

Mental Health Court Report

Quarter 1, 2009

Report Purpose

This report provides indicators for evaluating the workload and performance of the Mental Health Court (MHC) at Seattle Municipal Court (SMC). The measures include the number of new defendants, the actions taken regarding these defendants, and some outcomes for defendants. The measures will be monitored quarterly and include analysis of trends over time.

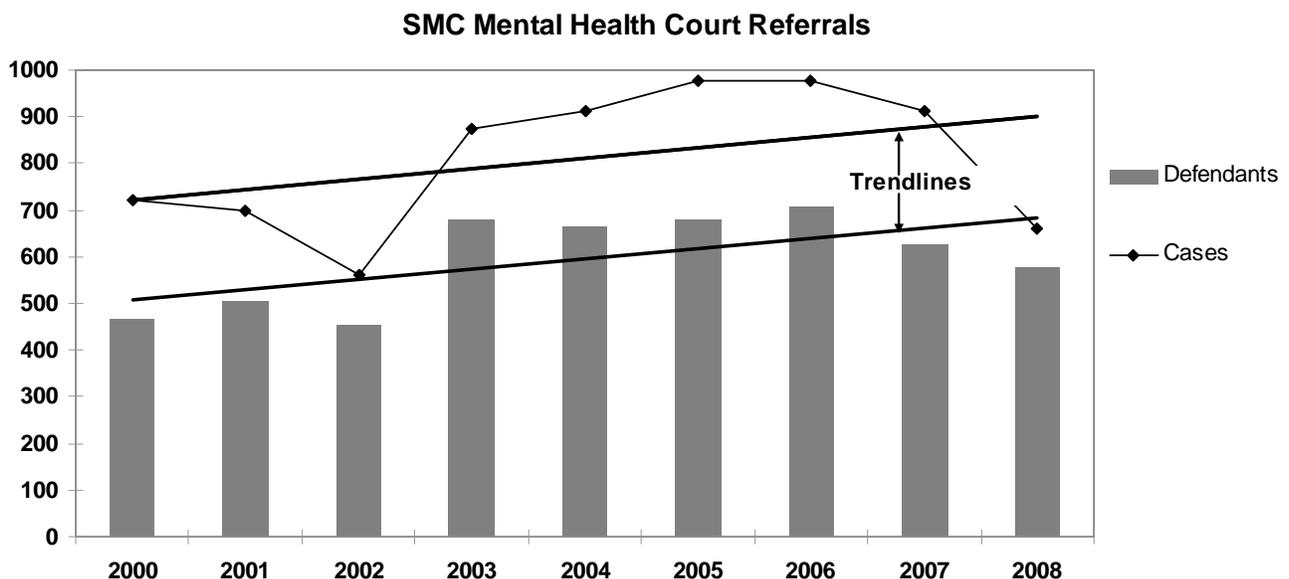
Background

SMC's Mental Health Court began operation in March, 1999. Initially, MHC was held in the King County jail. Now, it operates in the Seattle Justice Center, with a calendar during afternoon sessions Monday through Thursday and Friday morning.

Mental Health Court operates with all Court functions acting as a team. The goals of SMC's Mental Health Court are to:

- Protect public safety,
- Reduce the use of jail and repeated interaction with the criminal justice system for mentally ill persons,
- Connect, or re-connect mentally ill persons with needed mental health services,
- Improve their likelihood of ongoing success with treatment, their access to housing or shelter, and linkages with other critical support

Defendants for whom mental illness is related to or a cause of their alleged criminal activity are eligible for Mental Health Court. If they choose to opt into the program, they receive specialized services beginning as soon as their case is heard in court. Defendants are referred by public defenders, judges, and jail staff, among others. In addition, the MHC hears competency evaluation hearings for all SMC defendants for whom competency to stand trial is questioned.



Measure 1: Mental Health Court Caseload

Referrals to Mental Health Court are designated with the 220 case event code in MCIS. All cases heard, at any stage, in Mental Health Court receive this case event code. On average, there are 190 new cases each quarter for 163 defendants, although there has been fairly significant variation in the last year.

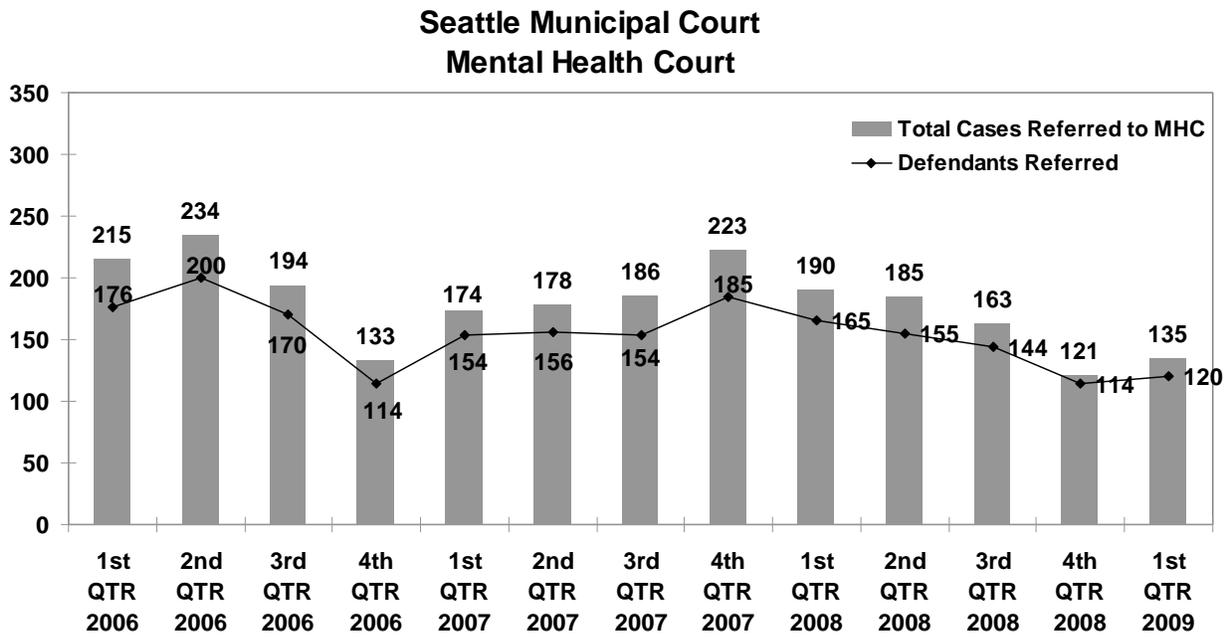


Figure 1

Competency Evaluation proceedings are a significant part of Mental Health Court workload. **In the first quarter of 2009, 54% of referred to MHC included competency proceedings.** This is comparable to recent time periods. Recent proportions have ranged from 45% to 56% in a given quarter.

Evaluation orders are counted using the 310 event code. In some cases, competency evaluations are ordered in other courts; however, the competency hearing in which the court reviews the evaluation is always held in Mental Health Court.

Competency Evaluations Ordered 2007-2009

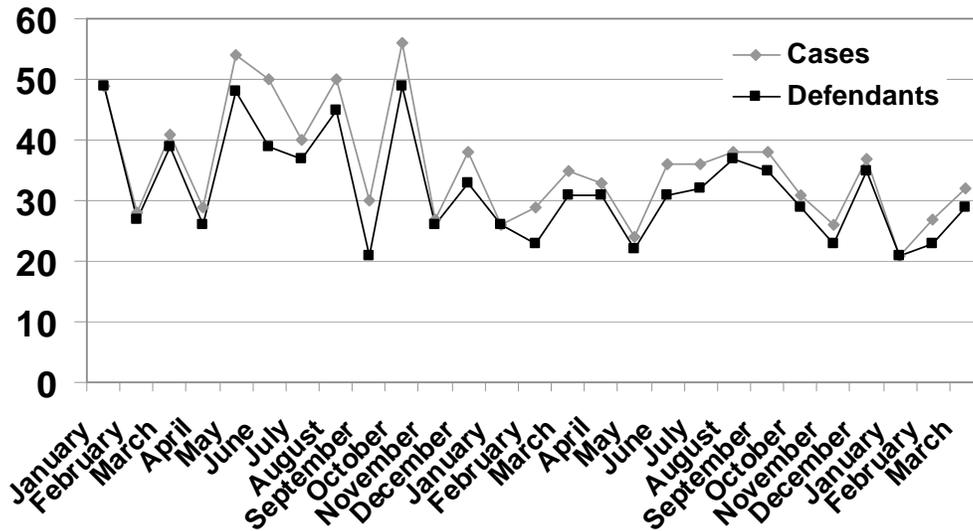


Figure 2

In some cases, the MHC team uses a recent competency evaluation in determining competency in a new case. The chart below identifies cases in which there was no 310 event code, but the case was dismissed with a finding of “Dismissed, Not Competent.”

2009 Cases Dismissed with Recent Evaluation		
	Cases	Defendants
January	9	9
February	8	7
March	2	2

Figure 3

In the first quarter of 2009, there were two cases that relied on current competency evaluations from Renton Municipal Court (included in the totals above) and one using an evaluation report completed for Superior Court in 2008.

There are defendants who are charged repeatedly and remain incompetent for trial. Interestingly, although there were three defendants with up to 10 cases each in 2007, only one had cases in 2008. New defendants entered the system in 2008 that have several charges alleged within a short time span. **This may be a typical pattern for individuals with mental health issues who do not have a long criminal history, but have multiple contacts with the criminal justice system during a crisis.**

Measure 2: Case Stage at Time of Referral

As is usually the case, in the first quarter of 2009, most defendants were referred to Mental Health Court early in the trial process. There has been an increase in defendants referred to MHC at an In Custody Arraignment (ICA), as opposed to being referred during a MHC Arraignment. MHC staff report that jail staff and attorneys are setting cases into MHC at a slightly higher rate than they did in between late 2007 and mid 2008. The chart also shows an increasing number of cases referred at other MHC hearings. These are either cases in which a defendant has already started working with MHC and has an additional new case filed or cases in which the competency process began before the 220 code was entered.

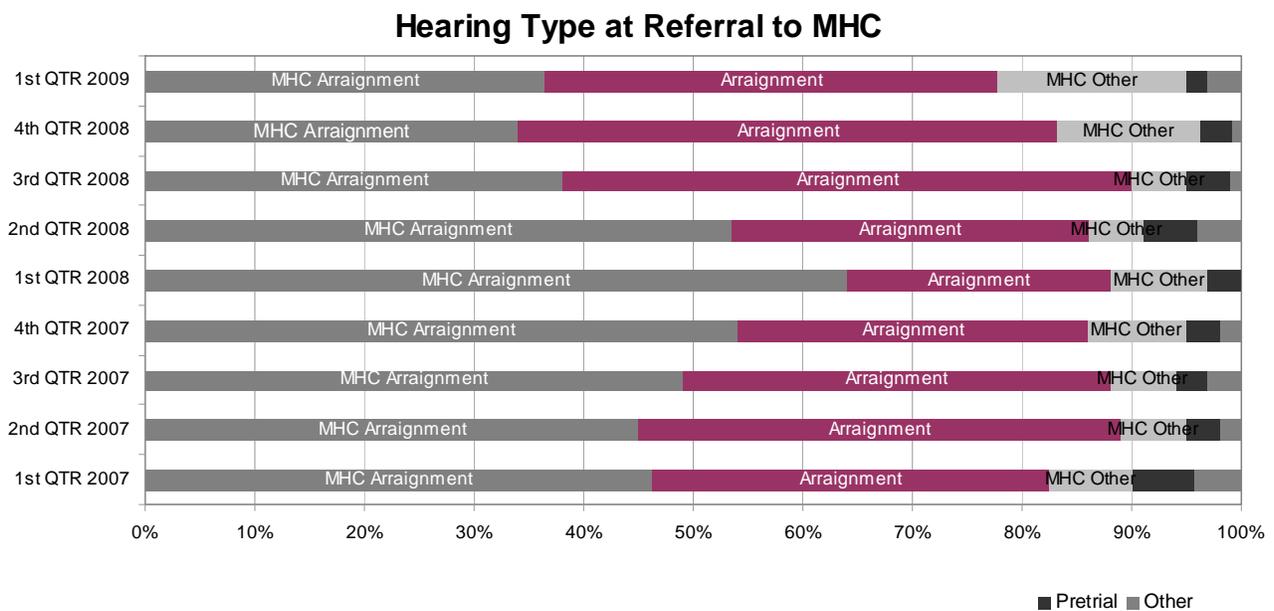


Figure 4

Detail of "Other" Category Qtr 1 2009	
Hearing Type	Number of Cases
JURY	2
BWADD	1

Figure 5

The data includes all cases coded with the 220 case event code. The hearing listed is the hearing type based on the hearing number associated with the hearing in which the 220 code was entered.

Measure 3: Mental Health Court Participation

SMC Mental Health Court serves defendants from the earliest stage of their case. In some situations, “opting into” MHC is not appropriate or of interest to a defendant. In addition, some defendants with a history of mental illness are “flagged” for MHC and are repeatedly arrested, even though they do not choose to participate in MHC. These defendants continue to be offered the opportunity to participate in MHC and to have their criminal cases heard initially in a court that is particularly responsive to issues of mental illness.

Currently, SMC does not track the number of defendants “eligible” for Mental Health Court. Therefore, it is not possible to determine the proportion of those that choose to “opt into” the program. We can look at the number of referrals to MHC and the proportion that choose to “opt out” of MHC during the same time period.

The proportion of defendants removed from MHC each quarter has been relatively stable. This may be an indication that MHC serving more individuals that are appropriate for MHC services. This may be especially true considering that there are increasing numbers of competency evaluations ordered in MHC. In those cases, the defendant does not opt out of MHC, but they are included in the total number of defendants referred to MHC.

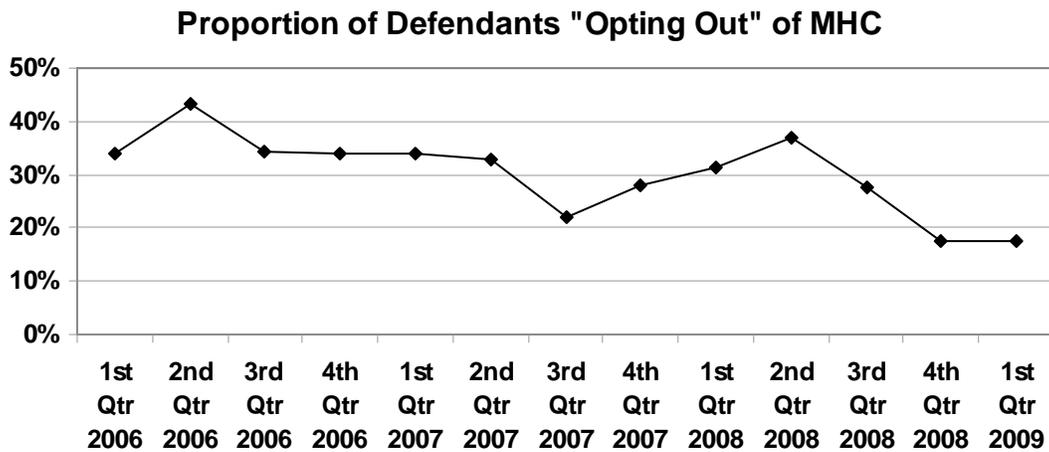


Figure 6

Defendants were included if they had a case with both the 220 event code (referred to MHC) and the 215 event code (opted out of MHC) in a given quarter.

Measure 4 (next page) shows the raw number of individuals provided with conditions of release and conditions of sentence.

Measure 4: Mental Health Court Services

Mental Health Court sets conditions of release for an average of 20 defendants (down from 27 in 2006) each quarter and sets conditions of sentence for an average of 14 defendants each quarter.

Conditions of release are identified by case event code 221 and conditions of sentence by case event code 222 entered during the quarter (the case may have been referred to MHC in a different quarter). There have been relatively high numbers of individuals put on Conditions of Release in the last six months, a corresponding increase in individuals with Conditions of Sentence may show up in the next quarter's data. If that does not occur, the team may want to consider whether to refine the criteria used to select individuals for Conditions of Release.

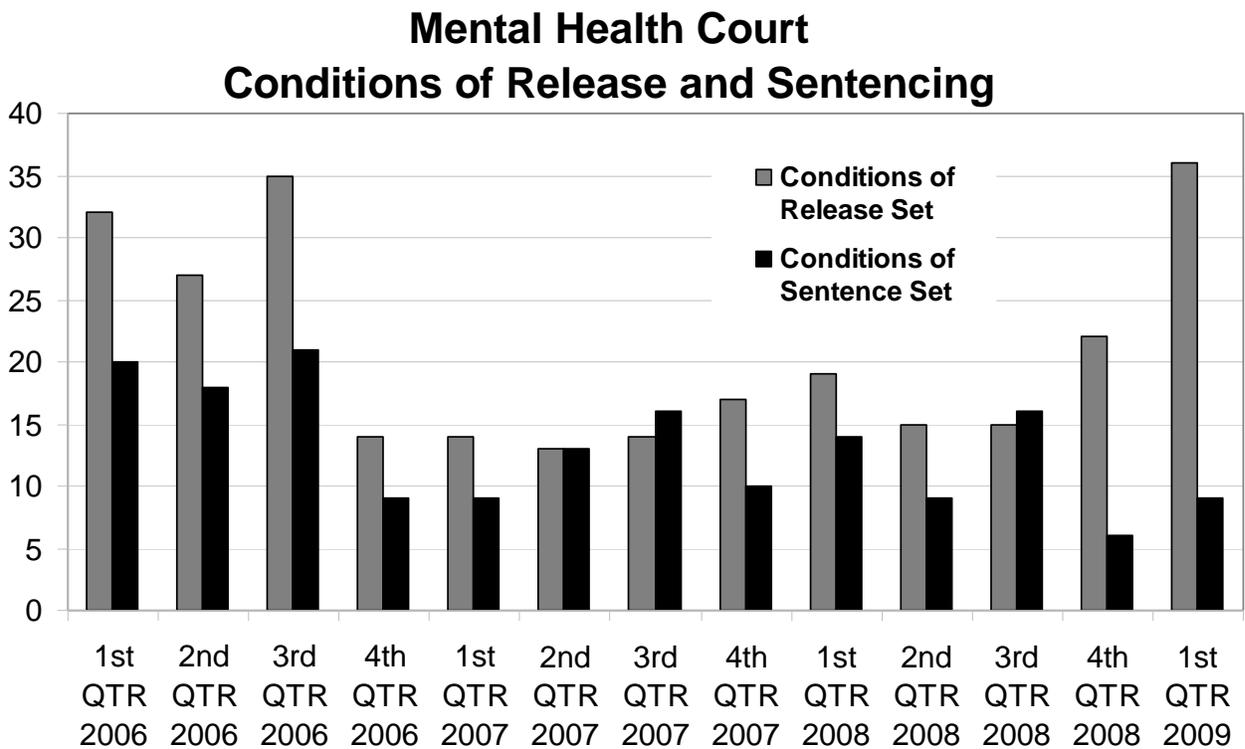


Figure 7

In some cases, defendants are granted conditions of release in order to “try out” Mental Health Court. Defendants receive connections to services and are required to keep in regular contact with the MHC Court Liaison. When a defendant formally “opts into” Mental Health Court, they receive conditions of sentence.

There are some additional services provided by MHC for cases that aren't assigned MH Conditions of Sentence (and referred to a MHC Probation Counselor). Some cases are assigned to non-MHC probation counselor, even though they are on the Mental Health Court calendar.

2007-2009 Mental Health Court Other Services

	Assigned to Non-MHC Probation (case event 261)	General MH Assistance (case event 223)	No MHC Obligations (case event 260)
1st Qtr 2007	1 defendant 1 case	4 defendants 5 cases	n/a
2nd Qtr 2007	10 defendants 10 cases	5 defendants 5 cases	n/a
3rd Qtr 2007	n/a	7 defendants 7 cases	n/a
4th Qtr 2007	n/a	6 defendants 9 cases	n/a
1st Qtr 2008	n/a	1 defendant 1 case	n/a
2nd Qtr 2008	n/a	4 defendants 7 cases	n/a
3rd Qtr 2008	n/a	10 defendants 10 cases	n/a
4th Qtr 2008	n/a	10 defendants 10 cases	n/a
1st Qtr 2009	2 defendants 2 cases	6 defendants 7 cases	n/a

Figure 8

General mental health assistance may be provided to more defendants than indicated by the data. MHC staff report (as of January, 2007) that case event code 223 is not used consistently, unless “general mental health assistance” is specifically stated for the record and the clerks are directly notified to use the code. The team has made an increased effort to note when this assistance is provided; the third quarter data shows this increase.

Measure 5: Mental Health Court Defendant Demographics

Mental Health Court serves defendants that are an average of 40 years old. Most defendants are men, and about 55% are White or Caucasian. Data from the third quarter of 2008 shows a MHC population that is a bit younger (average age 37), slightly more likely to be female than in the past, and more likely to identify as Black. Monitoring changes to demographic data on MHC clients will be important in order to determine if defendant needs change as well.

Mental Health Court Client Demographics
based on MCIS data for clients with 220 event code

	Qtr 1 09	Qtr 4 08	Qtr 3 08	Qtr 2 08	Qtr 1 08	Qtr 4 07	Qtr 3 07	Qtr 2 07	Qtr 1 07
Age									
18-29	29%	20%	32%	19%	28%	22%	26%	26%	20%
30-59	69%	75%	57%	74%	55%	72%	66%	70%	74%
60+	7%	4%	3%	6%	7%	7%	8%	4%	6%
Race/Ethnicity									
Black	35%	29%	42%	38%	34%	32%	35%	32%	36%
White	54%	55%	47%	50%	41%	57%	57%	55%	58%
Asian	8%	10%	7%	7%	8%	9%	8%	7%	5%
Native American	1%	3%	1%	3%	1%	1%	1%	0%	0%
Other	2%	4%	3%	2%	1%	1%	0%	5%	2%
Sex									
Male	78%	79%	74%	77%	78%	80%	72%	75%	75%
Female	22%	21%	26%	23%	22%	20%	28%	25%	25%

Figure 9

Mental Health Court defendants are charged with a range of violations. The most common charge is assault, followed by theft (including receipt of stolen property) and trespass (both first and second degree charges as well as violations in parks and the exclusion charge).

Top 5 Charges
(of all alleged charges in MHC)
1st Qtr 2009

Assault	26%
Criminal Trespass (1&2)	16%
Theft	15%
Harassment	7%
Civil Protection Order Violation	4%

Figure 10

The MHC Court Liaison compiles data regarding all the defendants served by that position. This is the only source for detailed information regarding the defendants referred to MHC (not just those who receive conditions of sentence).

Almost half of the MHC caseload includes defendants with co-occurring substance abuse and mental illness. Significant numbers of defendants also face homelessness.

MHC Court Liaison Client Demographics

	2009		2008		
	Qtr 1	Qtr 4	Qtr 3	Qtr 2	Qtr 1
	137	117	158	100	118
	defendants	defendants	defendants	defendants	defendants
Housing*					
Homeless	59%	64%	60%	59%	64%
Independent Housing	28%	26%	31%	30%	32%
Transitional Housing	3%	4%	4%	9%	3%
Adult Family Home	1%	1%	0%	2%	0%
Congregate Care Facility	0%	0%	0%	0%	1%
Supported Housing	9%	5%	4%	0%	1%
Other	1%	0%	1%	0%	0%
Primary Ethnicity					
White / Caucasian	50%	50%	46%	54%	44%
Black, African American	23%	28%	32%	27%	32%
African - Ethnic	6%	5%	4%	5%	5%
Chinese	1%	2%	2%	0%	0%
Filipino	0%	0%	1%	3%	2%
Korean	1%	2%	1%	2%	3%
Vietnamese	2%	1%	4%	2%	3%
American Indian or Alaska Native	8%	3%	3%	1%	1%
Asian Indian	0%	0%	0%	1%	1%
Laotian	0%	0%	0%	1%	1%
Other Pacific Islanders	2%	0%	0%	1%	1%
Some Other Race	5%	7%	7%	1%	1%
Not Reported / Unknown	1%	2%	1%	2%	1%
Sex					
Male	77%	82%	78%	75%	80%
Female	23%	18%	22%	25%	20%
Mental Health and Treatment					
Co-Occurring Disorder ^	50%	50%	51%	59%	58%
MH treatment agency known at entry	33%	33%	24%	24%	24%

* Housing status is recorded at referral to MHC.

^ Clients are considered to have a co-occurring substance abuse disorder if they have a chronic mental illness and history of alcohol or substance abuse issues

Figure 11

The Court Liaison records the reason for exit from her caseload and the table below shows the proportion of clients by exit reason as well as detailed information about exit reason for clients with specific challenges.

MHC Court Liaison Caseload					
Exit from Court Liaison Caseload Reason	2009			2008	
	Qtr 1	Qtr 4	Qtr 3	Qtr 2	Qtr 1
	137	117	158	100	118
	defendants	defendants	defendants	defendants	defendants
Opted Out	47%	44%	46%	51%	39%
Dismissed	48%	52%	40%	41%	32%
No action taken	2%	2%	3%	4%	2%
Other	0%	0%	0%	2%	20%
Referred to Probation (Opt In)	2%	2%	4%	2%	4%
Cases Still Open	1%	0%	7%	0%	3%

Exit Reason Detail					
			No action		
	Dismissed	Opted Out	taken	Opt In	Other
Qtr 1 2009 Homeless Clients	52%	42%	2%	2%	
Qtr 4 2008 Homeless Clients	60%	35%	3%	3%	
Qtr 3 2008 Homeless Clients	36%	49%	2%	5%	
Qtr 2 2008 Homeless Clients	42%	56%	2%		
Qtr 1 2008 Homeless Clients	45%	53%	1%		
Qtr 1 2009 COD Clients	43%	53%	1%	1%	2%
Qtr 4 2008 COD Clients	45%	50%	2%	2%	2%
Qtr 3 2008 COD Clients	46%	41%	1%	5%	1%
Qtr 2 2008 COD Clients	34%	59%	3%	2%	2%
Qtr 1 2008 COD Clients	43%	54%	1%	1%	
Qtr 1 '09 Clients NOT connected to MH agency	51%	45%	1%	2%	1%
Qtr 4 '08 Clients NOT connected to MH agency	59%	37%	1%	3%	
Qtr 3 '08 Clients NOT connected to MH agency	41%	50%	3%	2%	
Qtr 2 '08 Clients NOT connected to MH agency	45%	46%	5%	1%	3%
Qtr 1 '08 Clients NOT connected to MH agency	42%	54%	3%		

Figure 12

The table above shows that defendants that opt out of MHC may have significant service needs. About half of all homeless defendants opt out of MHC. Similarly, about half of MHC defendants with co-occurring mental health and substance abuse issues opt out.

Measure 6: Mental Health Court Compliance

Defendants that opt in to Mental Health Court are supervised by specialized Probation Counselors. In 2007, 97 defendants were removed from MHC Probation. In 2008, 145 defendants were removed from MHC Probation.

Figure 13 shows the proportion of defendants that completed probation supervision in several different categories. Over one-third complete their conditions without committing a new offense. About one quarter of defendants have probation revoked for technical reasons. Technical violations include failing to report for probation appointments, failing to attend treatment, or using drugs.

About one-fifth of MHC probationers commit a new offense while being supervised, although not all of those served jail time as a result.

MHC Probation Completions (including category 3 defendants)		
	2008	2007
Completed all conditions	37%	31%
Substantially Completed (No New Offense)	8%	14%
Revoked for Technical Reason	24%	25%
Revoked for New Offense	11%	16%
Substantially Completed with New Offense	5%	4%
Other	15%	9%

Figure 13