the exit cohort, the data yields reports that are highly dependent on individual values rather than on program-wide patterns, particularly when disaggregated by, say, Type of Exit. Likewise, MHCs with a very large number of participants and a robust IT system may want to consider a three-month cohort, reporting data quarterly to receive more immediate performance information.

DATE STAMPING

Research on problem-solving courts suggests that timing is closely related to outcomes. For example, it is well known that the sooner after arrest that an offender is placed in treatment, the better the outcome. Consequently, MHCs should measure the amount of time between critical processing events. To facilitate the measurement of time between events, MHC staff should record the dates of critical processing events, including arrest, admission, treatment sessions, status hearings, and exit. MHC databases should include the dates of these events, ideally automatically time- and date-stamped at entry.

EXIT CATEGORIES

Exit categories describe the different ways in which a participant can leave or exit from the MHC program. Exit categories are as follows:

- **Successful completion** — These are participants who have met all requirements of the program and successfully graduate.
- **Administrative closure*** — Included in this exit category are participants who left the program due to some extenuating circumstance completely outside of the court's control. Examples of these events would include death or deportation.
- **Voluntary withdrawal** (participant in compliance) — Included here are participants who voluntarily withdraw from mental health court while in compliance (i.e., the court was not considering termination).

**Please note for counting exit cohort totals: Administrative Closures should be tracked to determine their frequency, but should be excluded from any calculations involving exit cohorts. The participant exited the MHC for reasons unrelated to their performance in MHC. Including these individuals in the calculations, particularly the denominator when calculating percentages, will distort the performance measures. Thus, the adjusted total number of participants in any given exit cohort will equal the total number of participants in the exit cohort minus the number exiting by means of Administrative Closure. This adjusted exit number should be used in all measures requiring the total number of participants in the exit cohort.*

- **General discharge** — This category includes those participants who are discharged from the program, including participants who are compliant but unable to meet graduation requirements or those who become incompetent after entering the MHC program.
- **Transfer** — For jurisdictions with multiple treatment courts, this category consists of participants who are terminated from the MHC and transferred to another treatment court. Typically these participants were either initially placed incorrectly or other issues arose during treatment to indicate a better fit in another program.
- **Failure/ termination** — This category consists of participants who do not fulfill the requirements of the program and are, thereby, terminated. Also included here are participants who withdraw from the program while non-compliant.

CORE PERFORMANCE MEASURES

An important consideration in the development of the 14 core performance measures was the ease of implementation for courts (see guiding principle 3). In light of this, efforts were made to balance the appropriateness of measures with the level of difficulty in collecting the necessary data. When possible, measures were designed around data that may already be collected by courts. The table on the next page gives a brief overview of data used in the performance measures that MHCs may already collect and those measures that require data not commonly collected by courts.


WHAT'S IN THE USER'S GUIDE?

The User's Guide was developed to provide assistance on data collection efforts. As such, the Guide provides

detailed information on each measure, arranged by measurement domain, including:

DEFINITION — The first component is a definition of each measure that briefly describes the measure; it identifies the data population (e.g., exit cohort), and the frequency for which the measure should be collected.

PURPOSE — The second component, the purpose, provides just that, an explanation or purpose for why the MHC should measure its performance. This section also describes why the performance measure is appropriately aligned with the measurement domain. For example, the purpose explains why Measure 8 “Total Time in Program” is a component of the Case Processing measurement domain.

METHOD — The method section lays out step-by-step instructions on how to gather the necessary data elements and how to calculate the measure. A key advantage of this User's Guide is access to templates which are designed to automatically calculate the measure and display a graphical representation of the results. The templates are all available electronically, as denoted by the  icon. Clicking on this icon will open a Microsoft Office Excel file that permits the user to enter and edit data. The templates are available through the Internet at: www.ncsc.org/mhcpm or on CD-rom by request, free of charge, to the NCSC. If the user prefers to calculate the measures without using the accompanying templates, specific formulas for each measure are provided at the end of this section. In addition, there is a list of required variables in Appendix B of this Guide to facilitate efforts with IT representatives for efforts to standardize the performance measures into the court's case management system. Suggested variable names (noted in parentheses) appear throughout this section.

INTERPRETATION — This section provides the user with additional guidance on how to interpret the figures and graphics produced by the templates. Each MHC is encouraged to initially collect performance data to set a baseline. Over time, as the MHC monitors its performance, the data should be evaluated against the baseline, which will provide valuable empirical comparison data.

USER'S NOTES — A significant benefit from the NCSC's pilot study is to share experiences and lessons learned from the pilot sites as these courts tested and implemented this set of performance measures. These lessons and notes are compiled at the end of each performance measure to answer frequently asked questions, provide solutions, and offer expertise to the user embarking upon performance measure implementation.

STANDARD DATA AVAILABLE IN MANY COURTS

- Type of Exit
- Arrest Dates (includes all arrests while in the MHC and arrests after exit)
- Time of Arrest (only for arrests occurring while in program)
- Arrest notification to MHC time and date (only for arrests occurring while in program)
- Charge Dates (only for arrests occurring while in program)
- Conviction Dates (only for arrests occurring after exiting MHC)
- Admission Date
- Exit Date
- Number of Status Hearings Scheduled
- Attendance at Status Hearings
- Type of Offense
- Number of Therapy Sessions Scheduled
- Attendance at Therapy Sessions
- Living Status at Entry (Homeless/Not Homeless)
- Living Status at Exit (Homeless/Not Homeless)
- Referral Date

MOST COURTS WILL REQUIRE ADDITIONAL DATA COLLECTION

Team Collaboration (for each team meeting/MHC team member)

- Information relevant to a participant on the docket was required from team member
- Information relevant to a participant on the docket was not provided

Need-Based Supervision and Treatment

- Functional impairment assessment
- Assessment of risk to re-offend
- Units of service received
- Units of supervision received

Exit Survey Measures (Participant-Level Satisfaction and Participant Preparation for Transition)

Participants are asked to answer the following questions on an exit survey:

Reflecting back on your time in the program, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree with the following statements:

1. The way my case was handled was fair.
2. The judge listened to my side of the story before he or she made a decision.
3. The judge had the information necessary to make good decisions about my case.
4. I was treated the same as everyone else.
5. I was treated respectfully during my time in MHC.

After you leave the program, who will you contact if you need help with the following:

1. Housing (please name contact)
2. Medication (please name contact)
3. Mental Health Symptoms (please name contact)
4. Substance Abuse, only if co-occurring disorders apply as determined by the MHC (please name contact)
5. Medical Problems (please name contact)

1

PARTICIPANT ACCOUNTABILITY

IN-PROGRAM REOFFENDING

DEFINITION

The *incidence* of in-program reoffending (i.e., whether reoffending occurred, yes or no). Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

In-program reoffending serves as an important measure of offender compliance and of the level of supervision provided, and, hence, it is an indicator of public safety.

METHOD

In program re-offending is defined as an arrest that occurs between admission and exit, and which results in the offender being formally charged (excluding traffic citations other than DUI). *While the date of arrest must fall between the entry date and exit date, a resulting charge date may come after the participant has exited the program.* Participants who are arrested but never formally charged are not considered to have reoffended.

Computing a rate for in program re-offending requires that arrest and charging records of all participants enrolled in the program be maintained.

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Identify Re-offending Participants: For each exit category and charge type (felony, misdemeanor, ordinance violation/summary offense, or a violation of probation), determine the number of participants from the exit cohort who had at least one arrest while in program that resulted in a charge (OFFEND). Since re-offending is tracked on an incidence basis (whether it occurred, yes/no), the number of charges is not necessary. If a participant has multiple charges, record the most serious offense for type of charge.

STEP 3

Enter Data Into Template

DATA GRAPHICS
TEMPLATE

Enter the data from Step 2 into the template. If the participant had multiple offenses while in program, record the most serious charge.

If Not Using Template (Optional): Determine the number of participants who re-offended (OFFEND), divide by the total number of participants in the exit cohort (EXIT), and multiply by 100, $(\text{OFFEND})/(\text{EXIT}) \times 100$. Disaggregate by Type of Exit and Type of Charge. Determine the number of participants who re-offended (OFFEND), divide by the total number

PARTICIPANT ACCOUNTABILITY: IN-PROGRAM REOFFENDING

of participants in the exit cohort (EXIT), and multiply by 100, (OFFEND)/(EXIT) X 100. Disaggregate by Type of Exit and Type of Charge.

Additional Option: If the MHC uses phases in its program, it is useful to disaggregate the percent reoffending by the phase during which the arrest occurred. If not, the court may find it useful to disaggregate this measure by the length of time the participant was in the program before the arrest occurred (e.g., number of months), to search for patterns over time.

INTERPRETATION

The smaller the percentage of in program re-offending, the more public safety is ensured. By disaggregating the data by charge type as well, it is possible to see if the charges while in program are less serious than those committed prior to program participation.

USER'S NOTES

Arrests, Charges, or Convictions: In-program reoffending is used as a measure of participant accountability for the court to monitor participant's involvement with the criminal justice system while active in the program. However, waiting for a conviction is not timely enough for public safety purposes. Simply tracking arrests, however, does not set a high enough threshold as not all arrests result in a formal charge. As such, this measure tracks arrests that result in charges, as it will allow for timely information without ignoring the fact that an arrest does not necessarily equate to a charge.

Additional Resource: See Steadman, H. J., (May 2005). *A Guide to Collecting Mental Health Court Outcome Data*. New York: Council of State Governments.

2

PARTICIPANT ACCOUNTABILITY

ATTENDANCE AT SCHEDULED JUDICIAL STATUS HEARINGS

DEFINITION

The percent of scheduled judicial status hearings attended. Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

An important aspect of participant accountability is judicial supervision, and research indicates that judicial supervision influences outcomes in certain types of problem-solving courts (e.g., adult drug courts).⁸

METHOD

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Count Status Hearings Scheduled: Count the number of scheduled status hearings for each participant (STATUS_Scheduled).

STEP 3

Count Status Hearings Attended: Count the number of status hearings attended for each participant (STATUS_Attend).

STEP 4

Enter Data Into Template

DATA GRAPHICS
TEMPLATE

Enter the data from Step 2 and Step 3 into the template. The template will calculate the percent of scheduled judicial status hearings attended.

If Not Using Template (Optional): The scheduled dates of status hearings should be recorded on an ongoing basis for each participant, along with whether the participant actually attended the hearing. For each member of the exit cohort, divide the number of scheduled status hearings into the number actually attended. This proportion is then averaged over the entire exit cohort, disaggregated by Type of Exit.

Calculate the proportion of scheduled hearings actually attended by each member of the exit cohort. ($\text{STATUS_Proportion} = (\text{STATUS_Attend})/(\text{STATUS_Scheduled})$). Average the proportions over the entire exit cohort and convert to a percentage to arrive at the average percentage of scheduled status hearings attended = $([\text{Sum}(\text{STATUS_Proportion}) \text{ over exit cohort}] / (\text{EXIT})) \times 100$. Disaggregate by Type of Exit.

⁸ Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching judicial supervision to clients' risk status in drug court. *Crime & Delinquency*, 52, 52-76.

**PARTICIPANT ACCOUNTABILITY: ATTENDANCE AT SCHEDULED JUDICIAL STATUS HEARINGS****INTERPRETATION**

The template will produce the average percentage of scheduled status hearings that participants attended over the entire exit cohort. The goal for each participant is 100% attendance.

USER'S NOTES

Excused Absences: If a participant is scheduled to appear for a status hearing, but is excused from doing so by the court, this should not be counted as an absence and the excused status hearing should not be counted in the denominator when calculating the proportion attended.

Additional Resource: Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching judicial supervision to clients' risk status in drug court. *Crime & Delinquency*, 52, 52-76.

3

PARTICIPANT ACCOUNTABILITY

ATTENDANCE AT SCHEDULED THERAPEUTIC SESSIONS

DEFINITION

The percent of scheduled therapeutic session attended. Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

Therapeutic treatment is an essential element of MHCs. Tracking attendance at therapeutic sessions enables the court to see if participants are receiving a sufficient dosage of these services to permit positive outcomes.

METHOD

Therapeutic sessions include both mental health and substance abuse counseling.

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Count Therapeutic Sessions Scheduled: Count the number of scheduled therapeutic sessions for each participant (THERAPY_Scheduled).

STEP 3

Count Therapeutic Sessions Attended: Count the number of therapeutic sessions attended for each participant (THERAPY_Attend).

STEP 4

Enter Data Into Template

DATA GRAPHICS TEMPLATE

Enter the data from Step 2 and Step 3 into the template. The template will calculate the percent of scheduled therapeutic sessions attended.

If Not Using Template (Optional): The scheduled dates of therapeutic sessions should be recorded on an ongoing basis for each participant, along with whether the participant actually attended the session. For each member of the exit cohort, divide the number of scheduled therapeutic sessions into the number actually attended. This proportion is then averaged over the entire exit cohort, disaggregated by Type of Exit.

Calculate the proportion of scheduled therapeutic sessions actually attended by each member of the exit cohort. $(\text{THERAPY_Proportion} = (\text{THERAPY_Attend})/(\text{THERAPY_Scheduled}))$. Average the proportions over the entire exit cohort and convert to a percentage. Performance measure is the average percentage of scheduled therapeutic sessions attended = $([\text{Sum}(\text{THERAPY_Proportion}) \text{ over exit cohort}]/(\text{EXIT})) \times 100$. Disaggregate by Type of Exit.

PARTICIPANT ACCOUNTABILITY: ATTENDANCE AT SCHEDULED THERAPEUTIC SESSIONS**INTERPRETATION**

The template will produce the average percentage of scheduled therapy sessions that participants attended over the entire exit cohort. This performance measure provides a gauge of offender compliance with program rules as well as engagement in treatment.

USER'S NOTES

Tracking Attendance at Therapy Sessions: Feedback from the pilot sites indicated that it can be difficult to track the number of therapy sessions that participants are scheduled for and attend since the mental health agencies are outside of the court's control. However, the NCSC believes it is important that the court have some means of tracking services that are ordered by the court. If a treatment provider does not provide the level of care expected by the court, it is in the court's best interest to be aware of this so as not to refer MHC participants to therapeutic agencies that are not meeting the participant's needs.

Reports from Service Providers: One pilot site suggested the option of having service providers fax (or electronically share) weekly reports to the MHC showing each participant's attendance at therapy sessions. This method was used in another specialty court, but could be adopted in the MHC as a way to track attendance.

Missing and Rescheduling Appointments: Any instance in which a participant has an excused absence and consequently reschedules an appointment should not be counted as an absence. However, it may be useful for the court to know if participants are routinely missing and rescheduling appointments which can be collected in addition to the number of therapy sessions attended and the number scheduled.

Ancillary Services: Participants may be receiving many different types of services through the MHC; however, ancillary services that do not deal directly with the treatment of mental illness or substance abuse should not be counted or included in this measure. While these services may improve well being in general and contribute to improved functioning they do not address the core issues that determined eligibility for the MHC program. Ancillary services include employment-related services (e.g., vocational counseling), educational services (e.g., GED), medical/dental services, life skills (e.g., financial and budgeting, hygiene), parenting services, and social aid services (e.g., obtaining clothing, food, utilities).

Additional Resources: Wolff, N. & Pogorzelski, N. (2005). Measuring the Effectiveness of Mental Health Courts: Challenges and Recommendations. *Psychology, Public Policy & Law*, 11, 539.
Thompson, M., Osher, F., & Tomasini-Joshi, D. (2007). *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. New York, NY: Council of State Governments.

4

SOCIAL FUNCTIONING

LIVING ARRANGEMENT

DEFINITION

Tracks the progress of MHC participants towards securing a stable living arrangement. Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

Adequate housing promotes participant stability, which is a prerequisite for treatment effectiveness.

METHOD

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Identify Participants' Living Arrangement At Entry: Upon entry into the MHC record each participant's living arrangement as either "homeless" or "not homeless." Record this for each participant in the exit cohort. If the participant was in jail upon entry into the program, record the participant's living arrangement immediately prior to jail. A participant without a fixed address, including a homeless shelter, is considered "homeless." All other living arrangements for participants such as in a supervised setting, halfway house, group home, or living with family or independently falls under the category "not homeless."

STEP 3

Identify Participants' Living Arrangement Upon Exit: Upon exit from the MHC program, record each participant's living arrangement as either "homeless" or "not homeless." This information can be gathered as part of the exit survey, discussed in Measures 12 and 13. Record this for each participant in the exit cohort. If upon exit, the participant is taken into custody (i.e., jailed), consider the participant's living arrangements when he or she will be released from jail.

STEP 4

DATA GRAPHICS
TEMPLATE**Enter Data Into Template**

Enter the data from Step 2 and Step 3 into the template. The template will calculate the percentage of participants for each category.

If Not Using Template (Optional): Determine the number of participants who fall into each of the following categories:

1. Homeless at entry – Not homeless at exit (ENTRY_homeless_EXIT_not_homeless)
2. Homeless at entry and exit (ENTRY_homeless_EXIT_homeless)
3. Not homeless at entry and exit (ENTRY_not_homeless_EXIT_not_homeless)
4. Not homeless at entry – Homeless at exit (ENTRY_not_homeless_EXIT_homeless)



SOCIAL FUNCTIONING: LIVING ARRANGEMENT

Divide each number by the total participants in the exit cohort. Compare the percentages between categories 1 and 2. Likewise, compare the percentages between categories 3 and 4.

INTERPRETATION

The percentage of homeless participants is expected to decline upon exit, as compared to the percentage upon entry. Similarly, the percentage of participants who are not homeless is expected to increase upon exit, as compared to the percentage upon entry. While homelessness is a concern that varies across communities, reducing homelessness through participation in the MHC program is a key, fundamental priority to prepare a participant to be receptive and responsive to mental health services.

USER'S NOTES

In Jail at Exit: To categorize a participant who is in jail at exit, follow this rule. If the participant was homeless upon entry and assigned to a group home while in the program, however, upon exit (e.g., termination) the participant was returned to jail and upon release from jail, the participant is no longer eligible for the group home due to non-compliance, the participant would be considered homeless.

Additional Resource: Roman, C. G. (updated May 2009). *Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System*. Washington DC: The CMHS National GAINS Center.

5

CASE PROCESSING

RETENTION

DEFINITION

The percent of participants exiting the MHC program by means of successful completion, administrative closure, voluntary withdrawal while in compliance, transfer, discharge, and failure/termination. Uses the admission cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

Retention is important in MHCs so that participants receive treatment long enough to affect change. High rates of successful completion coupled with low rates of termination are desirable.

METHOD

The percentage of the admission cohort that fall into each category is calculated at the end of each six-month interval until all participants within the six-month admission cohort have permanently exited the program.

STEP 1

Identify Admissions Cohort: For each admission cohort, determine the number of MHC participants included in the cohort (ADMISSION).

STEP 2

Identify Participants' Exit Status: Determine the number of participants who fall within each of the following categories:

1. Number still active (ACTIVE)
2. Number who successfully completed the program (SUCCESS)
3. Number who exited through an administrative closure (ADMIN)
4. Number who withdrew while in compliance (WITHDRAW)
5. Number who were discharged (DISCHARGE)
6. Number who were transferred to another treatment court (TRANSFER)
7. Number who failed to complete program/were terminated (FAIL)

STEP 3

Enter Data Into Template

DATA GRAPHICS
TEMPLATE

Enter data from step 2 into the template. Only the type of exit for each participant will be entered, and the template will calculate the number of participants within each exit category.

If Not Using Template (Optional): To calculate the percentage of the admission cohort who fall into each exit category take the number from a specific exit category and divide by the total number of participants in the admissions cohort. To convert to a percent multiply by 100. The calculation for percent still active is shown below as an example.

$$\text{Percent still active} = (\text{ACTIVE})/(\text{ADMISSION}) \times 100$$



CASE PROCESSING: RETENTION

This formula will be repeated for each exit category. Additionally, the percentages will be calculated at the end of each six-month period.

INTERPRETATION

Ideally, the court should expect to see most participants successfully complete the program, but it is also useful to compare different cohorts to see if there are drastic changes occurring in the way participants exit the program.

USER'S NOTES

Bench Warrants: A bench warrant is not included as an exit category, because the participant may be brought in on the warrant and the participant would continue in the MHC program. If the bench warrant is in place for an extended period of time, the court should consider establishing a set length of time after which the participant is terminated from the program. The participant would then be counted in the failure/termination exit category.

Additional Resource: Heck, C. (2006). *Local Drug court research: Navigating performance measures and process evaluations*. Washington DC: National Drug Court Institute.

6

CASE PROCESSING

TIME FROM ARREST TO REFERRAL

DEFINITION

The average number of days between arrest and referral to MHC.
Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

While the referral process may not be under the court's control, it is an important part in obtaining relevant and timely treatment. This is especially true when mentally ill offenders are incarcerated and the risk of decompensation increases. The MHC should work with other relevant agencies to make this time span as short as possible.

METHOD

The date of arrest for the offense(s) that resulted in referral to MHC, the date the referral was received by the MHC, and the Type of Exit should be recorded for all participants in the six-month exit cohort.

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Record Arrest Date and Referral Date: The date of arrest and the referral date should be recorded for all participants.

STEP 3

Enter Data Into Template

DATA GRAPHICS
TEMPLATE

The template will automatically calculate the number of days between arrest and referral, so simply enter the dates of arrest and referral.

If Not Using Template (Optional): Determine the number of days between the date of arrest for the offense(s) that resulted in referral to MHC and the date the referral was received by the MHC. To calculate the average number of days between arrest and referral, add together the number of days between arrest date and referral date for all participants to get a total for the entire exit cohort (TOTAL _Arrest). Divide this number by the total number of participants in the exit cohort (EXIT). The formulas below are used to show this calculation:

$$\begin{aligned} \text{TOTAL_Arrest} &= \text{ARREST}(\text{participant 1}) + \text{ARREST}(\text{participant 2}) + \\ &\text{ARREST}(\text{participant 3}) \dots + \text{ARREST}(\text{participant n}) \\ \text{Average time from arrest to referral} &= (\text{TOTAL_Arrest})/(\text{EXIT}) \end{aligned}$$

Disaggregate by Type of Exit.

**CASE PROCESSING: TIME FROM ARREST TO REFERRAL****INTERPRETATION**

Comparing the time from arrest to referral between exit cohorts can be useful in determining if the court is processing cases at a reasonable rate or if there is some aspect of the referral process that can be improved to reduce this time span.

USER'S NOTES

Transfers from Other Treatment Courts: For jurisdictions that have multiple treatment courts, there may be some confusion as to which date to count for the referral date: the date that the participant was first referred to any of the treatment courts, or the date that the participant was transferred specifically into the MHC program. Since participation in another treatment court can prolong the time between arrest and referral, the numbers can appear artificially high. On the other hand, transfers between treatment courts can be an indication of a breakdown in the referral process as the individuals are not initially screened and assigned to the correct program, thus delaying appropriate treatment. If this appears to be an issue, one possible solution is to disaggregate participants who are transferred from other treatment courts and report the data separately.

Additional Resource: Steadman, H. J., Redlich, A. D., Griffin, P., Petrila, J., & Monahan, J. (2005). From Referral to Disposition: Case Processing in Seven Mental Health Courts. *Behavioral Sciences and the Law*, 23, 215.

7

CASE PROCESSING

TIME FROM REFERRAL TO ADMISSION

DEFINITION

The average number of days between referral and admission to MHC. Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

The span of time between referral and admission is an important component to control the length of time it takes to get a participant into treatment. This measure will identify inefficiencies in the screening and qualification process. The MHC should strive to make this time span as short as possible.

METHOD

Record the date the participant's referral was received by the MHC, the date the participant was admitted to MHC and the Type of Exit for all participants in the six-month exit cohort.

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Record Referral Date and Admission Date: The date of referral and the admission date should be recorded for all participants.

STEP 3

Enter Data Into Template

DATA GRAPHICS
TEMPLATE

The template will automatically calculate the number of days between referral and admission, so simply enter the dates for referral and admission.

If Not Using Template (Optional): Determine the number of days between the date the referral was received by the MHC and the admission date into MHC. To calculate the average number of days between referral and admission, add together the number of days between referral date and admission date for all participants to get a total for the entire exit cohort (TOTAL_Admit). Divide this number by the total number of participants in the exit cohort (EXIT). The calculation is performed as follows:

$$TOTAL\ ADMIT = ADMIT\ (participant\ 1) + ADMIT\ (participant\ 2) + \\ ADMIT\ (participant\ 3) \dots + ADMIT\ (participant\ n)$$

$$Average\ time\ from\ referral\ to\ admission = (TOTAL_Admit)/(EXIT)$$

Disaggregate by Type of Exit.



CASE PROCESSING: TIME FROM REFERRAL TO ADMISSION

INTERPRETATION

Comparing the time from referral to admission between exit cohorts can be useful in determining if the court is processing cases at a reasonable rate or if there is some aspect of the admission process that can be improved to reduce this time span.

USER'S NOTES

Determining an Admission Date: Some courts may not have a formal date of admission due to some policy or procedure in the court. For example, a MHC does not formally admit participants until he or she demonstrates 3 clean drug tests and agrees to terms set by the prosecution. The participant would still be attending scheduled status hearings and receive treatment services even though the participant was not officially admitted to the program. In instances like these, the court should use its discretion in defining what date is considered to be formal admission, recognizing that the numbers may be influenced by to the court's procedures.

Additional Resource: Steadman, H. J., Redlich, A. D., Griffin, P., Petrila, J., & Monahan, J. (2005). From Referral to Disposition: Case Processing in Seven Mental Health Courts. *Behavioral Sciences and the Law*, 23, 215.

8

CASE PROCESSING

TOTAL TIME IN PROGRAM

DEFINITION

The average number of days between admission and permanent exit.
Uses the admission cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

The average number of days that participants are in the MHC program is used to assess whether the amount of time is optimal. If this time span is very short, participants may not be receiving enough treatment and care to affect long term improvement. Alternatively, a lengthy time span may indicate ineffective processes or procedures, inhibiting the court from accepting new participants. Courts should establish their own target number since many factors such as legal and mental health eligibility criteria will impact the optimal time in program.

METHOD

Record the participant's admission date, the date the participant permanently exited MHC, and the Type of Exit for all participants in the six-month admission cohort.

STEP 1

Identify Admission Cohort: For each admission cohort, determine the number of MHC participants included in the cohort (ADMISSION).

STEP 2

Record Admission Date and Exit Date: The date of admission and the exit date should be recorded for all participants.

STEP 3

Enter Data Into Template

DATA GRAPHICS
TEMPLATE

The template will automatically calculate the number of days between admission and exit, so simply enter the dates of admission and exit.

If Not Using Template (Optional): Determine the number of days between the date of admission and the date of permanent exit from MHC. To calculate the average number of days between admission and exit, add together the number of days between admission date and exit date for all participants to get a total for the entire admission cohort (TOTAL_Time). Divide this number by the total number of participants in the admission cohort (ADMISSION). The formulas below are used to show this calculation:

$$TOTAL_Time = TIME (participant 1) + TIME (participant 2) + TIME (participant 3) \dots + TIME (participant n).$$

$$Average\ time\ from\ admission\ to\ exit = (TOTAL_Time)/(ADMISSION)$$

Disaggregate by Type of Exit.

**CASE PROCESSING: TOTAL TIME IN PROGRAM****INTERPRETATION**

The graph produces the average total time in program for the total cohort, as well as disaggregating this information by Type of Exit. Ideally, the court will establish their own target number (based on program characteristics), and the graph can be used to determine if the court meets that target. Note that the number of participants included in each category should be considered when interpreting the data as outliers can have a large impact on the average time.

USER'S NOTES

Determining an Admission Date: Some courts do not have a formal date of admission. For example, a MHC does not formally admit participants until he or she demonstrates 3 clean drug tests and agrees to terms set by the prosecution. In this court, the participant would attend scheduled status hearings and receive treatment services even though he or she was not officially admitted to the program. In instances such as these, the court should use its discretion in defining what date is considered to be formal admission.

Bench Warrants: A bench warrant is not included as an exit category, because the participant may be brought in on the warrant and the participant would continue in the MHC program. If the bench warrant is in place for an extended period of time, the court should consider establishing a set length of time after which the participant is terminated from the program. Total time in program, however, should include time that the participant is out on warrant until the court terminates the participant.

Additional Resource: Steadman, H. J., Redlich, A. D., Griffin, P. Pettila, J., & Monahan, J. (2005). From Referral to Disposition: Case Processing in Seven Mental Health Courts. *Behavioral Sciences and the Law*, 23, 215.

9

COLLABORATION

TEAM COLLABORATION

DEFINITION

The percentage of time *information* relevant for discussion at the pre-docket meeting is available to the MHC team.

Track the MHC team meetings at which time the participants are discussed. Summarize the data monthly (e.g., report on 4 weekly meetings per month). This measure is not reported by exit or admission cohort.

PURPOSE

The purpose is to gauge the level of collaboration across the entire MHC team and to identify gaps in information sharing. Collaboration is most effective when each agency and actor in the MHC is aware of the others' interactions and viewpoints about the participant which leads to a unified supervision and treatment plan. The results will allow the MHC to investigate a lack of resources, lack of commitment by individuals/agencies, or other barriers to effective team collaboration. Drug court research has demonstrated that participation by the full drug court team in pre-docket meetings and hearings leads to improved outcomes.

METHOD

Important Note: This measure does *not* track attendance. *Information* related to the participant under discussion should be distinguished from the *presence* of the team member. Information may be shared through written documents, verbal communications, a representative of an agency, or provided in electronic format to a case management system made available at the time of the meeting.

STEP 1

Identify Members or Agencies on the MHC Team: Identify the team members or agencies which collectively constitute the MHC team. Typically, teams consist of a judge, prosecutor, defense attorneys (public, appointed, and private), various treatment agencies, corrections representatives, social workers, and case managers. Team members are expected to provide valuable information relevant to participants for the upcoming docket or status hearing.

STEP 2

Track Data at Each Pre-docket Meeting: Track data during each pre-docket meeting held by the team. For each team member or agency listed in Step 1, identify whether or not information was “available” or “missing.” This determination should be evident through consensus opinion of the MHC team. Available information is noted if the relevant team member or represented agency shares complete *information* relevant for discussion about the participant’s progress or status. The information is considered missing if the discussion must be deferred until a later time when the information is available. If a participant is not on the docket, information about the participant is not necessary and considered “not applicable.”


COLLABORATION: TEAM COLLABORATION
Examples:

- AB Treatment Agency, through a representative, provides updates on treatment compliance on all three participants under its care. Information is listed as “available” from AB Treatment Agency for this meeting.
- A public defender represents two participants, but only has information about one. Information is listed as “missing” from the public defender for this meeting.
- One social worker is present at the meeting, but her clients are not scheduled to appear on the docket. Information from this social worker is considered “not applicable” and no entry is made for her for this meeting.
- AC Treatment Agency never attends the pre-docket meetings, but submits via facsimile a report for the week on all relevant participants prior to the meeting. If the information is complete and does not impede a full discussion of the participant scheduled to appear in court, the information is considered “available.”
- No one from probation is in attendance and no information has been shared in preparation for the pre-docket meeting. The team decides that since no information is available to discuss the interactions probation has had with the participant this week, the issue will need to be discussed later, or perhaps the participant has some information to share in court. Information for probation will be listed as “missing” for this meeting.

STEP 3 *Enter Data Into Template***DATA GRAPHICS
TEMPLATE**

Follow the instructions listed on the template and for each pre-docket meeting held during the month, enter the information for each MHC Team Member or Agency listed.

If Not Using Template (Optional): Count the number of “missing” entries for each MHC team member or agency identified in Step 1. This is the numerator for meeting 1 (MISSING_1). Next, count the number of pre-docket meetings held within the month and subtract the number that are left blank or indicate “not applicable,” for that team member. This is the denominator for meeting 1 (INFO_1). Divide the numerator by the denominator to calculate the percentage of meetings where data was not provided for each member or agency (MISSING_1)/(INFO_1).

**COLLABORATION: TEAM COLLABORATION****INTERPRETATION**

The template produces a graphical representation of the data calculated for this measure. For the month, each MHC team member or agency is represented by a bar in the graphic. It is unlikely that information is never missing for any participants (i.e., 0% across all bars). The MHC team should explore reasons for high frequencies of missing information on the part of any MHC team member. Explore if there are a lack of resources to enable regular reporting to the court, lack of commitment by the individual or agency, or other barriers to effective communication.

USER'S NOTES

Do Not Take Attendance: If the MHC judge is absent on vacation and a temporary replacement or judicial officer stands in, the performance measure is not whether the judicial officer is present at the pre-docket meetings, but whether the judicial officer who is temporarily standing in conveys the information necessary to conduct the docket proceedings. If the discussion is stalled until the assigned MHC judge returns, consider the information from the judge “missing.”

Electronic Data: Include information passed on in a timely manner to the MHC team through any electronic means, such as e-mail communication, voice mail, or facsimile as “available” if it is sufficient to answer the team’s questions regarding the participant at hand and the discussion is unabated. Recall, the team member or agency is not required to be present for the information to be “available.”

Additional Resources: Waters, N. L., Strickland, S. M., & Gibson, S. A. (2009). *Mental Health Court Culture: Leaving Your Hat at the Door*. Williamsburg, VA: National Center for State Courts.

Thompson, M., Osher, F., & Tomasini-Joshi, D. (2007). *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. New York, NY: Council of State Governments.

10

COLLABORATION

AGENCY COLLABORATION

DEFINITION

Percent of time that a mental health court representative (e.g., case manager) was notified within 24 and 48 hours that a participant in the program was arrested.

Examines all individuals enrolled in the MHC program who were arrested between two dates defining a six-month period (e.g., January 1 – June 30).

PURPOSE

This measure will provide courts with an indicator of the timeliness of information shared by the local law enforcement or jail agency. Arrests disrupt the continuity of services and potentially waste resources used to process the individual if he or she is currently participating in the MHC program. Reduction of the elapsed time is important, in particular for those with mental illnesses, so that services and medication can be maintained during time spent in detention. Effective inter-agency collaboration will improve the effectiveness of the MHC and its operations.

METHOD

The percent of arrests for which the time between arrest and when the MHC representative was notified of the arrest should be minimized. In calculating both standards, within 24 hours and within 48 hours, note that arrests for which the MHC representative was notified within 48 hours of an arrest are inclusive of notifications of arrests made within 24 hours.

STEP 1

Track Participant Arrests: Arrest records of all participants who are currently enrolled in the program should be maintained (see Measure 1 “In-program Reoffending”). However, note that Measure 1 only includes arrests that result in a formal charge by the prosecution. This measure tracks all arrests.

STEP 2

Record the Date and Time: Track all participants’ arrests, including the date and time. Similarly, record the earliest date and time that a MHC representative was notified of the arrest. These data are recorded as two variables: the date and time of any participant arrest (ARREST_DATE_AND_TIME) and the date and time of MHC notification (NOTIFY_DATE_AND_TIME).

STEP 3

Enter Data Into Template

DATA GRAPHICS TEMPLATE

Enter the data from Step 2 into the template to automatically calculate the time elapsed between arrest and notification. Compare the percentage of arrests that fall within the standard of 24 hours and 48 hours.

COLLABORATION: AGENCY COLLABORATION

If Not Using Template (Optional): To calculate this measure without the template, first subtract the NOTIFY time and date variable from the ARREST time and date variable for each arrest. Oftentimes a setting within standard databases can be employed to calculate elapsed time. Set up the database to calculate hours between two time periods. For example, in Microsoft Office Excel, set the date and time in one cell with the format (mm/dd/yyyy hh:mm) and subtract the earlier date from the later date. This will provide the number in days, which when multiplied by 24 hours, will give you the result of the time elapsed, in hours. Use the number of elapsed hours as input for an indicator variable to determine whether the elapsed time is equal to or less than 48 hours, and equal to or less than 24 hours.

INTERPRETATION

The template will produce graphics that indicate the percentage of arrests for which the MHC was notified in a timely manner. Ideally, the MHC should receive notification of all arrests within 48 hours, sooner if possible, to maintain continuity of MHC program services.

USER'S NOTES

Time Not Known: If the time of arrest and notification is not available, calculate elapsed time in days only. Hours provide more nuanced details to identify the critical amount of elapsed time, but may not be recorded by current data management systems. The time between the events is two days (48 hours) and one day (24 hours).

Arrests Do Not Lead to Detention: The purpose of this measure is to assess collaboration between agencies, but also to assess the discontinuity of services. If the MHC program does not detain an individual after an in-program arrest (e.g., for an ordinance violation), services and supervision are not interrupted. The NCSC recommends only counting arrests in which the participant is taken into custody.

Interagency Technology: A best practice recommended to improve collaboration is to implement an interagency database that provides law enforcement access to information that the participant is active in the MHC program. Similarly, a database accessible by jail personnel to identify mental health information (e.g., receiving services from the Department of Mental Health), will improve the likelihood of a quick notification process. As an added benefit, jail personnel will be better positioned to make accurate referrals to the MHC program.

Additional Resources: Waters, N. L., Strickland, S. M., & Gibson, S. A. (2009). *Mental Health Court Culture: Leaving Your Hat at the Door*. Williamsburg, VA: National Center for State Courts. Thompson, M., Osher, F., & Tomasini-Joshi, D. (2007). *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. New York, NY: Council of State Governments.

11

INDIVIDUALIZED AND APPROPRIATE TREATMENT

NEED-BASED SUPERVISION AND TREATMENT

DEFINITION

The extent to which participants receive the appropriate levels of mental health treatment and court supervision based on diagnosis and criminogenic risk.

Quarterly assessments of all individuals enrolled in the MHC program. This measure is not reported by exit or admission cohorts.

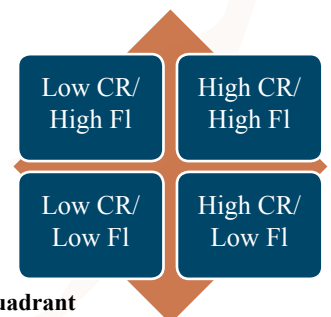
PURPOSE

The purpose is to effectively align participants' diagnoses and criminogenic risks with treatment and service dosage. This measure will provide courts with an indicator of whether the resources for supervision and treatment are correctly allocated to those who are in most need. In other words, if the needs and risks of the participant are highest, then the court is responding in kind with the highest levels of program intervention. Achieving this, as demonstrated through evidence-based research,⁹ will provide the necessary balance for weighing the best use of tax payer money, ensuring public safety, and improving the welfare of the participant using need-based, individualized and appropriate treatment.

Although this measure falls under the domain, Individualized and Appropriate Treatment, there is cross-over with the Accountability domain. Individuals who are in need of more supervision (e.g., high scores on criminogenic risk scale, or low IQ) will be held accountable through appropriate court supervision and thus, address concerns of public safety.

METHOD

This measure organizes each MHC participant into a 2x2 matrix¹⁰ along the dimensions of *functional impairment and criminogenic risk*. This measure follows the Risk, Needs, Responsivity (RNR) model to appropriately align participants with the correct level of supervision and appropriate treatment services. Using basic screening and assessment tools, courts will identify which participants fall into each quadrant of the 2x2 matrix:



Risk-Need-Responsivity (RNR) Quadrant

⁹ See National GAINS Center website for evidence-based practices: <http://gainscenter.samhsa.gov/html/ebps/default.asp>; and <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/about.asp>.

¹⁰ See Marlowe, D. (2009). Evidence-based sentencing for drug offenders: An analysis of prognostic risks and criminogenic needs. *Chapman Journal of Criminal Justice*, 1, 167; and Prins, S. J., Draper, L. (2009). *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice*. New York, NY: Council of State Governments, p. 19-21.

INDIVIDUALIZED AND APPROPRIATE TREATMENT: NEED-BASED SUPERVISION AND TREATMENT

STEP 1 *Agree On Criteria:* Identify appropriate screening and assessment tools, to differentiate participants along the two dimensions: criminogenic risk and functional impairment. NCSC recommends that the MHC team agree upon the criteria to be used. The criteria are ultimately the court's decision, but see "User's Notes," Appendix C, and Appendix D for suggestions.

Document the criteria used for each dimension on the accompanying template. Ultimately, the criteria or scale selected should assign each participant into one of four quadrants:

- 1 = *Low CR/ Low FI*
- 2 = *Low CR/ High FI*
- 3 = *High CR/ Low FI*
- 4 = *High CR/ High FI*

STEP 2 *Track Service and Supervision:* For each participant currently enrolled in the MHC program, track the units of supervision and units of mental health service received, quarterly.

1. Level of supervision (SUPERVISION) is the number of contacts per quarter the participant had with the court. Courts should define a contact as participant contact with either the judge (e.g., docket appearance) or the case manager (e.g., case monitor, boundary spanner, probation officer). Note that contacts with the judge at status hearings are already tracked in Measure 2 "Attendance at Scheduled Judicial Status Hearings."
2. Level of therapeutic service (SERVICE) is the number of units of service (count sessions) per quarter the participant attended as specified in the treatment plan. Sessions include: mental health therapy (a group therapy is considered one unit of service), substance abuse treatment, and ancillary services that address criminogenic needs. Note that scheduled therapeutic sessions and substance abuse treatment sessions are already tracked in Measure 3 "Attendance at Therapeutic Services."

STEP 3 *Enter Data Into Template*

DATA GRAPHICS TEMPLATE

For each participant, enter the data from Step 1 (assigned quadrant) and Step 2 (units of supervision and service) into the template.

If Not Using Template (Optional): Calculate the average SUPERVISION and SERVICE values for all individuals. Then compare each individual's SUPERVISION and SERVICE levels to the average across all currently enrolled participants. If the individual's level is equal to or above the average, enter "1" into a database (e.g., Excel). If it is below the average,

INDIVIDUALIZED AND APPROPRIATE TREATMENT: NEED-BASED SUPERVISION AND TREATMENT

enter “0.” Repeat this for both SUPERVISION and SERVICE across all active participants to calculate (SUPERVISION_Score) and (SERVICE_Score). For example, in Excel, the formula would be = (IF (SERVICE >= [Average of SERVICE column], 1, 0), where 1 is entered when the equation is true and 0 if the equation is false.

To report the performance measure, compute the average of SUPERVISION_Score and SERVICE_Score for each quadrant. These numbers represent the percent of individuals in each quadrant who received above average levels of supervision and above average dosages of service. An average of scores ranging from 0 to 1 will provide you with a decimal number that can be converted to a percentage (e.g., $.72 \times 100 = 72\%$). Also report the average values of units of SERVICE and SUPERVISION for participants in each quadrant as these data provide context and can be used for comparability purposes. The NCSC recommends using the template to graph the results by quadrant for supervision and service.

Units of service combine mental health sessions, substance abuse counseling, and ancillary services that address a specific criminogenic need. Ideally, the court should disaggregate the types of services into three separate columns to identify the nature of the services. If the court is unable to separate all three types of services, the next best option would be to separate the services into two categories with mental health and substance abuse combined into one category and ancillary services in the other. The performance measure “Attendance at Therapy Sessions” captures the mental health and substance abuse sessions which can easily be subtracted from the SERVICE counts to provide additional information about the type of service participants receive.

INTERPRETATION

The resulting data will produce a graphical display of each quadrant along service and supervision. Quadrants 3 and 4 represent participants with high criminogenic risk and thus, should report the highest percentage receiving above average supervision (blue bars). Quadrants 2 and 4 represent participants with high functional impairment and should thus report the highest percentage receiving above average service (brown bars). The units of service and the number of participants displayed in the results provide a gauge for dosage and reliability. The

¹¹ Criminogenic needs are attributes of offenders that are directly linked to criminal behavior. Effective correctional treatment should target criminogenic needs in the development of a comprehensive case plan. Any treatment not targeting criminogenic needs is counter-productive to efficiency and effectiveness. See also, Lowenkamp, C. T., Latessa, E. J., Holsinger, A. M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime and Delinquency*, 52, 77.

INDIVIDUALIZED AND APPROPRIATE TREATMENT: NEED-BASED SUPERVISION AND TREATMENT

average units of service and supervision permit the court to compare across quadrants, and if desired, can be used to compare across other treatment courts, jurisdictions, or time periods. A low number of participants in each quadrant may indicate caution in that one or two values may be disproportionately influential on the reported percentage and thus lower levels of measure reliability. In such a situation, the MHC should consider adjusting the time period for data collection to produce more meaningful data.

USER'S NOTES

Recommended Tools: While it is completely under the court's discretion to identify tools or scales to assign participants into the 2x2 matrix along criminogenic risk and functional impairment, the following criteria may be a useful starting point:

Criminogenic Risk

A. Monroe County, devised a structured judgment¹² rating system, per a clinician's assessment. Participants receive one point for each criterion:¹³

- ✓ Emotional Dysregulation
- ✓ Offense-related Cognitions
- ✓ Violence Propensity
- ✓ Alcohol/Drug Abuse
- ✓ Risk-taking Arousal
- ✓ Criminal Associates
- ✓ Gambling
- ✓ Impulsivity
- ✓ History of ADD/ADHD, ODD, Conduct Disorder
- ✓ Relational Dysfunction/Disruption

Participants with a score of 4 or higher are categorized as "high criminogenic risk."

B. Criminogenic Risk Assessment Tools- Descriptions of some commonly used criminogenic risk assessments are provided in Appendix C. Besides those described in this document, other risk assessments include the recently developed Ohio Risk Assessment System (ORAS), a public domain assessment developed specifically for Ohio.¹⁴

Functional Impairment

Using the DSM-IV's Global Assessment Functioning scale (GAF), participants who score 50 or less are categorized as "high functional impairment." Descriptions of other commonly used functional impairment assessments are provided in Appendix D.

INDIVIDUALIZED AND APPROPRIATE TREATMENT: NEED-BASED SUPERVISION AND TREATMENT**USER'S NOTES
(CONT.)**

High Priority: While, according to the pilot sites, this performance measure was the most difficult to implement; NCSC believes it is also among the most important to measure. As it is based on strong empirical evidence (see additional references below), it should be a priority for courts to track this information and manage the results. Two components of this measure are already tracked in Measure 2 and Measure 3.

Ancillary Services: Do not include ancillary services that do not address a specific criminogenic need. For example, activities designed to keep participants occupied without addressing a specific criminogenic need should not be counted (e.g., bowling, knitting).

NCSC Expertise: The NCSC is available to provide guidance on implementation of this measure, along with all measures.

Additional Resources: Prins, S. J., Draper, L. (2009). *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice*. New York, NY: Council of State Governments, p. 19-21.

Lowenkamp, C. T., Latessa, E. J., Holsinger, A. M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime and Delinquency*, 52, 77.

Marlowe, D. (2009). Evidence-based sentencing for drug offenders: An analysis of prognostic risks and criminogenic needs. *Chapman Journal of Criminal Justice*, 1, 167.

¹² See Vincent, G., Terry, A., and Maney, S. (2010). Risk/Needs Tools for antisocial behavior and violence among youthful populations. In J. Andrade (Ed.) *Handbook of Violence Risk Assessment and Treatment: New Approaches for Mental Health Professionals*. New York: Springer Publishing Company.

¹³ Resources used include: Andrews, D. (1989). Recidivism is predictable and can be influenced: Using risk assessments to reduce recidivism. *Forum on Corrections Research*, 1, 11-17; Fischer, D. R. (1983). *The use of actuarial methods in early release screening*. Statistical Analysis Centre, Office for Planning and Programming. State of Iowa; LSI-R; and Lowenkamp, C. T., Latessa, E. J., Holsinger, A. M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime and Delinquency*, 52, 77.

¹⁴ Latessa, Lemke, Makarios, Smith, Lowenkamp. (2010). *The Creation and Validation of the Ohio Risk Assessment System (ORAS)*. Federal Probation, 74(1), 16-22.

12

PROCEDURAL FAIRNESS

PARTICIPANT-LEVEL SATISFACTION

DEFINITION

Percent of participants who agree that the MHC processes were fair.
Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

The five statements, listed as part of the exit survey, appear in Step 2. These questions are used to help assess whether participants view the processes of MHC as fair. Research in problem-solving courts has shown a link between procedural fairness and program outcomes.¹⁵ The work of Tom Tyler demonstrates this link by showing that the perception of fairness is often more important than the actual outcome of the case (see e.g., procedural justice) making this measure important in gauging perceived justice by the participant.¹⁶

METHOD

Operationally, the NCSC considers an exit interview to be part of a best practice in therapeutic courts. The exit interview should be conducted by a neutral individual, such as staff from the court's research division. The exit interview questions described in Measure 13 and the participant's living arrangement status from Measure 4 can be easily combined with those described in Measure 12 to form a complete exit survey.

STEP 1

Secure Consent: NCSC suggests that the MHC provide individual participants with a consent form upon entry into the program. If the court requires an internal review board (IRB) to approve the use of an exit survey, secure approval prior to administering surveys.

STEP 2

Create a Survey: The participant is asked to respond to the following questions on a 5-point Likert scale:¹⁷

Reflecting back on your time in the program, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree with the following statements:

1. The way my case was handled was fair.
2. The judge listened to my side of the story before he or she made a decision.
3. The judge had the information necessary to make good decisions about my case.
4. I was treated the same as everyone else.
5. I was treated respectfully during my time in MHC.

¹⁵ Gottfredson, D., Kearley, B., Najaka, S., and Rocha, C. (2007). How Drug Courts Work: An Analysis of Mediators. *Journal of Research on Crime and Delinquency*.

¹⁶ Tyler, T. (2006). *Why People Obey the Law*. Princeton, NJ: Princeton University Press.

¹⁷ Questions adopted from *CourTools* which can be access online at: www.ncsconline.org/D_Research/CourTools/tcmp_courttools.htm; and Wales, H.W., V.A. Hiday, & B. Ray. (2010). Procedural Justice and the Mental Health Court Judge's Role in Reducing Recidivism. (*Unpublished paper on file with author*).

PROCEDURAL FAIRNESS: PARTICIPANT-LEVEL SATISFACTION

STEP 3

DATA GRAPHICS TEMPLATE

Enter Data Into Template

Enter the responses for each question into the template.

If Not Using Template (Optional): Determine the number of participants who answered “agree” or “strongly agree” (AGREE_1) with each statement, as well as the number who answered each question (RESPONSE_1). To calculate the percent who agreed or strongly agreed with each statement take the number of participants who answered “agree” or “strongly agree” and divide by the number of participants who provided a response to the statement. The formula below shows this calculation for those who are in agreement with statement 1:

$$\text{Percent agreed/strongly agreed with statement 1} = (\text{AGREE}_1) / (\text{RESPONSE}_1) \times 100$$

$$\text{Percent strongly agreed with statement 1} = (\text{STRONGLY_AGREE}_1) / (\text{RESPONSE}_1) \times 100$$

This formula will be repeated for each of the five survey statements for those who answered “agree” and “strongly agree.”

INTERPRETATION

By separating out those who agree from those who strongly agree from participants who responded differently, the court can determine if changes in participant-level satisfaction change over time and gauge overall satisfaction.

USER'S NOTES

Survey Wording: The term “case” is used to describe the matter being handled in the MHC, but some parties may object to this word since it may denote that there is a factual proceeding. Also, if used in a diversion court or a post-plea court, the use of the term “case” may be less concrete in the traditional meaning. In such instances, the court can opt to change the wording so that “case” is substituted with a better description of the relevant proceedings in MHC.

Neutral Interviewer: Courts may want to consider interviews via a kiosk rather than administered by a person as it will improve the validity of the participant’s response. However, a drawback is that the participant is not able to ask for clarification, if needed.

In-Custody Respondents: It is advised to develop a plan on how to administer the exit survey to those who are taken into custody. If it is known that an individual will be taken into custody from the courtroom, the interviewer can arrange to interview the participant prior to his or her transfer to jail.

Efficiency of Time for Interviewer: It is recommended that the MHC identify who is expected to be terminated, graduate, or otherwise exit the program during the pre-docket meeting to facilitate the exit interview protocol.

PROCEDURAL FAIRNESS: PARTICIPANT LEVEL SATISFACTION**USER'S NOTES
(CONT.)**

Sampling in High Volume Courts: Post-exit surveys, depending on the volume of exiting participants, can be administered to all participants exiting the program, or by selecting a random sample of those who exit the program. The court can sample in a variety of ways to ensure randomness. One technique is to sample by selected time frames (e.g., every Tuesday for a month, followed by every Wednesday for the following month). Another technique is to select every n^{th} participant. This can be done by identifying the number of individuals expected in the exit category and identifying a desired proportion of exit interviews. (Click [here](#) for a calculator to determine sample size) For example, if the MHC expects 200 individuals in the exit cohort over a six-month period, and the court determines that 50 interviews are feasible (and allow for a statistically sufficient sample), then every 4th ($1/n = 50/200$ or $1/4$) participant who exits the program would be interviewed.

Additional Resources: See Tyler, T. (2006). *Why People Obey the Law*. Princeton, NJ: Princeton University Press; Steadman, H. J., (May 2005). *A Guide to Collecting Mental Health Court Outcome Data*. New York: Council of State Governments.

Wales, H.W., V.A. Hiday, & B. Ray. (2010). Procedural Justice and the Mental Health Court Judge's Role in Reducing Recidivism. (*Unpublished paper on file with author*).

13

AFTERCARE/POST-EXIT TRANSITION**PARTICIPANT PREPARATION FOR TRANSITION****DEFINITION**

The extent to which the participant is able to identify sources of assistance to be used after exiting the program. Uses the exit cohort from a six-month period (e.g., January 1 – June 30).

PURPOSE

Aftercare has been identified as an essential element of MHCs.¹⁸ “Case managers . . . help participants prepare for their transition out of the court program by ensuring that needed treatment and services will remain available and accessible after their supervision concludes.” (p. 6).

METHOD

Operationally, the NCSC considers an exit interview to be part of a best practice in therapeutic courts. The exit interview should be conducted by a neutral individual, such as staff from the court’s research division or a court coordinator. The exit interview questions described in Measure 13 and the participant’s Living Arrangement status from Measure 4 can be easily combined with those described in Measure 12 to form a complete exit survey.

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Secure Consent: NCSC suggests that the MHC provide individual participants with a consent form upon entry into the program. If the court requires an internal review board (IRB) to approve the use of an exit survey, secure approval prior to administering surveys.

STEP 3

Create A Survey: The participant is asked to respond to the following questions:
After you leave the program, who will you contact if you need help with the following:

1. Housing (please name contact)
2. Medication (please name contact)
3. Mental Health Symptoms (please name contact)
4. Substance Abuse, only if co-occurring disorders apply as determined by the MHC (please name contact)
5. Medical Problems (please name contact)

¹⁸ See Element 6, Council of State Government Justice Center (2008). *Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court*. New York, NY: Council of State Government Justice Center.

AFTERCARE/POST-EXIT TRANSITION: PARTICIPANT PREPARATION FOR TRANSITION**STEP 4** *Enter Data Into Template***DATA GRAPHICS
TEMPLATE**

Provide the interviewer with criteria to identify what constitutes a “correct” response. Admittedly, discretion will be necessary for determining which named contacts are correct for specific participants. A named source may not be the correct response across all participants.

If Not Using Template (Optional): Calculate the percentage of each of the five concerns for which the participant correctly identifies the appropriate contact. The percentage of the exit cohort who correctly identifies each of the five contacts should be averaged across the exit cohort and disaggregated by Type of Exit.

Determine the number of post-program contacts correctly identified by each participant during the exit interview (CONTACT) and divide by five ((CONTACT_Percent) = (CONTACT)/5). Average these proportions over the entire exit cohort and convert to a percentage. The calculation for the average percentage of post-exit contacts correctly identified = ([Sum (CONTACT_Percent) over exit cohort]/ (EXIT)) X 100. Disaggregate by Type of Exit.

INTERPRETATION

Reports the extent to which participants, upon exit from the program, are able to articulate contacts for the five key areas. Using these data, the MHC will be able to assess the participants’ extent of preparedness for aftercare and sustainability without court-based supervision.

USER'S NOTES

Medical Contact: An emergency room may be listed as a medical contact. However, unless an emergency situation warrants it, this is a poor use of community resources. Routine medical services should be provided by a clinic, private doctor, or medical agency.

Family Contacts: Family members should not be routinely listed as a “correct” contact person. However, the MHC should use discretion to identify individual situations in which this response is considered “correct,” such as when the participant has a developmental disorder or a traumatic brain injury. Under these circumstances, a family member or guardian may be “correct.”

Substance Abuse Contact: The MHC should determine which participants have co-occurring drug disorders and only ask for contact information for substance abuse, if applicable. If the participant deemed by the MHC to have a co-occurring disorder responds to the substance abuse question by stating that he or she does not have a substance abuse problem and does not provide a contact person, this is considered an “incorrect” response.

AFTERCARE/POST-EXIT TRANSITION: PARTICIPANT PREPARATION FOR TRANSITION**USER'S NOTES
(CONT.)**

Neutral Interviewer: Although interviews conducted via a kiosk rather than administered by a person will save staff time, this protocol still requires a trained staff member to interpret the answers as “correct/incorrect.”

In-Custody Respondents: It is advised to develop a plan on how to administer the exit survey to those who are taken into custody. If it is known that an individual will be taken into custody from the courtroom, the interviewer can arrange to interview the participant prior to his or her transfer to jail.

Efficiency of Time for Interviewer: It is recommended that the MHC identify who is expected to be terminated, graduate, or otherwise exit the program during the pre-docket meeting to facilitate the exit interview protocol.

Sampling in High Volume Courts: Post-exit surveys, depending on the volume of exiting participants, can be administered to all participants exiting the program, or by selecting a random sample of those who exit the program. The court can sample in a variety of ways to ensure randomness. One technique is to sample by selected time frames (e.g., every Tuesday for a month, followed by every Wednesday for the following month). Another technique is to select every n^{th} participant. This can be done by identifying the number of individuals expected in the exit category and identifying a desired proportion of exit interviews. (Click [here](#) for a calculator to determine sample size) For example, if the MHC expects 200 individuals in the exit cohort over a six-month period, and the court determines that 50 interviews are feasible (and allow for a statistically sufficient sample), then every 4th ($1/n = 50/200$ or $1/4$) participant who exits the program would be interviewed.

Additional Resources: Waters, N. L., Strickland, S. M., & Gibson, S. A. (2009). *Mental Health Court Culture: Leaving Your Hat at the Door*. Williamsburg, VA: National Center for State Courts.

Thompson, M., Osher, F., & Tomasini-Joshi, D. (2007). *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. New York, NY: Council of State Governments.

14

AFTERCARE/POST-EXIT TRANSITION

POST-PROGRAM RECIDIVISM

DEFINITION

Post-program recidivism is the percentage of participants who reoffended within two years after exiting the MHC. Uses the exit cohort from a six-month period (e.g., January 1 – June 30). The measure should be reported annually and tracked for each cohort for two years after exit.

PURPOSE

This performance measure is an important measure of long-term impact of the court's program on participant behavior, an important issue for public safety. The time frame for this measure extends through aftercare to the time when the participant is beyond the supervision of the court. It should be contrasted with Measure 1 "In-Program Reoffending," which measures short-term outcomes.

METHOD

This measure determines the *incidence* of post-program recidivism (i.e., whether re-offending occurred, yes or no) and not the number of recidivistic events. Post-program recidivism is defined as a conviction on a new charge (excluding traffic offenses other than DUI) after the participant exits the MHC program. Recidivism should be reported by offense (felony, misdemeanor, or ordinance violation) and by Type of Exit.

STEP 1

Identify Exit Cohort: For each exit cohort, determine the number of MHC participants included in the cohort (EXIT).

STEP 2

Identify Recidivism: Determine the number of participants from the exit cohort who were convicted of a new offense that occurred after they exited MHC. If the participant was arrested of one qualifying offense within the tracking frame (2 years), and later convicted (even if this occurs after 2-year tracking period) count this as post-exit recidivism (yes/no). Additional arrests are not necessary to track.

STEP 3

Enter Data Into Template

DATA GRAPHICS TEMPLATE

For each participant in the exit cohort, record the incidence of recidivism for year 1 and for year 2. The template will calculate the rate of recidivism across the exit cohort for each time frame. Anyone who recidivates in year 1 will also be included in the tally for year 2; it will be a cumulative count reflecting the time period within two years after exit.

If Not Using Template (Optional): Calculate the number of MHC participants, who recidivated according to the criteria listed in Step 2 as (RECIDIVISM_year1) and (RECIDIVISM_year2). Calculate the performance measure as $= ((\text{RECIDIVISM_year1}) / (\text{EXIT})) \times 100$. Repeat for year 2, but include all year 1 incidents in the year 2 count. Disaggregate by Type of Exit and the time frame after exit (within 1 year or within 2 years) that recidivism occurred.

AFTERCARE/POST-EXIT TRANSITION: POST-PROGRAM RECIDIVISM**INTERPRETATION**

Obviously, the smaller the value for this percentage, the more public safety is ensured. However, it is expected that the incidence of recidivism will be higher after a two-year time frame than a one-year time frame. The first time the court calculates this measure, that number can be used as a baseline to identify fluctuations in the rates over time.

USER'S NOTES

Dismissed: Do not count a charge that was eventually dismissed. Only include convictions if the arrest is within the 2-year tracking period.

Arrests, Charges, or Convictions: Criminologists have been engaged in a long-standing debate as to what is the most appropriate measure of recidivism. While there is no clear consensus among them, the NCSC suggests that the purpose of each measure drives the rationale for why different standards are appropriate for different performance measures. Measure 14 “Post-Program Recidivism” extends beyond the supervision of the court and captures longer-term outcome as compared to Measure 1 “In-Program Reoffending.” Using convictions for Measure 14 sets the standard of detecting an incident higher than that of arrests used in Measure 1, which is desirable, particularly as it reflects on the effectiveness of the program. Long-term outcomes are afforded the approach of using a higher standard, as timely data is not as critical as it is in Measure 1. The higher standard used to measure recidivism will effectively limit local variations across arrest and charging practices that would be present if arrests or charges were the standard used in place of convictions.

Why 2 Years?: While some experts recommend using different timeframes to measure recidivism, the NCSC recommends using within one year and within two years as appropriate time frames, consistent with recommendations from Maltz (1984).¹⁹

Additional Resources: Rubio, D. and Cheesman, F., and Federspiel, W. (2008). *Performance Measurement of Drug Courts: The State of the Art*. Williamsburg, Virginia: National Center for State Courts.

Heck, C. (2006). *Local Drug court research: Navigating performance measures and process evaluations*. Washington DC: National Drug Court Institute. <http://www.ndci.org/sites/default/files/ndci/Mono6.LocalResearch.pdf>.

Rempel, M. (2006). *Recidivism 101: Evaluating the Impact of Your Drug Court*. Drug Court Review, 5, 83 .

Steadman, H. (2005). *A guide to collecting mental health court outcome data*. Washington DC: Council of State Governments.

¹⁹ Maltz, Michael D. ([1984] 2001). *Recidivism*. Orlando, FL: Academic Press, Inc. Internet edition available at: <http://www.uic.edu/depts/lib/forr/pdf/crimjust/recidivism.pdf>.

NEXT STEPS

The User's Guide provides MHCs with the tools essential for managing and monitoring its performance. While performance measures exist for drug courts, for example, no set of performance measures exists for MHCs. Clearly, data specifically designed to enable performance measures and evaluate the success of MHCs are lacking. This set of key measures to assess the performance of MHCs is the first step in the process of identifying critical information needed for evaluation and performance measurement.

The next step is to disseminate information about the performance measures to the MHC field. NCSC will be identifying strategies to disseminate knowledge about the performance measures to the field, including conferences and professional meetings. Eventually, we hope to collaborate with other MHCs as they implement the measures and seek answers to the critical question, "What works in MHCs?" More frequently, the NCSC is fielding this question as it applies to the national arena. Once courts begin to collect data for the proposed performance measures, it will enable national experts to tackle this question through methodologically-sound and systematic evaluations of MHCs.

Another area of work that remains is to develop standards or performance targets for each of the performance measures. This effort will be informed by emerging research as the current state of knowledge about what works and contributes to effective performance in MHCs is lacking. It will also be informed by the accumulation of data on the performance measures, which will enable individual MHCs to develop performance targets that are appropriate for their specific court. Answers to questions such as "What is an acceptable rate of recidivism for a MHC court?" must wait until informed by further research and data.

The NCSC envisions the Implementation & User's Guide as a foundational component of this journey and hopes in the near future to connect those who have implemented these measures to share data and exchange feedback, so as to steer this work in the best direction possible. The data graphics templates were designed with this sharing capability feature in mind. It is, after all, the users who enable us, as researchers, to envision and advance on the next path forward.

To provide courts with a brief summary of the Performance Measures, see the accompanying brochure [www.ncsc.org/mhcpm]. The NCSC encourages courts to share this brochure with leaders and policy makers such as judges, court administrators or legislators and to provide program justification to funding agencies. It may also be useful to provide an overview to new MHC team members joining the team. Courts can request a free CD-rom version of this document with hyperlinks to key resources and user-friendly data graphics templates. This document is also accessible through the Internet at: www.ncsc.org/mhcpm.

The NCSC invites all users to contact us with any questions or feedback on the Performance Measures.

All inquiries should be directed to:

Nicole L. Waters (nwaters@ncsc.org) or Fred L. Cheesman (fcheesman@ncsc.org) or by calling 1-800-616-6109.

ADDITIONAL NCSC RESOURCES

[Problem-Solving Justice Toolkit](#)

[Problem-Solving Courts](#) – Resources for all Problem-Solving Courts

[CourTools](#) – Performance Measures for Courts

APPENDIX A: ADDITIONAL SUGGESTED MEASURES

The following additional measures were raised and discussed during this project. The Performance Measures presented in the User's Guide, are designed as a "package," with the intent that all the measures be implemented, providing MHCs with indicators of critical MHC activity. Though limited in number by design (to encourage their widespread adoption), the core measures were also designed to provide a "balanced" perspective on MHC performance. Critical measures were identified to represent all seven of the key measurement domains. All MHCs are encouraged to adopt this core package or set of measures in their entirety.

The measures listed in this appendix were considered as part of this project. As a result of much vetting and discussion, the NCSC opted to prioritize the set of measures presented in the Guide. The following measures were not included for one or more of the following reasons: 1) The balanced approach prioritized and limited the number of measures to fall within each domain, 2) The Advisory Council did not reach consensus on the measures, 3) structurally or operationally, the measures were not applicable to a majority of MHCs, and/or 4) A concern about data availability or feasibility was a major concern. However, courts are encouraged to implement some or all of these measures, if they are deemed appropriate and useful considering the court's current structure and operating policies.

PARTICIPANT ACCOUNTABILITY

1 *Compliance with Program Requirements* — This measure provides an assessment of participants' compliance with program requirements, made by the MHC team. At each staff meeting, each participant discussed is rated by the team as either being in "substantial compliance" with program requirements or as being in "material non-compliance." Upon exit by the participant, the percent of team meetings that the participant was substantially compliant with program requirements is calculated. For each exit cohort, these percentages are averaged.

2 *Contacts with Case Manager* — This measures the number of contacts each participant has during their participation in MHC (as well as the dates of each contact) with MHC case managers (or monitors and/or probation officers). All types of contacts should be counted. The performance measure is calculated by taking the average number of contacts (numerator) attended divided by the number of exiting participants (denominator), by Type of Exit.

3 *Average Number of In-Program Jail Days* — This measure provides the average number of days that participants spent in jail during program participation. Each time a participant is jailed the dates of admission and release should be recorded and the number of days jailed should be subsequently calculated. The performance measure is the average number of days jailed, for each exit cohort, reported by Type of Exit.

4 *Average Number of Sanctions per Participant* — This measures the number of sanctions administered to each participant during their participation in MHC (also recommended for the court to record the dates the sanction was administered, the type of sanction, and the reason the sanction was administered). The performance measure is the average number of sanctions (as defined by the court) administered to participants, for each exit cohort, by Type of Exit.

5 *Average Number of Incentives per Participant* — This measures the number of incentives granted to each participant during their participation in MHC (also recommended for the court to record the dates the incentive was granted, the type of incentive, and the reason the incentive was granted). The performance measure is the average number of incentives (defined by the court) granted to participants, for each exit cohort, by Type of Exit. Both sanctions and incentives are sought as a performance measure to assess whether the quantity or type of sanctions is associated with a specific program outcome. While controversial in some MHCs, these measures will provide evidenced-based data that will inform this debate.

6 *If Drug Testing is Required, % of Clean Tests* — If the MHC program admits participants with co-occurring substance abuse issues, this will measure the percent of positive drug tests for those required to undergo testing, for each exit cohort, by Type of Exit. Calculate this percentage by dividing the number of drug tests that return positive for an illegal substance by the total number of drug tests administered to the participant (while in the MHC program). The performance measure is the average percentage of positive drug tests per participant, for each exit cohort, by Type of Exit.

SOCIAL FUNCTIONING

7 *Quality of Life Inventory (QOLI)* — This measure uses a scale originally developed by Lehman in 1983, to assess a participant's "quality of life." The scale consists of eight domains (living situation, family, social relations, leisure, work, law-safety, finances, and health). Respondents are asked to first rate the importance of each domain and then rate their satisfaction with their status in each domain, using Likert scales. Areas of concern identified by the scale should be considered as a treatment plan is formulated, since addressing the criminogenic needs identified by the QOLI will result in better outcomes. The scale should be administered to each participant at admission and again at exit, at a minimum, and reported by Type of Exit. The QOLI is proprietary but relatively inexpensive to purchase.

8 *Symptom Management (Modified Colorado Symptom Index)* — This measure assesses changes in symptoms during the course of participation in MHC. The Modified Colorado Symptom Index is a 14-item scale with each item describing a specific symptom. The respondents are asked to identify how often they experienced that particular symptom during the past month. Administer the scale to each participant at admission and again at exit, at a minimum. Report results for each exit cohort, by Type of Exit. The index was recommended as an outcome measure for MHCs by Steadman and has been validated in a number of diverse populations.

CASE PROCESSING

9 *Average Case Manager Caseload* — Measures the average number of cases handled by each case manager (e.g., caseworker, case monitor, probation officer). Record the active caseload for each case manager on a weekly basis for

a six-month period. At the end of the six months, calculate the average of all weekly caseloads. The court can use this information to determine if a redistribution of cases is needed, or if there is a need for additional staff.

10 *Percent of Referrals Admitted* — For this measure, the court will track the total number of referrals over a six-month period, as well as the total number of participants accepted over a six-month period. This measure is used to gauge how many referrals made to the MHC are ultimately accepted into the program. It is also useful to record the reasons for exclusion.

COLLABORATION

11 *Jail Prescriptions* — Percent of time that within 24 hours of a participant's arrest the healthcare worker in jail received prescription information for the MHC participant. Collect this measure for the most recent six-month period. The purpose is to provide uninterrupted access to critical medications for the participant.

12 *MHC Staff Training* — This measures the percent of MHC staff who attended a training event related to their work with the MHC. The court will determine what training events should be included for this measure and tracked for each six-month time period.

AFTERCARE/POST-EXIT TRANSITION

13 *Average Number of Days Incarcerated* — This measure provides the average number of days that participants spent incarcerated (in jail or prison) during a tracking period (one and two years) after exit from MHC. The number of days incarcerated during the tracking period should be determined and then averaged for the exit cohort, by Type of Exit.

14 *Average Number of Days Hospitalized* — This measure provides the average number of days of hospitalization that participants experienced during a tracking period (one and two years) after exit from MHC. Determine the number of days hospitalized during the tracking period averaged for the exit cohort, by Type of Exit.

APPENDIX B: LIST OF VARIABLES

The following provides a list of the variables used to calculate the core performance measures.

Cohort

ADMISSION - Number of participants who were admitted to the MHC during a six-month period

EXIT - Number of participants who exited MHC during a six-month period (does not include those who exited through administrative closure)

Types of Exit

SUCCESS - Number of participants who successfully completed the program

ADMIN - Number of participants who exited for administrative reasons including death and deportation

WITHDRAW - Number of participants who voluntarily withdrew from the program while in compliance

DISCHARGE - Number of participants who were discharged from the program for some reason other than non-compliance

TRANSFER - Number of participants who were terminated from the MHC and transferred to another treatment court

FAIL - Number of participants who failed to complete the program/were terminated

In-Program Reoffending

OFFEND - Number of participants who had an arrest while in program that resulted in a charge. Note: The arrest date must fall between admission and exit date; however, the charge date may occur after the participant has exited MHC

FELONY - Number of participants who committed a felony while in-program

MISD - Number of participants who committed a misdemeanor while in-program

ORD - Number of participants who committed an ordinance violation or summary offense while in-program

VOP - Number of participants who committed a violation of probation while in-program

Attendance at Scheduled Judicial Status Hearings

STATUS_SCHEDULED - Number of status hearings scheduled for each participant

STATUS_ATTEND - Number of status hearings attended for each participant

STATUS_PROPORTION - Proportion of status hearings that the participant attended

Attendance at Scheduled Therapeutic Sessions

THERAPY_SCHEDULED - Number of therapeutic sessions scheduled for each participant

THERAPY_ATTEND - Number of therapeutic sessions attended for each participant

THERAPY_PROPORTION - Proportion of therapeutic sessions that the participant attended

Living Arrangement

ENTRY_HOMELESS_EXIT_NOT_HOMELESS - Number of participants who were homeless upon entry into mental health court and not homeless at time of exit

ENTRY_HOMELESS_EXIT_HOMELESS - Number of participants who were homeless upon entry into mental health court and homeless at time of exit

ENTRY_NOT_HOMELESS_EXIT_NOT_HOMELESS - Number of participants who were not homeless upon entry to mental health court and not homeless at time of exit

ENTRY_NOT_HOMELESS_EXIT_HOMELESS - Number of participants who were not homeless upon entry into mental health court and homeless at time of exit

Retention

ACTIVE - Number of participants still active in the program
SUCCESS - Number of participants who successfully completed the program
ADMIN - Number of participants who exited for administrative reasons including death and deportation
WITHDRAW - Number of participants who voluntarily withdrew from the program while in compliance
DISCHARGE - Number of participants who were discharged from the program for some reason other than non-compliance
TRANSFER - Number of participants who were terminated from the MHC and transferred to another treatment court
FAIL - Number of participants who failed to complete the program/were terminated

Time From Arrest to Referral

ARREST - Number of days between arrest date and referral date for each participant
ARREST_TOTAL - Sum of days between arrest and referral across all participants in the exit cohort

Time From Referral to Admission

ADMIT - Number of days between referral and admission for each participant
ADMIT_TOTAL - Sum of days between referral and admission across all participants in the exit cohort

Total Time in Program

TIME - Number of days between admission date and exit date for each participant
TIME_TOTAL - Sum of days between admission and exit across all participants in the exit cohort

Team Collaboration

INFO_1 - Information relevant to a participant on the docket was required
MISSING_1 - Information relevant to a participant on the docket was not provided
Note: Replicate these variables for the number of meetings per month

Agency Collaboration

ARREST_DATE_AND_TIME - The date and time a participant was arrested while in the program
NOTIFY_DATE_AND_TIME - The date and time the MHC was notified that a participant was arrested

Need Based Supervision and Treatment

RNR_QUADRANT - Participants are placed in appropriate quadrant according to their criminogenic risk and functional impairments
SUPERVISION - The number of contacts per month the participant had with either the judge or the case manager (e.g., case monitor, boundary spanner, probation officer)
SERVICE - The number of units of service per month the participant attended per the treatment plan

Participant-Level Satisfaction*

RESPONSE_1 - Number of participants who provided an answer for statement 1 of the participant satisfaction survey
AGREE_1 - Number of participants who answered “agree” or “strongly agree” for statement 1 of the participant satisfaction survey
** Replicate these variables for each of the 5 statements*

Aftercare

CONTACT - Number of contacts correctly identified by participant during exit interview
CONTACT_PERCENT - Percent of five contacts the participant correctly identified during an exit interview
RECIDIVISM - Number of participants who were convicted for a new charge after exiting the mental health court program

APPENDIX C: RISK ASSESSMENT INSTRUMENTS

The following list provides an overview of some risk assessment tools that can be used for Measure 11. There are many more risk assessment instruments but these are of the more commonly used. Overall, the WISC has been recently validated and is free. Among the instruments with cost, the HCR-20 was designed to be used with mentally-ill offenders and is the cheapest. We are not recommending the use of one instrument over another, but have compiled this list as a resource for your court to use in determining how your MHC can best measure criminogenic risk.

WISC (DOC 502)

General Info

WISC (DOC 502) was developed in the late 70s and early 80s, and has been widely used. It was validated (in Wisconsin) in 1984 and more recently by the Council of State Governments (CSG) in 2009 whose report can be accessed with the following link: www.wi-doc.com/PDF_Files/WIRiskValidation_August%202009.pdf

The DOC 502 Risk Assessment Instrument is found on p. 4 of the report while cut-off scores are listed on p. 8. The report notes some deficiencies of the instrument as currently configured (particularly the weight given to the assaultive offense factor) and makes some recommendations for a re-designed form. The re-designed form is found on p. 40 with cut-off levels given on p. 38. It is recommended that newer form be used in light of its recent validation in Wisconsin.

LSI-R (LEVEL OF SERVICE INVENTORY-REVISED)

General Info

The LSI-R is a 3rd generation, structured professional judgment assessment that is the most comprehensive and popular instrument for assessing offender risk. The offender's risk is assessed based on a broad array of eight different categories including antisocial attitudes, antisocial thoughts, cognitions and ways of thinking, antisocial personality, antisocial history, employment, family, leisure and recreational activities, substance abuse problems, and antisocial peers or criminal associates.

The assessment is conducted through a structured interview lasting approximately 30 – 45 minutes, and recorded on the Expert Rating form. The cost for the LSI-R - U.S Norms Complete Kit is \$225.00. [https://ecom.mhs.com/\(pentew55hsahwb55qvmcqfag\)/product.aspx?RptGrpID=LSI](https://ecom.mhs.com/(pentew55hsahwb55qvmcqfag)/product.aspx?RptGrpID=LSI)

COMPAS

General Info

COMPAS is a statistically-based risk assessment specifically designed to assess key risk and needs factors in correctional populations and to provide decision-support for justice professionals when placing offenders into the community. It aims to achieve this by providing valid measurement and succinct organization of the relevant risk/need dimensions. A further goal of COMPAS is to help practitioners design case-management support systems for offenders in community and institutional placements. COMPAS offers separate norms for males and females in community and incarcerated populations. All COMPAS titles include an integrated case planning module that provides a template that automatically populates the offender's assessed needs results. The case plan allows for the tracking of individual task referral, start and termination dates, termination reasons, service providers and other case outcomes.

COMPAS Core for Adult Offenders is designed for risk and need decision support for community-based offenders and inmates entering prison. COMPAS allows you to select any combination of its 22 scales to most effectively assist in your specific decision support needs, while optimizing test length and administration time. COMPAS also allows for re-testing over time to measure changes in dynamic scales.

Cost

Training costs vary depending on the type of training desired. Generally, training instructor fees are \$1,200 to \$1,300 per day plus travel and materials reimbursement. www.northpointeinc.com/software-adult.aspx

HISTORICAL-CLINICAL-RISK MANAGEMENT-20 (HCR-20)

General Info

The HCR-20 is a violence risk assessment scheme intended for use in forensic psychiatric, civil psychiatric, and prison institutional and community settings. Its purpose is to structure clinical decisions about the likelihood of violent behavior and inform risk-reducing treatment and management strategies. It contains 20 risk factors that span its three subscales. The HCR-20 is an example of a Structured Professional Judgment (SPJ) risk assessment instrument. It is published by the Mental Health, Law, and Policy Institute at Simon Fraser University.

Items for the checklist were chosen based on a comprehensive review of the literature and input from experienced forensic clinicians. The HCR-20 includes variables which capture relevant past, present, and future considerations and should be regarded as an important first step in the risk assessment process. The manual provides information about how and when to conduct violence risk assessments, research on which the basic risk factors are based, and key questions to address when making judgments about risk.

The professional who completes the HCR-20 Coding Sheet must first determine the presence or absence of each of the 20 risk factors according to three levels of certainty (i.e., Absent, Possibly Present, Definitely Present). In some settings, responsibility for the assessment may be divided among several different professionals.

Cost

\$136.00 for HCR-20 Introductory Kit (includes HCR-20 Manual, 50 Coding Sheets, and HCR-20 Violence Risk Management Companion Guide)

www3.parinc.com/products/product.aspx?Productid=HCR-20

For more information see:

kdouglas.wordpress.com/hcr-20/

APPENDIX D: FUNCTIONAL IMPAIRMENT ASSESSMENT INSTRUMENTS

The following list provides an overview of some functional impairment assessment tools that can be used for Measure 11. We are not recommending the use of one instrument over another, but have compiled this list as a resource for your court to use in determining how your MHC can best measure functional impairment.

DIAGNOSTIC STATISTICAL MANUAL (DSM-IV), AXIS V

- A **Global Assessment of Functioning (GAF)**
- B **Modified Global Assessment of Functioning – Revised (mGAF-R):** More detailed and easier to read.

General Info

This instrument is used for reporting the clinician's judgment of the individual's overall level of functioning. The information is useful in planning treatment, measuring its impact, and in predicting outcome. The scale of overall psychological functioning ranges from 1 to 100. The GAF score rates only psychological, social, and occupational function and does not include physical or environmental limitations. It is expected that the ratings will change over time (e.g., time of admission compared to time at discharge). There is a clear cut-off point so that scores between 1 and 50 indicate higher functional impairment and 51-100 indicate low impairment.

Cautions

The DSM-IV states, because it is produced for the completion of federal legislative mandates, its use by people without clinical training can lead to inappropriate application of its contents. Appropriate use of the diagnostic criteria is said to require extensive clinical training. The DSM advises laypersons should consult the DSM only to obtain information, not to make diagnoses, and people who may have a mental disorder should be referred to psychological counseling or treatment.

For more information please see:

Endicott, J, Spitzer, RL, Fleiss, JL, & Cohen, J. (1976). The Global Assessment Scale: A procedure for measuring overall

severity of psychiatric disturbances. *Archives of General Psychiatry*, 33, 766-771.

MODIFIED COLORADO SYMPTOM INDEX

General Info

Self-reported list of symptoms related to psychological or emotional difficulties. Each symptom is accompanied by a rating of frequency within the last month. The fifteen items assessing the frequency of psychiatric symptoms experienced in the past month are rated on a 5-point scale (at least every day to not at all).

For more information see:

Ciarlo J. A., Edwards D. W., Kiresuk T. J., et al. (1981). The Assessment of Client/Patient Outcome Techniques for Use in Mental Health. Contract 278-80-0005. Washington, DC, National Institute of Mental Health.

Conrad K. J., Matters M. D., Yagelka J., et al. (2001). Reliability and validity of a Modified Colorado Symptom Index in a national homeless sample. *Mental Health Services Research*, 3, 141-153.

NEW YORK STATE OFFICE OF MENTAL HEALTH (OMH), ASSERTIVE COMMUNITY TREATMENT (ACT), ASSISTED OUTPATIENT TREATMENT (AOT), AND CASE MANAGEMENT ASSESSMENT FORM

General Info

The *Social, interpersonal, and family functioning* scale of the NY Assessment form uses 9 items rated on a 5-point scale from highly typical to highly atypical to measure Functional Impairment. The assessment would be completed by case managers or ACT team staff and is collected at baseline and every six months thereafter. An individual is rated as being "impaired in social functioning=1" if rated as a 4 or 5 on any of the 9 items.

For more information see:

www.omh.state.ny.us/omhweb/resources/publications/aot_program_evaluation/report.pdf



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