



MHCPM

Mental Health Courts Performance Measures

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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 PROVIDES A MECHANISM FOR GOVERNING BODIES AND FUNDING AGENCIES TO HOLD ORGANIZATIONS ACCOUNTABLE FOR PRODUCING THE INTENDED RESULTS. AS A RELATIVE NEWCOMER AMONG PROBLEM-SOLVING COURTS, MENTAL HEALTH COURTS (MHCs) ARE STILL SEEN AS EXPERIMENTAL MODELS FOR COURTS IN SOME JURISDICTIONS. WHILE THERE ARE CURRENTLY OVER 200 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.

DURING AN ADVISORY COUNCIL MEETING ON SEPTEMBER 14 AND 15, 2009, A SELECT GROUP OF APPROXIMATELY A DOZEN MENTAL HEALTH COURT EXPERTS AND PROJECT STAFF FROM THE NATIONAL CENTER FOR STATE COURTS WORKED TOGETHER TO PRODUCE A SET OF PERFORMANCE MEASURES DESIGNED SPECIFICALLY FOR MHCs. IN THE SELECTION OF PERFORMANCE MEASURES, THE PROJECT STAFF AND ADVISORS ADHERED TO THESE GUIDING PRINCIPLES:

GUIDING PRINCIPLES

- 1** These measures are primarily tools designed to better manage and effectively administer MHCs.
- 2** The performance measures will secondarily assist with making policy decisions about how

to address mental health issues within the criminal justice system. They will provide information to the public, the court community, defendants, and funding agencies that speaks to the issues of accountability and sustainability in the context of MHCs.

3 The final set of selected measures will be inclusive of the key issues that address the purpose of MHCs (both criminal justice and mental health needs) 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.¹

4 *Performance measures* will be clearly distinguished from *process* and *outcome/impact evaluation measures*.

5 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.

7 The performance measures will be:

- specific,
- measurable, and
- subject to specific documentation.

¹See: Clarke et al. (2008) referencing the “Balanced Score Card” from Kaplan & Norton (1986).

CORE MEASURES

The core measures are designed to be implemented as a complete set, providing balance across seven measurement domains. Project staff, with the benefit of guidance from the advisory council, believes these measures are both important management tools to gauge performance of the program and relatively simple measures to implement. The 14 core measures currently under pilot test in four courts are summarized below:

PARTICIPANT ACCOUNTABILITY

1 *In-Program Reoffending* — Measures the incidence of in-program reoffending (i.e., whether an arrest occurred, yes or no). In-program reoffending 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, the charge date may come after the participant has exited the program. The performance measure is the percent of each exit cohort who were arrested during the time they participated and were formally charged. It 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* — Measures the percent of scheduled judicial status hearings attended. The performance measure reflects the level of judicial supervision for each participant.

3 *Attendance at Scheduled Therapeutic Sessions* — Measures 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 mental health courts.

SOCIAL FUNCTIONING

4 *Living Arrangement* — Specifies the percent who improve living arrangements from entry to exit - whether participant is homeless, living with parents or in a supervised setting, or living on his or her own. Adequate housing is a prerequisite for treatment effectiveness.

CASE PROCESSING

5 *Retention* — Measures the program's retention rate by identifying participants who enter the program during a specified time period and tracking the Type of Exit for each participant. Intermittent assessments of participant status will gauge retention. Retention is important in mental health courts so that participants receive treatment long enough to affect change.

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

7 *Time from Referral to Admission* — Measures the length of time between the referral to mental health court and when the participant was accepted into the program. This measure will enable the court to identify any inefficiency in the screening and qualification

process and expedite the process of obtaining treatment for the participant.

8 *Total time in program* — Measures the length of time between a participant’s admission into the mental health court and permanent exit. This will provide information to determine the optimal amount of time in a program. For example, if this time is short, participants may not receive enough treatment and care to affect long-term improvement.

COLLABORATION

9 *Team Collaboration* — Measures the percent of time those who are on the MHC team, with a participant scheduled to appear for the docket, do not provide *information* relevant for discussion at the pre-docket staffing. The results are reported by team member/agency and provide a gauge to the court to further investigate a lack of resources or lack of commitment by individuals/agencies.

10 *Agency Collaboration* — Measures the percent of time that a court representative (e.g., case manager) was notified within 24 hours that a participant in the program was arrested. This measure assesses the basic communication flow between corrections (jail) and the mental health court program so that services and medication are maintained during time spent in detention.

INDIVIDUALIZED AND APPROPRIATE TREATMENT

11 *Need-Based Treatment and Supervision* — Measures the percentage of participants

who receive the highest (alternatively lowest) level of services and supervision and whether those are the same participants who are designated as having highest (lowest) needs. The goal of this domain is to align participants along the dimension of impaired functionality and criminogenic risk with the appropriate treatment and dosage. The measure provides courts with an indicator of whether the resources available for supervision and treatment are allocated based on need.

PROCEDURAL FAIRNESS

12 *Participant Level Satisfaction* — Measures perceived fairness of the program by the participant as expressed in a short 4-question survey. Research indicates that the perception of procedural fairness is often more important than the actual outcome of a case.

AFTERCARE/POST-EXIT TRANSITION

13 *Participant Preparation for Transition* — Assesses percent of correct responses by the participant identifying sources of assistance (e.g., for medication, mental health symptoms) to be used after exiting the program.

14 *Post-Program Recidivism* — Measures the rate of re-offending (convictions) after exiting the program. This is an important measure of offender compliance and the level of court supervision and, hence, public safety.

SUPPLEMENTAL MEASURES

The following measures were proposed by the project’s Advisory Council. These measures are considered important for mental health courts, but are recommended as supplemental Measures, or aspirational, performance measures. Some of the supplemental measures were arguably important, but admittedly difficult or not likely feasible for courts to collect. Others are less of a priority than other selected core measures that fall within the same domain. The descriptions listed below are intended to be brief, yet provide adequate information for courts to implement the measures, if desired.

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 mental health court 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 supplemental measures 4 and 5 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 (or considered 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 (or have results that are considered positive) 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 (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. To learn more, follow the link listed below:

<http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAg511&Mode=summary>

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 (2005) and has been validated in a number of diverse populations (see, e.g., Conrad, Yagelka, Matters, Rich, Williams, and Buchanan (2001), validating its use in a national homeless sample).

CASE PROCESSING

9 *Average Case Manager Caseload* — Measures the average number of cases handled by each case manager (i.e., 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 mental health court 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 track the percent 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 to three 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 to three years) after exit from MHC. Determine the number of days

hospitalized during the tracking period averaged for the exit cohort, by Type of Exit.

PERFORMANCE MEASURE TECHNICAL SPECIFICATIONS

What is a cohort? Types of cohorts and why the cohort approach is most effective.

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 policy may change as the cohort progresses through MHC (e.g., the frequency of contacts with the case manager may increase or decrease as a result of the court’s budget or treatment providers may change).

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 we know everyone in the admissions cohort is subject to the same set of historical influences, and that the only difference between the two cohorts is the frequency of case manager contacts, it is easy to explain the performance differential in this way. Thus, admissions cohorts are used to control for historical artifacts that may lead to incorrect conclusions about MHC performance.

Exit cohorts consist of all MHC participants who exit (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 do avoid the 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 MHCs can rarely wait for admissions cohorts to completely exit before they can produce performance data, the use of exit cohorts is recommended for most performance measures.

Why is six months the cohort timeframe?

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. The 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 (rather than operational) purposes. For the pilot sites, the six-month exit cohort will cover February 1 – July 31st.

We are very interested in receiving feedback from the pilot sites regarding the best reporting period that works for their court. Some courts with a large number of participants and with a robust MIS may prefer shorter reporting intervals (e.g., quarterly) to get more immediate performance information. Likewise, courts with a smaller number of participants may prefer to report longer reporting intervals (e.g., yearly), so the data are more meaningful (e.g., cohorts include a larger number of participants).

Exit Categories

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

1. Successful completion — These are participants who have met all requirements of the program and successfully graduate.

2. 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.

3. 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).

4. 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.

5. 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.

*Administrative Closures should be tracked to determine their frequency, but should be *excluded* from any calculations involving exit cohorts. The participant exited 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 total number of participants in the exit cohort.

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