SEATTLE MUNICIPAL MENTAL HEALTH COURT EVALUATION

December 2013

LAW & POLICY ASSOCIATES

IN COLLABORATION WITH

FLT Consulting, Inc.

ACKNOWLEDGEMENTS

The LPA team interviewed and/or met with more than 40 professionals who provided their perspectives on the strengths and accomplishments of the Seattle Municipal Mental Health Court (MHC), as well as their views on the challenges to be overcome, and the most important indicators of success for the MHC and its participants. Interviewees and those we met with in person or by phone are listed below by name, affiliation and title. We also grateful to those MHC participants who volunteered to participate in a focus group in which they talked confidentially with us about their MHC experiences.

Seattle Municipal Court (SMC) Judges
Hon. Karen Donohue
Hon. Willie Gregory (Presiding Judge of the MHC when this evaluation began)
Hon. Judith Hightower
Hon. Kimi Kondo
Hon. Ed McKenna

SMC Staff
Bob White, SMC Chief Clerk
Mary Keefe, MHC Clerk Supervisor
Yolande Williams, SMC Court Administrator
Kwan Wong, SMC Finance Director
Nick Zajchowski, SMC Analyst
Suzie Burton, SMC Analyst
Alessandra Pollock, SMC Analyst (assigned to MHC when evaluation commenced)

Mental Health Court Team Members
Judy Ashley, Sound Mental Health, MHC Court Liaison
Andrea Chin, Assistant City Attorney
Steve Connolly, SMC Probation Counselor
Roopali Dhingra, Associated Counsel for the Accused Social Worker
Rob Fors, SMC Probation Counselor
Torrance Green, SMC Probation Counselor
Russell Kurth, Associated Counsel for the Accused, Defense Attorney
Kirsten Longaker, Associated Counsel for the Accused, Defense Attorney
Melody Overton, Associated Counsel for the Accused, Defense Attorney
Derek Lowe, Associated Counsel for the Accused, Social Work Intern
Sonya Oh, Sound Mental Health, MHC Court Liaison
Joni Wilson, SMC Probation Supervisor
Alternate Defense Attorneys for MHC:
Theresa Allman, The Defender Association
Josephine Wiggs Martin, Northwest Defenders Association

Providers of Treatment Services and Housing for MHC Defendants
Jennifer Alderman, Sound Mental Health Housing Voucher Program Supervisor
Kirstin Tachibana, Mental Health Boundary Spanner, FISH and FACT
Michael Volz, Community Psychiatric Clinic IMPACT Program

Seattle Police Department Crisis Intervention Team
Justin Dawson, Mental Health Practitioner
Scott Enright, Officer
Joe Fountain, Sergeant

Other Knowledgeable Individuals
Jesse Benet, King County Criminal Justice Initiative Program Manager
Hon. Mike Finkle, Regional Mental (King County) Health Court Presiding Judge
Dave Murphy, King County Criminal Justice Initiative Program Supervisor
Dr. Bob Powers, Supervisor, Forensic Competency Evaluation Program for Western State Hospital

Outcome Data Sources
The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), particularly Marla Hoffman, Rene Franzen, Laurie Sylla and Debra Srebnik, provided the LPA evaluation team with data on mental health contacts, jail bookings, and days spent in jail that enriched the outcomes analysis.

The Seattle Police Department (SPD) compiled data on contacts with police experienced by cohort members that was integrated by SMC analysts with the original cohort database (all who exited from the MHC during calendar year 2008) developed by Alessandra Pollock while she served as MHC analyst.

Law and Policy Associates (LPA) Team
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INTRODUCTORY SUMMARY: KEY FINDINGS AND RECOMMENDATIONS

Seattle Municipal Mental Health Court (MHC) began operations in March 1999 as the first municipal mental health court in the country and the fourth mental health court overall. Its goals have remained consistent throughout its 14 years of operation:

- Improving public safety
- Reducing jail use and interaction with the criminal justice system for persons with mental illness
- Connecting participating defendants with mental illness to mental health services and increasing their likelihood of success in treatment
- Improving participants' access to housing and linkages with other critical community supports
- Enhancing participants' quality of life

In late 2011, the Seattle Municipal Court selected Law & Policy Associates to evaluate the MHC's processes and outcomes. The central goals of this evaluation were to describe benefits the MHC provides for its participants and the larger community, and to identify ways that its processes can be strengthened and outcomes improved.

Descriptive Analysis of MHC Opt-ins

Between 1999 and 2011, 899 individuals voluntarily entered into Conditions of Sentencing to participate in the regular MHC program. Of these 899 individuals, 53 (six percent) exited the program because of legal or personal reasons such as competency issues, case closures, or death. Of the remaining 846, 52% of them completed the program successfully; the remaining 48% had their probation revoked or stricken.

Across these 12 years, successful completers spent an average of 23 months in the program. During MHC's first years of operation the average time successful participants spent in the program was over two years. Since then the average stay has trended gradually downward as the MHC team has gained experience and increased confidence in recommending early termination for exceptionally successful participants. During this time period, the vast majority of individuals opting into MHC were males (86%), and 43% were African American. In contrast, 8% of Seattle's general population, and 38% of the King County Jail inmate population, is African American. The median age of participants at entry to the MHC was 54 (for definition of median, see footnote 12).

Outcomes Analysis for MHC Opt-ins

Using data on a cohort of all individuals who exited successfully or unsuccessfully from the MHC in 2008 (53 cases), the MHC team asked that evaluators determine whether:

- There were any factors correlated with successful completion of MHC

- There were differences in longer-term behavioral outcomes between completers and non-completers that may be associated with any length of participation in (including successful completion of) the MHC program.

Quality of life and behavioral outcome data available for analysis were:

- Number of mental health service contacts, both crisis and non-crisis, funded by King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD).
- Number of jail bookings into the King County Jail system.
- Number of days in the King County Jail system.
- Number of contacts with Seattle Police (includes both arrest and other types of contact, provided by Seattle Police Department).
- Recidivism rates for all charges statewide.

Highlights of our findings for opt-ins who exited the MHC in 2008 include:

- Sixty-two percent exited successfully, completing all or most requirements.
- Successful exits stayed in the MHC an average of 2.3 years, while non-completers stayed an average of 1.2 years.
- Race and gender showed a statistically significant association with successful completion; proportionately more completers than non-completers were white and female.
- During participation in MHC, both completers and non-completers utilized county-funded non-crisis mental health services more frequently than during the two years prior to their entry and the two years after their exit.
- Those who had received any county-funded crisis mental health service before entering the MHC were significantly less likely to successfully complete the program.
- Successful MHC completers had very low rates of use of county-funded crisis and non-crisis mental health services after their exit from MHC.
- Those who successfully completed the MHC program were much less likely than their unsuccessful counterparts to have been booked into the King County Jail during the two years after their exit from MHC.
- For both successful and unsuccessful MHC participants, their rates of jail bookings declined after exit from MHC from levels experienced prior to entering the program; this suggests that participation in MHC helps to reduce this type of criminal recidivism regardless of whether individuals are able to complete all its requirements.
- Jail cost offsets achieved through reducing the number of bookings and jail days experienced by those who successfully completed MHC during the two years after their exit is estimated at a minimum of over $30,000.
- The proportion of successful MHC graduates experiencing contacts with Seattle Police declined from 82% before program entry to 42% after exit.
- For participants who exited successfully, the median annual number of statewide criminal charges declined significantly from pre- to post-program.

Outcomes Analysis for Mental Health Diagnosis & Treatment (MHDT) Participants

Any Seattle Municipal Court Judge can place convicted offenders in MHDT status, which requires that they be assessed for mental health issues and receive treatment if indicated. Defendants are supervised by specialized mental health probation counselors, but do not participate in the full MHC program. Evaluators conducted an analysis of outcome data on for those exiting MHDT status in 2008 that parallels the one completed for the regular MHC exit cohort. Some of the key findings (see Appendix A for details) include:

- Slightly over half of those placed in MHDT status completed all requirements and exited supervision successfully.
- Those who successfully completed MHDT requirements spent nearly twice as long prior to exiting (2.3 years) than did those who failed to complete requirements (1.2 years).
- Among MHDT completers, blacks were somewhat underrepresented (30%) in comparison to their proportion of those entering MHDT status (36%).
- For both completers and non-completers, the proportion receiving any MHCADSD-funded services increased while they were under MHDT supervision.
- Participants receiving any (at least one) county-funded crisis service prior to entry into MHDT status were significantly less likely to complete all conditions ($p<.02$).
- Only 27 percent of MHDT completers had one or more jail booking during the two years after the program, compared to 89 percent for MHDT non-completers.
- For MHDT completers, the median annual number of jail bookings per person declined significantly after participation compared to before MHDT probation supervision.
- Both completers and non-completers experienced a lower total number of jail bookings in the two years after exit compared to two years prior to MHDT participation.
- Both completers and non-completers also had lower median annual jail days after MHDT probation than before this experience. This suggests that spending any time under MHDT supervision has a positive impact on participants' behavior.
- Jail cost offsets achieved through reducing the number of bookings and jail days experienced by MHDT participants (successful and unsuccessful) during the two years after their exit is estimated to total, at a minimum, $237,000. The fiscal impact of reducing jail bookings and the number of jail days is greater for MHDT participants than for MHC participants, since many in MHDT status were booked

into jail much more frequently than were MHC defendants prior to entry into supervision.

- Both MHDT probation completers and non-completers showed a decline in the proportion experiencing any SPD contact while they were under supervision.
- A smaller proportion of MHDT participants, whether successful or unsuccessful, experienced any Washington State criminal charges following their participation in MHDT. This is another indication that suggests MHDT supervision has lasting positive effects on recidivism, regardless of whether individuals are able to complete all requirements.

Process Evaluation and Evaluability Findings and Recommendations

To learn about and assess the processes and policies of the MHC, the LPA team observed a typical MHC court session, interviewed over 40 stakeholders, and conducted a focus group with selected current MHC participants. The LPA team also explored the availability and quality of data necessary to conduct a comprehensive MHC outcomes evaluation, and found that a number of evaluation questions of interest to the MHC team could not be answered because of the lack or inaccessibility of essential data (see page 58 for summary). Process evaluation findings and observations for the Seattle MHC are presented in the body of this report using the Council for State Government's ten essential elements of mental health court design and implementation as a framework for discussion. The LPA team made several recommendations for changes in structure, policies, and processes of the MHC, including:

- Establish an advisory group to monitor MHC adherence to its mission, to better coordinate with partner agencies, to facilitate professional training opportunities, to suggest changes in MHC policies and practices as needed, and to sustain MHC's performance monitoring and evaluation capabilities.
- Enhance the transparency and accountability of MHC eligibility criteria and decision-making by using objective risk and need screening tools.
- Advocate for more resources and longer statutorily-permissible time frames for competency assessment and restoration (see page 19 for discussion of current limitations).
- Consider developing an informed consent process for MHC participants to agree to evaluators' access to specified diagnostic and treatment information for evaluation purposes.
- Establish a MHC evaluation committee that will develop a performance monitoring plan and timeline and coordinate changes in processes and practices

that will assist evaluators in providing comprehensive and useful outcome assessments.

- Ensure that all MHC team members are able and willing to commit to fully utilizing an electronic MHC database that will serve not only day-to-day case management needs but also meet the requirements of ongoing performance monitoring and periodic evaluation initiatives.

Implementing these recommendations will help the MHC continue to enhance its positive impacts on its participants documented in this evaluation, community partners, and the public.

BACKGROUND

Seattle Municipal Mental Health Court (MHC) began operations in March 1999 as the first municipal mental health court in the country and the fourth mental health court of any type. Its goals have remained consistent throughout its 14 years of operation:

- Improving public safety
- Reducing jail use and interaction with the criminal justice system for persons with mental illness
- Connecting participating defendants with mental illness to mental health services and increasing their likelihood of success in treatment
- Improving participants' access to housing and linkages with other critical community supports
- Enhancing participants' quality of life

The MHC team, comprised of the judge, defense and prosecuting attorneys, probation counselors, and mental health clinicians, work cooperatively to improve the lives of clients and to enhance public safety.

Target Population

All participants in Seattle Municipal MHC have been charged with misdemeanors. Defendants are eligible for Mental Health Court if they have been diagnosed with an Axis I disorder, which includes major depression with psychotic features, bipolar disorder, and schizophrenia that is directly related or contributed to their alleged criminal behavior. Individuals diagnosed with PTSD, autism spectrum disorder or developmental disabilities may also be considered for acceptance into MHC. Mental Health Court is a voluntary program that defendants must be willing and competent to undertake.

Other MHC Responsibilities

Mental Health Court processes all competency evaluation hearings for Seattle Municipal Court (SMC). Over time, the number of mentally ill persons charged with a municipal crime whose competency to stand trial is in question has increased. By drawing on the expertise of the Mental Health Court team, the efficiency of the competency restoration process is enhanced. This reduces unnecessary time that mentally ill persons might

otherwise have spent in jail awaiting competency determination and/or trial. It also generates substantial cost offsets for King County and the City of Seattle due to reduced jail days (and jail mental health services) used.[1] Assessing the outcomes and impacts of the competency determination and restoration process was beyond the scope of this evaluation. Because it is so central to the work of the SMC and especially the MHC, the Court may wish to commission an external evaluation to examine its processes and document its benefits.

Overview of MHC Organization and Processes

Staffing and Workload

Mental Health Court staffing includes dedicated judicial, court, probation, defense and prosecutorial staff. In addition, the Court utilizes two Court Liaisons and a Defense Social Worker. These individuals provide assessments, case planning, and assistance connecting defendants to services. The table below summarizes the full-time-equivalent (FTE) staff devoted to each position type:[2]

Position	FTE
Judge	0.5
Bailiff	0.5
Court Clerk	1.0
Probation Counselors	3.0
Probation Supervisor	0.5
Defense Attorneys	2.0
Defense Social Worker	1.0
Prosecuting Attorney	1.0
Prosecuting Attorney Supervisor	0.5
Court Liaisons	2.0
All positions	12.0

The City of Seattle and King County Mental Health and Chemical Dependency Services Division (MHCADSD) together provide funding for these staff positions.

The MHC holds hearings every afternoon Monday through Thursday, and often on Fridays. During 2011, the average daily number of hearings held by the court varied

[1] Cost offsets are costs for which funds have been appropriated but will not be obligated due to the operation of alternative programs or practices.
[2] MHC staffing data from 2012 Spring Judicial Retreat Briefing paper prepared by Seattle Municipal Court Program and Policy Analyst, Alessandra Pollock

from 6.2 on Fridays to 22.7 on Thursdays. The MHC conducts arraignments for defendants referred to the Court, as well as pretrial, sentencing and review hearings for MHC participants. In addition, the MHC conducts all competency hearings for the SMC. From 2009 to 2010, the monthly average number of defendants ordered to undergo competency evaluations by municipal court judges increased slightly, from 26 to 30.

Processes and Practices

Subsequent to a criminal case filing, referrals to Mental Health Court come most frequently from defense attorneys, but also are made by other SMC judges, jail screeners and arresting officers, probation counselors and family members. Defendants who have previously participated in MHC (whose cases are flagged) are automatically scheduled for their initial hearings in MHC. Referrals are submitted to the Court Liaisons, two clinically trained mental health workers employed by Sound Mental Health. They assess defendants and make recommendations to the MHC team regarding defendants' eligibility for MHC. One Court Liaison is present in the jail courtroom during arraignments so the referral process for in-custody defendants can begin as soon as possible. If the Court Liaison, prosecuting attorney, defense attorney, and defendant agree that the defendant is eligible for and interested in MHC, the case is scheduled for a hearing in the MHC.

When defendants first come to a MHC hearing, defense attorneys and the Court Liaisons discuss with them the structure and benefits of MHC as well as their prior history, diagnoses and other legal options. If a defendant appears appropriate for MHC participation (criteria for this assessment are for the most part unwritten) and wants to work with the MHC, his/her case is continued so that a Court Liaison can develop a treatment plan. This plan includes housing, mental health and chemical dependency evaluations and/or treatment, as appropriate. These plans also require ongoing contact with the Court Liaison while the defendant is on COR status (see below).

Once housing and treatment is arranged, a defendant goes on "Conditions of Release" (COR), or pretrial conditions, that allow the defendant to experience what it is like to be under probation supervision in the MHC. This COR period also provides the team with knowledge of the defendant's capacity and willingness to comply with MHC conditions. Some MHC team members report that defendants who have dual diagnoses are frequently required to obtain chemical dependency treatment while under COR. For those required to enter inpatient treatment, long waiting lists may mean delays in obtaining housing vouchers and entry into MHC under sentencing conditions. The length of time that defendants spend on COR status varies from a few weeks to several

months, and criteria for success are highly individualized and largely unwritten. If a defendant struggles to comply with COR, then it is presumed by the MHC team that he/she would have difficulty completing MHC requirements. In contrast, if a person does well on COR, the prosecutor may be willing to make a more favorable offer on disposition in MHC (e.g., diversion with the opportunity to have charges dismissed if successful in MHC). Reportedly, the goal is to have a treatment plan with which the defendant has a reasonable chance of complying before he/she is invited to opt into the MHC.

Once a defendant is ready to opt into MHC by accepting the prosecutor's case resolution offer and associated Conditions of Sentence (COS)[3]/MHC probation, the defense attorney reviews with the client his/her options and discusses them with the probation counselor. Prosecutorial offers for case resolution differ based on the severity of the current charge, defendants' criminal history, and other factors. The options include:

- dispositional continuance with the possibility of having charges dismissed if the participant successfully meets MHC requirements;
- requiring a guilty plea but offering the opportunity for dismissal upon successful completion (deferred sentence); or,
- requiring a guilty plea that will remain on the individual's criminal record regardless of their success in MHC (suspended sentence).

City prosecutors indicate that they lean heavily toward recommending dispositional continuances for all property crime charges (e.g., theft, criminal trespass) and sometimes for crimes against persons charges. Criteria used to determine whether to require a plea include the severity of the charge, impacts on victims and the community, and the defendant's prior criminal history. At the time of this evaluation, many MHC team members reported to these evaluators that most MHC participants were required to plead guilty as a condition of their acceptance into the program, and many are not offered the opportunity for dismissal.

MHC defendants agree to comply with treatment and probation requirements and to abstain from alcohol and non-prescribed drugs for up to two years. MHC Court Liaisons link defendants to necessary housing and treatment services. MHC requires a long period of supervision to provide defendants with sufficient time to develop healthy habits and community connections to support continued recovery and reduce their risk of recidivism. Defendants are scheduled for regular review hearings to monitor their

[3] "Conditions of Sentence" is a term used for all individuals under supervision by the MHC, even cases where there is no formal finding or sentence.

progress, provide positive feedback and impose sanctions for noncompliance with conditions. The MHC employs a recovery-oriented philosophy, recognizing that defendants may relapse during their recovery process and tempering sanctions for noncompliance accordingly. Typical sanctions imposed include increased frequency of court review, community service, work crew, and judicial "reprimands."

After a person is sentenced to MHC, they are expected to initially appear in court monthly. If the client complies with conditions of supervision, the interval between scheduled appearances at MHC lengthens. Attendance at hearings reinforces ties to the court, and allows defendants to witness others making progress (including 'graduations') and receiving sanctions for non-compliance. Clients are also required to meet with their probation counselor regularly, which for many clients means weekly and for a few, daily for at least some period of time. Some clients may need to check in regularly for medication monitoring. There are no formally defined phases through which all clients progress toward successful completion; every client's progress is assessed individually. Probation counselors monitor treatment attendance and housing stability, and administer random UAs and breath tests to monitor proscribed substance use as needed.

Some MHC defendants who opt out of or are not accepted into COS, along with other Municipal Court defendants assessed as having mental health treatment needs, may be ordered by any of the SMC Judges to participate in mental health treatment as a condition of their probation supervision. These defendants are supervised by MHC Probation Counselors, though they are not afforded the same level of intensive services provided to defendants that opt into the program. Differences between Mental Health Diagnosis & Treatment status (MHDT) defendants and MHC participants are summarized in the table below.

Probation Features	**MHC**	**MHDT**
Probation Counselors with mental health expertise	X	X
Hearings held in MHC	X	Either MHC or other SMC courts
MH treatment required	X	X
Defendants required to abstain from alcohol & drugs, regular UAs	X	Possibly if court ordered
Regular court reviews	X	
Dedicated housing & treatment services	X	

EVALUATION SCOPE AND METHODOLOGY

In late 2011, the Seattle Municipal Court selected an external evaluation team to examine the Mental Health Court's processes and outcomes. Goals of this evaluation were to:

- Examine the processes and policies the MHC has implemented to understand their impacts on the court's outcomes,
- Document behavioral impacts important to clients' quality of life as well as to reducing recidivism during and after their participation in the MHC, and
- Determine the ways in which characteristics of successful participants differ from those of participants who do not complete the program.

Overall, the goal of this evaluation is to describe the benefits the MHC provides for individual participants and the larger community, and to identify ways that its processes can be strengthened and outcomes improved.

In the remainder of this report, the methods used to conduct both process and outcome evaluations are described, and the results are detailed. Challenges that blocked the collection of some desired outcome data are noted.

Key sections of the evaluation report are:

- Process evaluation methods, observations and possible strategies for improvement
- Descriptive analysis of all those who entered the MHC during its first 12 years of operation, from 1999 through 2010
- Outcome evaluation methods and results for the cohort of individuals who exited the program in 2008 (outcomes for those exiting MHDT status in 2008 are separately reported in Appendix A).

The report concludes with a summary and recommendations for improved performance monitoring and evaluation in the future.

PROCESS EVALUATION FINDINGS AND RESULTS

Methods

The evaluation team employed a variety of methods to learn about and assess the processes and policies of the MHC, including:

- Observing a typical MHC court session
- Interviewing key decision-makers and staff, and
- Conducting a focus group with selected currently successful MHC participants.

More than 40 individuals (see Acknowledgments) were interviewed by evaluators, representing the judiciary (including the MHC judge for 2012), other court staff, court liaisons, defense attorneys, the city attorney's office, probation counselors, and the Seattle Police Department's Crisis Intervention Team (CIT). Representatives of several mental health treatment and housing service agencies utilized by MHC clients were also interviewed. Interviewees were asked to describe their role in or connection to the MHC, to outline the strengths and accomplishments of the MHC, and to indicate the ways that they feel the MHC is currently not measuring up to its goals or their expectations. Interviewees also were asked to share their perspectives on the most important indicators of progress or success for MHC clients and to the MHC as an organization. Finally, interviewees were asked for their recommendations and strategies for enhancing the efficiency and effectiveness of the MHC.

Evaluators conducted a focus group with a small group of currently successful MHC participants to obtain their perspectives on the MHC. They were asked to share what motivated them to enter the MHC, to describe ways their life has changed for the better since they opted into the program, and to indicate any challenges they have faced while participating in the MHC. They also were asked to suggest changes to the MHC's processes or services that could improve participants' chances of successfully completing the program.

After completing court observations, interviews and the client focus group, evaluators presented their preliminary process observations to the MHC team and SMC judges and received feedback which has been incorporated in the observations summarized below.

As part of the process of negotiating access to outcome data, evaluators met with King County MHCADSD staff to learn about the types of data they maintain for their clients on their receipt of publicly-funded mental health and housing services. We also

engaged in extensive and protracted correspondence with the Washington State Department of Social and Health Services (DSHS) to determine whether we could gain access to data on MHC clients' receipt of state-funded substance abuse/chemical dependency treatment services. In the end, we were unable to access this information. Contacts with these two agencies provided some insights into the processes used to compile evaluation-relevant data for MHC clients, and into barriers that impede collection of outcome data. These challenges are further noted in the process and outcome evaluation sections and later in the evaluability recommendations.

Process Evaluation Observations

In 2008, the Council for State Governments (CSG) published a report (with support from the Bureau of Justice Assistance, US Department of Justice) describing the ten essential design and implementation elements of mental health court design.[4] These elements, quoted below, represent the emerging consensus of policymakers and practitioners across the nation regarding the characteristics of an optimal mental health court. Process evaluation findings and observations for the Seattle MHC are presented below using these ten elements as a framework for discussion. The summary description of each key element from the 2008 report is provided in italics. This is followed by a discussion of relevant Seattle MHC characteristics derived from evaluator observations and input from interviewees and focus group participants.

1. **Planning and Administration:** *A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of the court.*

MHC founders were a diverse group of stakeholders from the justice and mental health/chemical dependency treatment systems who came together to establish the goals, policies and processes that have guided the MHC for the past 14 years. Since inception, the mental health court team has focused primarily on day-to-day court operations rather than on long-range planning and policy development.

The Council of State Governments' (CSG) document (referenced below) recommends that mental health courts have an ongoing "advisory group" comprised of policymakers and practitioners representing criminal justice, mental health, substance abuse treatment, and other social service systems. This advisory group would complement

[4] Improving Responses to People with Mental Illnesses: *The Essential Elements of a Mental Health Court.* https://www.bja.gov/Publications/MHC_Essential_Elements.pdf

and support the mental health court team that does the court's work on a daily basis. The advisory group should monitor the court's adherence to its mission, help it to coordinate with relevant activities across the criminal justice and mental health systems, and "be the public face of the mental health court in advocating for its support." The advisory group may also be empowered to suggest revisions to court policies and procedures when appropriate and to facilitate ongoing training and education opportunities for mental health court professionals and their colleagues in the community. The judiciary should take a leadership role on this advisory group.

If the MHC were to develop such an advisory group, the court would be strengthened in its capacity to offer professional development opportunities to MHC team members and to advocate for resources essential to sustain and improve MHC operations. The LPA evaluation team also recommends that the court establish a "committee on evaluation" (as discussed in the evaluability section, p.56-59 below). This committee could work with the advisory group to enhance the MHC's capacity to monitor performance and conduct periodic evaluations.

2. **Target Population:** *Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.*

Most of those interviewed for this evaluation are confident that the MHC's definition of its target population balances advocacy for defendants' best interests with public safety goals. Determination of eligibility for the MHC is highly individualized, and rests almost exclusively with the Court Liaisons, who screen all defendants referred to the MHC, and who supervise all who are placed on COR. A number of interviewees felt that the criteria used by court liaisons to make both COR and opt-in recommendations should be more transparent (written) and objective (i.e., using evidence-based indicators of risk of recidivism and need for and amenability to treatment). Some interviewees expressed concern that since the reasons for court liaisons' decisions regarding COR and opt-ins are not recorded (excepting perhaps in their personal files), it is very difficult to track overall patterns of decision-making and to compare the characteristics of those who are accepted into COS versus those who are not accepted or opt out. Objective standards could be useful as part of performance monitoring analyses, would provide a framework to ask questions about and make improvements to decision criteria, and provide a metric for use in "appealing" decisions to deny entry into MHC.

The LPA team concurs with these concerns, and suggests that the MHC should initiate an open dialogue on the best methods to ensure accountability, transparency and fairness in eligibility determinations by the MHC liaisons. Using objective screening tools and transparent eligibility policies need not conflict with the goals of individualizing treatment plans for MHC participants while protecting the privacy of medical records.

A few interviewees are concerned that some individuals with dual diagnoses, who arguably are most in need of intensive MHC services, are being unnecessarily excluded due to eligibility criteria currently in use. In order to ensure that the MHC is making optimal use of public resources, many interviewees and the LPA team believe it is essential for the MHC to serve not only defendants most likely to succeed under its supervision but also those who are most in need of its services. Finding the balance between these goals will continue to be a challenge.

3. **Timely Participant Identification and Linkage to Services:** *Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.*

Most interviewees agreed that the MHC is doing a reasonable job of reviewing referrals, moving them promptly out of jail custody as appropriate, and quickly linking them to service providers through the COR process. However, if an inpatient competency assessment is ordered, there are long delays due to limited state mental health forensic facility capacity and psychologist availability. Competency evaluations can take up to six months to complete, and those defendants awaiting evaluation may return to MHC numerous times. In addition, statutes require that if a person charged with a misdemeanor is found not competent, they can only be placed for restoration for between 14 to 29 days. If an individual cannot be restored to competency in this very short time period, they are not able to participate in the MHC. Although the MHC cannot by itself increase the level of resources devoted to competency determinations, or change statutes that limit permissible time frames, the court or its advisory board could advocate for such changes.

4. **Terms of Participation:** *Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.*

This essential element includes the Council of State Governments recommendation that "the length of mental health court participation should not extend beyond the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process." Seattle MHC participants are charged with gross misdemeanors or misdemeanors that carry maximum penalties of up to 364 days of incarceration.[5] In contrast, MHC defendants are expected to remain under the court's supervision for up to two years, and in fact, the average length of stay for all MHC graduates (successful completers) from 1999 – 2011 was 23 months (just under two years). This two-year stay in MHC is twice the maximum sentence to incarceration allowed if participants were found guilty and sentenced in another court, (which is inconsistent with the CSG's recommendation). However, if successful MHC completion enables defendants to avoid future incarcerations (which could add up to many additional years in jail over a lifetime), Seattle's presumptive two-year term under MHC supervision can easily be justified. Results of this evaluation in fact show that completing MHC requirements is correlated with reductions in arrests, jail bookings and days spent in jail. In recognition of the challenges inherent in stabilizing defendants with long histories of mental illness and criminal justice system involvement, many mental health courts in other jurisdictions also provide for extended periods of supervision of 18 months to two years.

Many of these courts also consider successful defendants (defined as those who complied with conditions consistently for a prescribed length of time) for early termination. The LPA team recommends that the MHC develop and implement a written policy allowing those who are exceptionally successful under MHC supervision and who demonstrate readiness for transition to community-based (non-justice-system) supports and services to graduate before the presumptive 24-month program duration. This policy should provide a clear definition of "exceptionally successful" and of "readiness", perhaps linked to a phased system of incentives for progress through the court that is recommended for implementation (see key element 8 below). The possibility of early termination can provide a strong incentive for participants to comply with program conditions.

[5] In Washington, misdemeanors are categorized as either simple misdemeanors or gross misdemeanors. The primary difference between the two is the maximum punishment a judge could impose: for misdemeanors, up to 90 days in jail, and for gross misdemeanors up to 364 days in jail.

Other types of "positive legal outcomes" that could be offered include vacated pleas and waiver of fines and fees, which is already routinely done for indigent defendants. For those who are permitted to enter pre-disposition, a significant reduction or dismissal of charges can be considered. Some interviewees feel strongly that every defendant who opts into MHC should have the opportunity for dismissal of charges if they are successful in meeting all MHC requirements. Prosecutors are not in agreement because of their concerns about ways that the severity of charges and victim and community impacts can affect perceived fairness of sanctions within and outside of the MHC. The LPA team suggests that it is time for the MHC team to reconsider and perhaps revise its use of incentives to promote positive behavior by participants (see element 9, page 25).

All MHC participants are expected to participate in mental health treatment, to abstain from alcohol and non-prescribed drug use, and to comply with any other requirements of their individualized treatment plan (e.g., maintaining stable housing, participating in chemical dependency treatment). Treatment plans are written and kept in paper files, so none of the key requirements are recorded in the MHC's electronic database. This makes it impossible to examine the patterns of requirements imposed on MHC participants. Some interviewees are concerned that MHC participants can have too many requirements imposed on them simultaneously, which may set them up to fail. On the other hand, many assert that only the conditions essential to defendants' long-term success are imposed.

The LPA team was unable to examine the relationship of type and number of conditions to success on MHC supervision. As long as information about conditions is not systematically entered into the electronic court records system, these questions will likely remain unanswered.

5. **Informed Choice:** *Defendants fully understand the program's requirements before agreeing to participate in a mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.*

Defendants referred to the MHC are represented by experienced defense attorneys who inform and advocate for them. Interviewees agreed that the MHC is committed to problem-solving and to collaborative advocacy that protects defendants' rights and helps them to succeed while also protecting the community. Many said that the MHC

practices a good combination of harm reduction for the public and MHC participants while improving participants' quality of life. Defendants are informed of program requirements by their attorneys and the Court Liaisons at the time they agree to COR and when they opt into the MHC under COS, and defense attorneys continue to be involved as defendants progress through the MHC program.

As one of the first mental health courts in the country, the Seattle MHC helped to focus attention on the importance of competency determinations both as a part of initial eligibility determinations, and whenever a defendant's capability to engage in treatment is in doubt. One of its founders helped to develop the National Judicial College's best practices guidelines for determining competency to participate in mental health court programs.[6] Unfortunately, limited competency evaluation resources (facility space and psychologist time for assessments) along with statutory constraints on the length of time allowed for restoration if it is deemed necessary, mean that in practice, MHC participants may wait for extended periods to be assessed not competent only to receive services that may well not be successful in restoring them to competency because insufficient time is allotted to achieving this goal.

6. **Treatment Supports and Services:** *Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use—and increase the availability of—treatment and services that are evidence-based.*

The array of evidence-based mental health and housing services available to MHC participants would likely be envied by many of the court's counterparts in other cities and counties. Although there have been recession-driven cutbacks in federal and local funding, the state of Washington and King County share a commitment to providing necessary supports for MHC participants. At the time of evaluators' interviews, it was reported that safe and supportive housing is provided for all MHC referrals requiring it, and that mental health treatment is available to all who are referred to MHC. On the other hand, resource limitations negatively affect access to competency determination, restoration to competency, and inpatient and outpatient chemical dependency programs. This resource scarcity may limit opportunities for some MHC clients to succeed.

[6] See www.mentalcompetency.org

It is likely that a large proportion of those referred to MHC have co-occurring substance abuse/chemical dependency disorders. Evaluators did not have access either to diagnostic information or to chemical dependency treatment information that could confirm this assumption. As noted in the Council of State Government's report on the ten essential elements of mental health courts, "the most effective programs provide coordinated treatment for both mental illnesses and substance abuse problems. Thus, mental health courts should connect participants with co-occurring disorders to integrated treatment whenever possible and advocate for the expanded availability of integrated treatment and other evidence-based practices."

Some interviewees are concerned that Seattle's MHC eligibility screening process requires that mental illness be the predominant issue faced by a potential participant, and that chemical dependency issues must be addressed before an individual is invited to opt into MHC (rather than in conjunction with their mental health issues). If this is a common practice, it would not be consistent with an emphasis on coordinated treatment. The MHC should review its screening and other program policies affecting the program eligibility of dually diagnosable defendants.

7. **Confidentiality:** *Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.*[7]

The evaluators commend the MHC's commitment to protecting confidentiality of clients regarding their mental health and substance abuse diagnoses and treatments. However, this commitment to protect individuals' confidentiality should be balanced with the interests of the MHC and its funders in conducting meaningful performance monitoring and evaluation.

This evaluation team was unable to obtain data relevant to the mental health status (i.e., diagnoses) of those referred to the MHC, even though such information could be helpful in documenting whether individuals' diagnoses are correlated with their success

[7] In a recent case, WA v. Chen, the Washington Supreme Court concluded that once a competency evaluation becomes court record, it becomes subject to the constitutional presumption of openness, which could be rebutted only when the trial court makes a specific finding that "Ishikawa" factors weigh in favor of sealing.

in the MHC. Further, evaluators could access only limited information on the frequency with which MHC participants utilized mental health services prior to, during and after MHC involvement, because King County's MHCADSD tracks only contacts with services funded through MHCADSD. The WA State DSHS was unwilling to provide the evaluators with data about the frequency of chemical dependency treatment contacts for the 2008 MHC exit sample (see outcome and evaluability sections later in this report) without both an extensive review of the evaluation design by the Washington State Institutional Review Board (WSIRB) and a commitment by LPA evaluators to obtain training in HIPAA Privacy Rules that was beyond the resources and timetable of this evaluation process.

While it is definitely important to protect individual participants' confidentiality, it is also vital to provide evaluators, both internal and external to the MHC, with access to information that will enable them to assess the MHC's effectiveness in achieving its goals. This includes information about participants' diagnoses as well as their utilization of mental health and chemical dependency treatment resources over time. The MHC should consider developing a release form for participants that would permit designated researchers to access such data for program evaluation purposes only. The former Program and Policy Analyst for the SMC developed such a release, but it is not clear whether it is routinely used. The release need not constitute "blanket" permission, but can be tailored to specify which types of information can be shared under what circumstances (see evaluability section, p. 57-60).

Information about housing status at entry to COR and COS statuses, at exit from MHC, and the stability of housing after participants leave MHC proved impossible for evaluators to obtain, even though housing information is not HIPAA-protected. However, the only electronic records of housing status for MHC participants are kept by MHCADSD, which indicated that its system does not maintain reliable records of changes in housing status over time. And, MHCADSD is unable to provide information for individuals residing in housing not funded through the agency. Although it would be possible for the MHC Court Liaisons and Probation Counselors to record housing status at referral and throughout MHC participation in the electronic MHC database, this had not been done for the cases in our evaluation database. The MHC team should develop effective and efficient approaches for routinely recording evaluation-relevant data. The dates that housing status changes and the type of housing participants move to should be logged in the electronic records of individual MHC participants. Future evaluators will be better able to provide a richer analysis of factors related to individuals' success under MHC supervision when they are more clearly and reliably documented.

8. **Court Team:** *A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.*

Nearly all interviewees cited the strong collaborative working relationships among MHC team members as one of its greatest strengths. Connecting clients with services and supports that reduce recidivism and promote quality of life was often cited as one of the most important MHC accomplishments. Many MHC team members have years of experience working with persons with mental illness. They are committed to helping MHC participants succeed under court supervision and to connect with community and family supports that can help them be successful over the long run.

Due to budget limitations, many MHC team members have not had the opportunity in recent years to attend relevant regional or national training sessions. As a result, team members have not been able to share their experiences with the Seattle MHC or to learn more about the operations of other mental health courts and allied service programs. Expanding training opportunities will be particularly important as long-time MHC team members are replaced with new team members. Ideally, every team member should go through a period of training and orientation before engaging fully with the court.

MHC team members have actively participated as interviewees and reviewers in this evaluation process, and their input has been invaluable. They will provide the core momentum for making positive changes in court processes and policies that can improve its outcomes for MHC participants. Developing an advisory group as discussed in the planning and administration key element 1 can provide a structure for ensuring that the MHC continues to improve the quality and impacts of its efforts.

9. **Monitoring Adherence to Court Requirements:** *Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.*

The MHC team individualizes its responses to participants' successes and setbacks, and understands that relapse is a normal part of the recovery process. The MHC team

meets every weekday afternoon to share information and determine optimal responses to individuals' positive and negative behaviors.

The MHC has no defined phases of supervision once participants enter into COS (e.g., stages that specify expected frequencies of court appearances, contact with probation counselors, 12-step meetings and clean UAs) through which MHC participants may progress. This limits opportunities for public recognition of client's successes in meeting phase requirements, and also restricts options available for sanctioning noncompliance (e.g., by "demoting" a client to an earlier phase). "Systematic incentives that track the participants' progress through distinct phases of the court program" are cited as "critical" to mental health courts' monitoring of adherence to court requirements. The LPA team recommends that the MHC team consider implementing such a phase system, both to enhance its incentive and sanctioning system and to help participants understand more clearly the program's expectations and their progress toward meeting them.

Some interviewees indicated that the MHC needs to develop a more systematic practice of providing incentives for positive behavior, beyond judicial and MHC team praise. The CSG report notes that "incentives for sustained adherence to court conditions, or for situations in which the participant exceeds the expectation of the court team, are particularly important." As in other mental health courts, these incentives could include coupons (donated by local merchants, perhaps at the request of probation counselors), certificates for completing phases of the court program, and other individualized rewards that are compatible with clients' interests and goals. "Graduation" is a particularly important milestone, and some interviewees felt that the MHC should devote more time and resources to publicly recognizing this ultimate success.

10. **Sustainability:** *Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded.*

The fact that the Seattle MHC has been in continuous operation since 1999 speaks to its sustainability as a program, and to the commitment of the Seattle Municipal Court to its continued operation. Other justice system and social service agencies have collaborated with the MHC to ensure that it can continue to meet the community's need for the court's services.

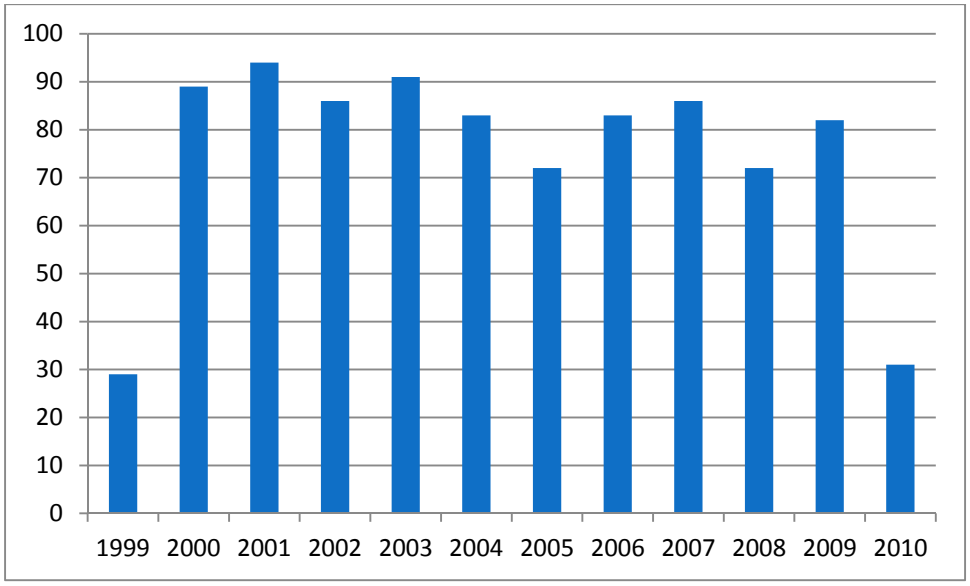
The MHC has also demonstrated its commitment to performance monitoring and evaluation by commissioning this evaluation, as well as a previous one completed in 2001. Despite the challenges LPA evaluators faced in collecting relevant outcome data, the observations, findings, and recommendations summarized in this report (particularly the establishment of an advisory group and an evaluation committee) should help the MHC make changes that can improve its processes and outcomes. These changes should position the court to advocate for the resources necessary to sustain and enhance its impacts on public safety and on quality of life for MHC clients, their families, and community.

DESCRIPTIVE ANALYSIS OF MENTAL HEALTH COURT PARTICIPANTS

This section provides a composite picture of all the individuals who *opted in* to the MHC since its inception in 1999. These individuals accepted the Conditions of Sentence, or COS, required by the MHC program. This analysis does not include individuals entering with "MHDT" (Mental Health Diagnosis and Treatment) status. MHDT status encompasses all individuals from any of Seattle's Municipal Courts who were ordered to receive mental health evaluations and any treatment as necessary, but who do not opt into Conditions of Sentence (COS) required for entry into the MHC program.

A total of 899 individuals opted into the program between 1999 and June 2011. The table below shows how the number of opt-ins has changed from year to year.[8] Data from the early years illustrate how enrollment began slowly in 1999 and immediately expanded during the court's first full year of operation.[9]

Exhibit 1
Number of Defendants Opting in to MHC
1999 - 2010



[8] Note: only one participant was reported to have opted into MHC between January and June 2011 so this individual is not included in the chart.

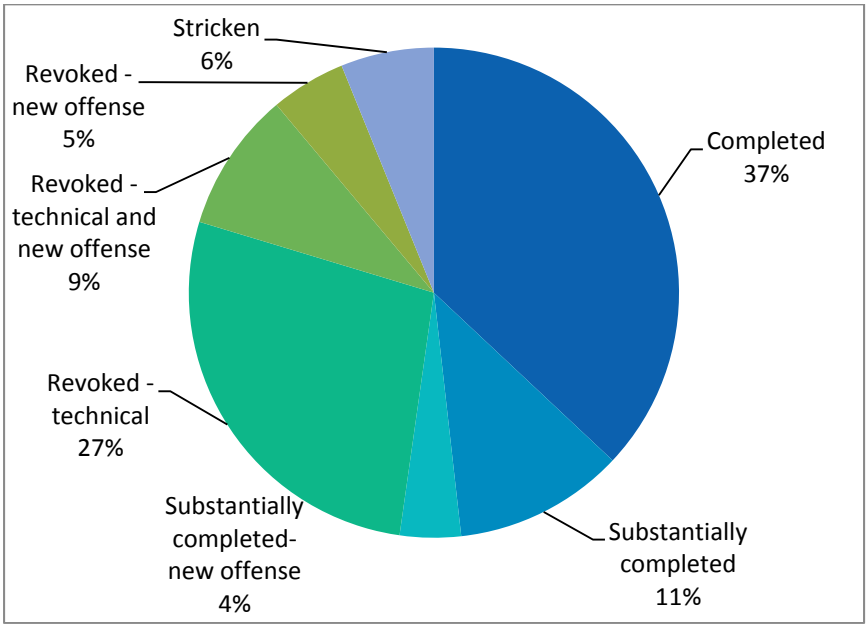
[9] The number of opt-ins only includes those individuals for whom an outcome was recorded (those who either successfully or unsuccessfully exited the program) at the time the data was tabulated for this study. It therefore does not include those who signed a MHC Conditions of Sentence but for whom an outcome was not recorded at the time the evaluation database was created.

The annual number of participants opting into the program has fluctuated, but has remained relatively steady over time. The median enrollment has been 83, somewhat lower than the highest enrollment of 94 in 2001. Opt-in numbers are much lower for 2010 in part because some individuals enrolling that year had not had sufficient time (by 2012 when the database was created) to successfully or unsuccessfully complete the MHC program (see footnote 9 above, and Exhibit 3 below).

Completion Rates and Reasons for Exiting

Of the 899 individuals opting into the regular MHC program during its first decade, 53 (six percent) exited the program because of legal or personal reasons such as competency issues, case closures, or death. The subsequent analysis excludes these instances and focuses on outcomes for the remaining 846 participants. As shown in the chart below, over half (52 percent) of the remaining participants successfully completed the MHC program, and met or substantially met, the conditions of their sentences.[10] Forty-seven percent had their probation revoked or stricken for new offenses or technical reasons and therefore did not complete the program.

Exhibit 2
MHC Opt-ins Reasons for Exiting
1999 – June 2011



[10] According to MHC, successful completion includes three categories: completed; substantially completed without new offense; and completed with a new offense.

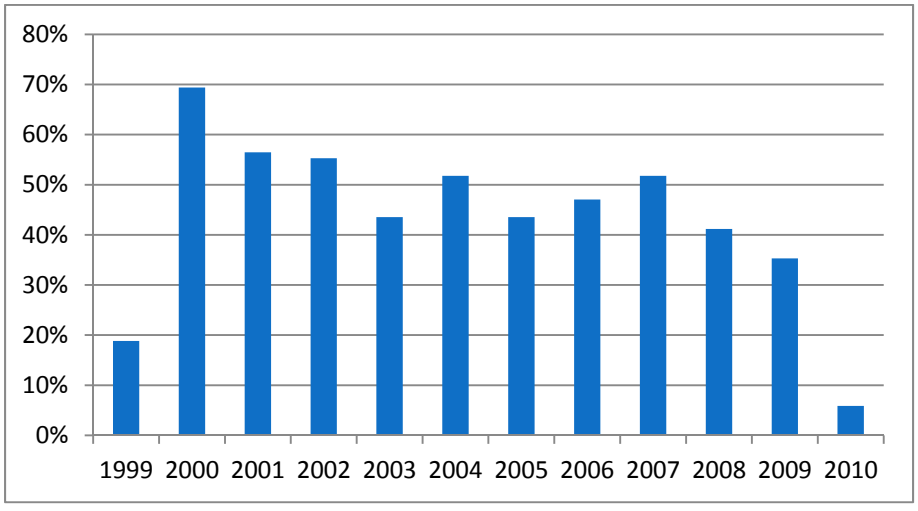
The table below shows the proportions of participants exiting by each means.

Reason for Exiting	Number of Participants	Percent
Completed	313	37%
Substantially completed	95	11%
Substantially completed with new offense	34	4%
Revoked – technical	232	27%
Revoked - technical and new offense	78	9%
Revoked - new offense	42	5%
Stricken	52	6%
Total	**846**	**100%**

Rates of Completion

The percentage of individuals admitted to MHC who successfully complete the program is one indicator of program success. The chart below shows the successful completion rate for participants, *by their year of entry into MHC*, from 1999 through 2010. This completion rate has varied over time, peaking at 69% for year 2000 enrollees, with a low of 41% for those entering in 2008. One possible explanation for the early peaking is that the initial pool of enrollees included a larger proportion of individuals who were more likely to graduate and maintain their recovery[11] over the longer term.

Exhibit 3
Successful Completion Rates - MHC Opt-ins
1999 - 2010



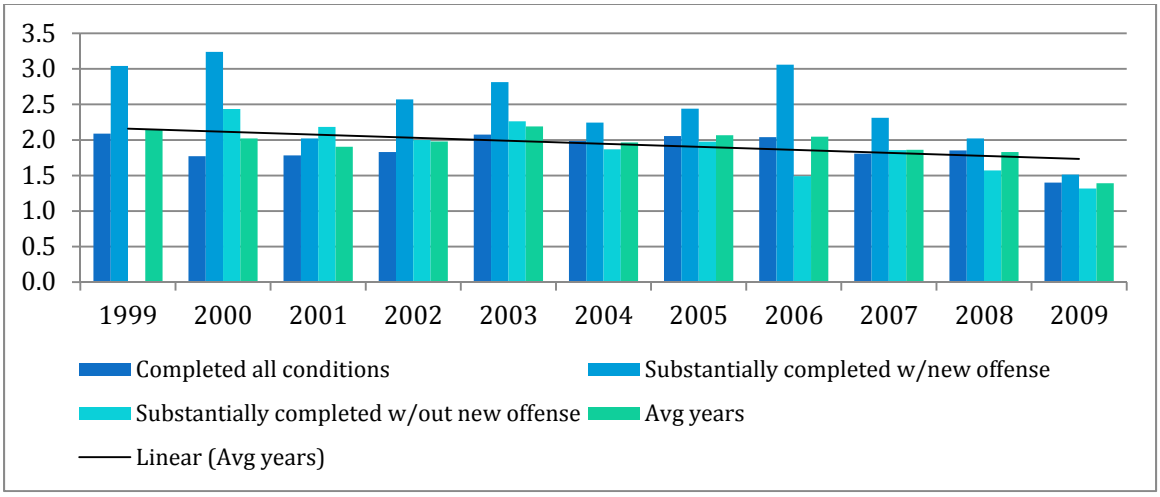
[11] SAMHSA defines recovery as "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." http://www.samhsa.gov/newsroom/advisories/1112223420.aspx

Because not all of those entering in 2008 - 2010 would have had sufficient time to successfully complete the program, the graduation rates shown for these years are not the final word on the eventual success rate.

Time in MHC Program

For individuals who successfully completed the MHC program, the overall average amount of time spent in the program was about 1.9 years, or 23 months. In its first years of operation, the average time participants spent in MHC was over two years. There has been a gradual downward trend since then, consistent with the Court's intent for MHC probation to last about two years. The chart below illustrates this trend. A decreasing average stay for those who successfully complete the program reflects a growing confidence on the part of the MHC team in identifying those participants who are ready to graduate before the presumptive two-year term.

Exhibit 4
Average Years in MHC
MHC Completers by Exit Reason and Total Average
1999 - 2009



On average, those who successfully completed all of their probation conditions spent about 22 months in the program. Those who substantially completed with a re-offense, or only substantially met their probation conditions, spent more time in MHC on average (31 and 24 months, respectively).

Demographics

The vast majority of individuals who opted into MHC over the life of the program have been males, most of whom were white. The average age of participants at entry into the MHC is 53, with the youngest being 21 and the oldest 82. The chart below summarizes these data.

Exhibit 5
Demographic Characteristics of MHC Opt-Ins
1999 - 2010

	All Participants
	n=846
Characteristics	**Percent**
Gender	
Male	85.6%
Female	14.4%
Race	
White	53.0%
Black	43.0%
Native American	3.0%
Asian	1.1%
Age (n=789)*	
Mean	53.9
Median	54.0
Range	21 – 82

*57 of the 846 individuals had missing or invalid birthdays and were excluded from this table. Numbers may not add up to 100% due to rounding. Hispanic ethnicity (which overlaps with both Black and White racial categories) was not recorded in the MHC database.

In comparison to the general population of the City of Seattle, Blacks are significantly overrepresented among MHC participants (Seattle is 8% Black), while Whites and Asians are underrepresented (they are 70% and 14% of Seattle's population, respectively). Native Americans comprise a relatively small proportion of MHC participants, but make up an even smaller percentage (less than 1%) of the City's populace. The median[12] age of the MHC population (54) was much older than that of the general population (36).[13]

[12] Median is the midpoint of a range of values. In this instance, half of the individuals were older than 54 and half were younger.
[13] U.S. Census Bureau, 2010 data.

Race and gender proportions of the MHC population are much more similar to those of King County's secure jail facility than to the general Seattle population, but MHC participants are on average significantly older than jail inmates.

Exhibit 6
King County Adult Detention Average Daily Population, Calendar Year 2012 (n=1,736)[14]

Race	
White	53%
Black	38%
Asian	6%
Native American	3%
Other	<1%
Age at Booking (mean = 33)	
<18	<1%
18-24	21%
25-34	35%
35-44	22%
45-54	16%
55-64	4%
65+	<1%
Gender: 89% male	

Comparable demographics for all defendants entering the Seattle Municipal Court system during the period from 1999 to 2010 are not available.

[14] http://www.kingcounty.gov/courts/detention/DAJD_Stats.aspx

OUTCOME EVALUATION

Methods

This analysis of MHC outcomes focuses on a cohort of data on 59 participants who opted in to the MHC program and who exited by any means during 2008. LPA evaluators also analyzed the outcomes for 76 individuals in MHDT[15] status who exited probation supervision during the same year. Results of these analyses are included as Appendix A.

Of the 135 exits from MHC and MHDT in 2008, evaluators excluded nine from the outcomes analysis because they exited the program for legal or other reasons not related to the success of their participation. The exit reasons and number of participants is as follows:

- Probation tolled-competency (4)
- Case closed by jurisdiction (4)
- Client died (1)

Of the nine excluded cases, six had opted into the MHC, and three were MHDT cases. The final outcome analyses include 53 participants who exited from the MHC and 73 who exited MHDT supervision in 2008 (see Appendix A for the MHDT outcomes analysis).

For both the MHC and MHDT outcomes analyses, the exit cohorts serve as their own "control group." Comparing their behaviors during and after their supervision by the SMC to their behaviors prior to entry into MHC or MHDT is a meaningful measure of the impact their participation had on their quality of life and their contact/involvement with the criminal justice system.

MHC Outcomes Analysis

The evaluation team looked at demographics and compared behavioral outcomes for MHC opt-ins for the two years prior to entering the MHC, during their MHC participation, and two years following their exit from MHC. When comparing the number of services or events pre-, during, and post-program, evaluators calculated an annualized rate for each time period. This ensured that the rate of services provided

[15] MHDT status encompasses all individuals from any of Seattle's Municipal Courts who were ordered to receive mental health evaluations and any treatment as necessary, but who do not opt into Conditions of Sentence (COS) required for entry into the MHC program.

during program participation (which ranged from one month to many years for the cohort) could be fairly compared to the rate of services provided during the two year pre-and post-program periods.

Demographic data available for the cohort are their age at admission, race, and gender. We did not have access to other descriptive information such as participants' psychiatric diagnoses or housing status, either prior to or upon admission to the MHC. These data are kept in paper records maintained by the MHC liaisons rather than in the court's electronic court records database.

The MHC team asked that evaluators determine whether:

- There are any factors correlated with successful completion of MHC (and MHDT)
- There are differences in longer-term behavioral outcomes between completers and non-completers associated with any amount of MHC or MHDT supervision.

Quality of life and behavioral outcome data we examined for MHC opt-ins and MHDT participants are:

- Number of mental health service contacts, both crisis and non-crisis (data provided by King County MHCADSD).
- Number of jail bookings into the King County Jail system (provided by MHCADSD).
- Number of days in the King County Jail system (provided by MHCADSD).
- Number of contacts with Seattle Police, including both arrest and other types of contact (provided by Seattle Police Department).
- Recidivism rates for all charges statewide (data compiled from WA state records).

Data originally compiled by former Municipal Court analysts for all 2008 exits was combined with additional data from the Seattle Police Department (SPD), the King County Department of Adult and Juvenile Detention (DAJD), and King County Mental Health, Chemical Abuse & Dependency Services Division (MHCADSD) to create a database that enables us to describe the characteristics of and behavioral outcomes for this group.

Analysis Limitations

Although the MHC team agrees that connecting mentally ill individuals to stable housing is a primary goal for the Mental Health Court, data on participants' housing status was not available for this analysis. The Seattle Municipal Court does not record MHC participants' housing status in its electronic database, either at entry to COR/COS or

during program participation. Although this information is collected by Court Liaisons during the COR/COS process, Sound Mental Health, which employs the MHC Court Liaisons, is reportedly reluctant to share housing data due to HIPAA concerns (perhaps because this information is recorded in paper records which also contain HIPAA-protected diagnostic and treatment information).

King County's MHCADSD indicates that it is not confident of the reliability (for evaluation purposes) of housing status information in its database, in part because it does not always receive timely updates from all providers, and because there is reportedly no assurance that historic records are preserved rather than overwritten as housing status changes. Further, its records include only those receiving county-funded services.

Evaluators were also not able to obtain data from the WA DSHS on MHC/MHDT participants' receipt of state-funded chemical dependency treatment services before, during, and after MHC because of agency restrictions on sharing this HIPAA-protected information.

MHC/MHDT probation supervisors had not obtained evaluation research-related consent from participants either in the historic database or for the 2008 exit cohort. This denied researchers access to information about housing status, chemical dependency and mental health diagnoses, and treatment records.

A few interviewees suggested to the LPA team that increasing MHC participants' engagement in work, whether paid or volunteer, is another important element in improving their quality of life. However, the MHC program does not currently emphasize this goal, and does not track participants' employment/volunteer status. The LPA team suggests that the MHC team consider whether this information should be included in the MHC database (e.g., at enrollment in COR, entry to COS, and at exit from the MHC), so that its relationship to program success and/or to post-program outcomes can be assessed.

For all of these reasons, the outcome analysis the LPA team is able to provide falls somewhat short of the MHC team's hopes. However, there are many things to be learned from what we have been able to examine.

MHC Opt-Ins: Cohort Outcome Analysis

Completion Rates and Reasons for Exiting

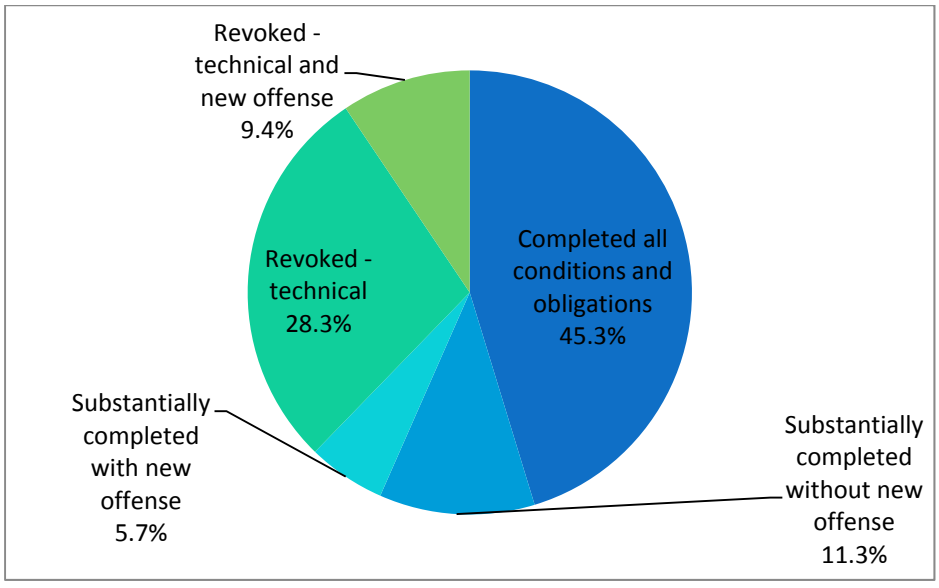
Overall, 62 percent of MHC opt-ins successfully or substantially completed the program, with 45 percent completing all of their conditions and obligations. The remaining 38 percent completed portions of the program but had their MHC probation revoked or stricken due to new charges (offenses was used in database and our tables, but charges is more accurate) or technical violations of program conditions. The table and charts below illustrate this information.

Exhibit 7
Reasons for Exiting
2008 Cohort- MHC Opt-Ins

Reason for Exiting	MHC	
	#	%
Completed all conditions and obligations	24	45.3%
Substantially completed without new offense	6	11.3%
Substantially completed with new offense	3	5.7%
Revoked - technical	15	28.3%
Revoked - technical and new offense	5	9.4%
Stricken – no revocation or consequences	0	0.0%
Revoked - new offense(s)	0	0.0%
Total	**53**	**100%**

Note: Numbers may not add to 100% due to rounding.

MHC Opt-Ins
Reasons for Exiting



Descriptive Characteristics of the 2008 Cohort

Nearly three-quarters of those exiting in 2008 were men, and 64% were white. Participants ranged in age from 18 to 75, with the largest proportion between 35 and 44. In comparison to enrollees in the MHC from 1999 to 2010 (see previous section, p. 32), a higher proportion of the 2008 cohort was white (62% compared to 53%), and a lower proportion were male (74% compared to 86%).

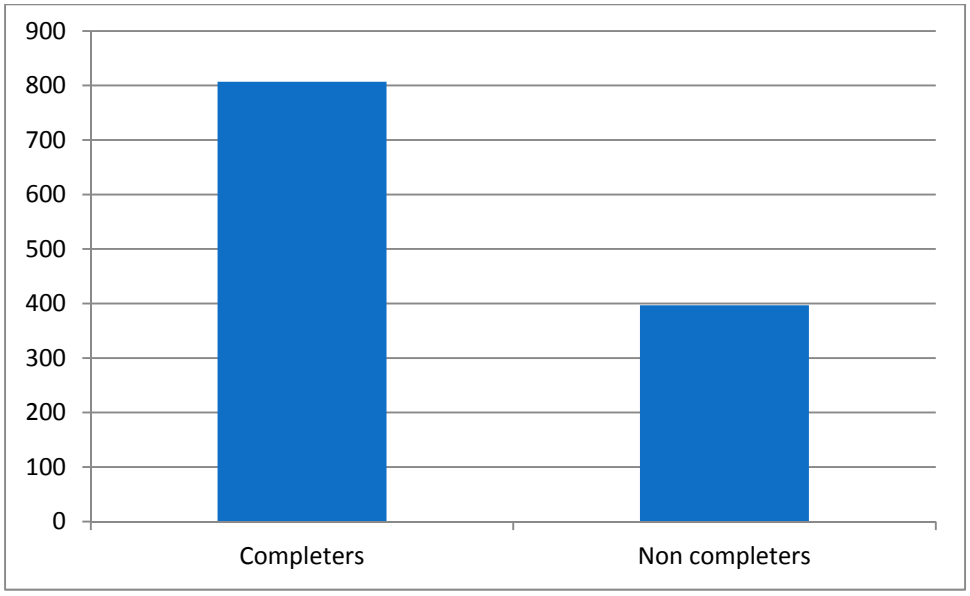
Exhibit 8
Demographic Characteristics of 2008 Cohort
MHC Opt-Ins

Demographics	MHC Opt-ins	
	N = 53	Percent
Gender		
Male	38	71.7%
Female	15	28.3%
Race		
White	34	64.2%
Black	13	24.5%
Native American	2	3.8%
Asian	3	5.7%
Other	1	1.9%
Age		
Mean	38	
Median	39	
Range	18 - 59	
18-24	9	17.0%
25-34	10	18.9%
35-44	19	35.8%
45-54	11	20.8%
55+	4	7.5%

Average Time in Program

The average length of time MHC opt-ins spent in the program, whether or not they successfully exited the program, was 652 days, or about 2.3 years. Not surprisingly, those who successfully completed MHC supervision stayed over twice as long (807 days) as those who did not complete their sentence requirements (397 days).

Exhibit 9
Average Days in Program
MHC Opt-Ins: Completers and Non-Completers



	Avg. days in MHC for Opt-ins
Completers	807
Non-Completers	397

Demographics and Completion Rates

Both gender and race are significantly correlated with successful completion of MHC. Among completers, significantly ($p<.01$) more were white, and a significantly larger proportion ($p<.05$) was female. Age was not significantly correlated with success. The table below summarizes these differences.

Exhibit 10
Demographic Characteristics and Program Success
MHC Opt-Ins

	MHC Program Completers	MHC Program Non-Completers	Test Statistic
	n=33	n=20	
Demographics	**Percent**	**Percent**	
Gender			X^2 (1) = 5.3; p=.021
Male	60.6%	90.0%	
Female	39.4%	10.0%	
Race			X^2 (4) = 15.58; p=.004
White	74.3%	48.2%	
Black	20.0%	44.6%	
Native American	2.9%	1.8%	
Asian	2.9%	3.6%	
Unknown	0.0%	1.8%	
Age			Not Significant
Mean	37.8	37.2	
Median	38.5	38.0	
Range	18-75	18-65	
18-24	15.7%	16.1%	
25-34	22.9%	23.2%	
35-44	35.7%	37.5%	
45-54	15.7%	19.6%	
55+	10.0%	3.6%	

Behavioral Outcomes

Evaluators looked at whether behavioral outcomes, including use of mental health services, contacts with law enforcement, jail bookings and days spent in jail, differ between completers and non-completers of the MHC program.

Outcome: Receipt of Mental Health Services

Connecting MHC participants to mental health services is one of the primary goals of the court. For this evaluation, the evaluators asked the following questions:

- What percentage of participants received crisis and non-crisis mental health services before, during, and after MHC?
- Were there differences in the types of MH services received by completers and non-completers (crisis and non-crisis)?

- Did the amount of crisis and non-crisis services change for completers or non-completers when comparing the rate of services received before, during, and after the program?

According to MHCADSD, "non-crisis" services are defined as routine outpatient services that are part of a person's structured treatment plan. "Crisis" is a term used for services given for urgent or emergent mental health issues. Only those services funded via King County MHCADSD are included in our database. Any services obtained by MHC participants before, during, or after MHC that were funded by their own insurance or some other public (e.g., the Veteran's Administration) or private resource are not reflected in this data. For individuals able to access these resources, MHCADSD data (and therefore this evaluation database) undercounts the utilization of mental health services. Because one of the MHC's goals is to help participants get connected to a wide range of mental health services, it will be important to establish mechanisms to track their receipt of services funded by sources other than King County, at least while they are participating in the MHC.

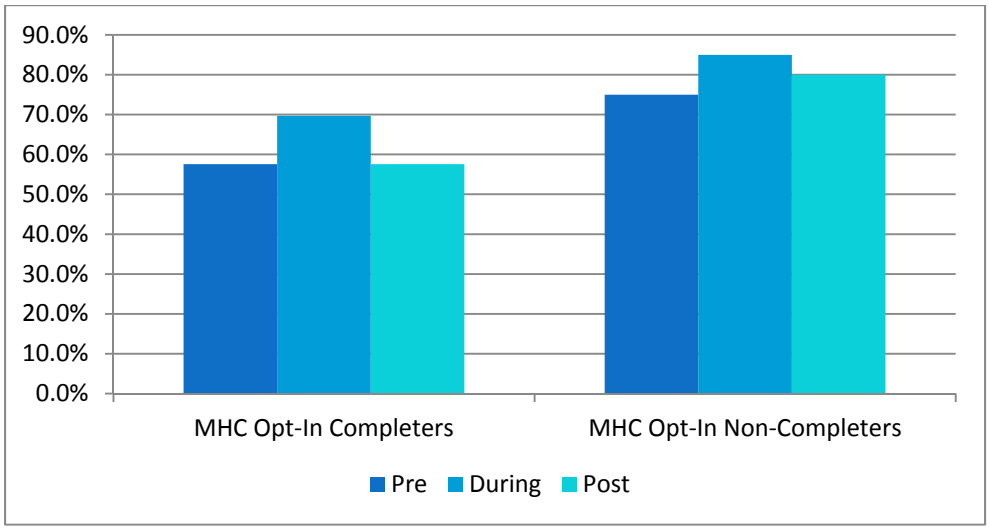
MH Non-Crisis Services

The table and chart below show the percent of MHC opt-in participants who received any **non-crisis** county-funded MH service two years prior to, during, and two years after MHC supervision. Differences and similarities between completers and non-completers include:

- Larger proportions of both groups of MHC participants received non-crisis MH services when under supervision compared to before the program. This seems to indicate that, consistent with its goals, MHC was successful at connecting individuals to MH services who may not have had or used them prior to the program.
- The percentage of participants receiving non-crisis MH services through MHCADSD decreased upon program exit, but remained the same or higher in comparison to the proportion using such services prior to the program.
- ***Thus, it appears that involvement in MHC, regardless of whether individuals successfully completed, increases their utilization of mental health services, particularly during their participation in the MHC program.***

The following chart and table illustrate these observations.

Exhibit 11
Percent with any Non-Crisis Services
MHC Opt-Ins



	MHC Program Completers	MHC Program Non-Completers
Pre	57.6%	75.0%
During	69.7%	85.0%
Post	57.6%	80.0%

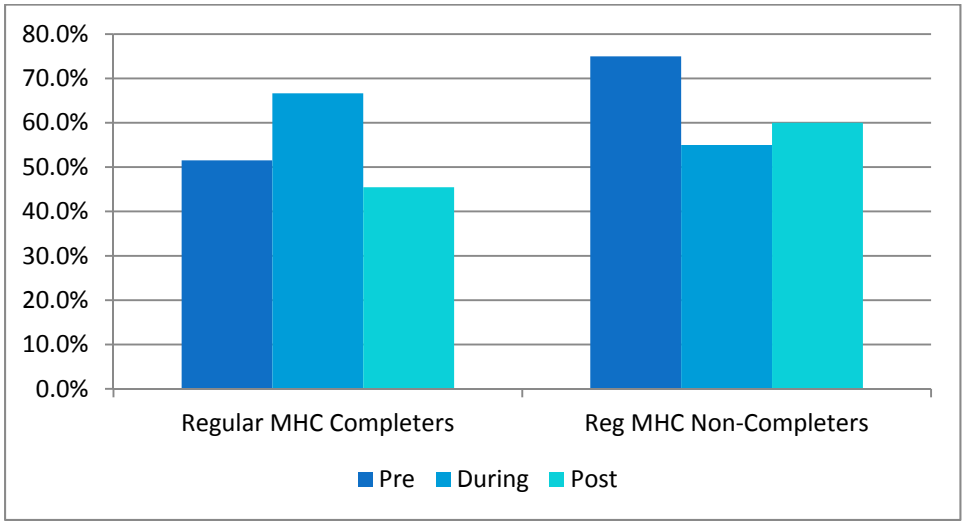
MH Crisis Services

The table and chart below show the percent of MHC opt-in completers and non-completers who received any **crisis** MH service prior to, during, and post-program. Some observations:

- In comparison to their unsuccessful counterparts, a smaller proportion of those completing MHC had crisis contacts prior to program involvement. ***This suggests that individuals who required more frequent crisis care prior to entering the MHC may be less likely to complete the program successfully.***
- The proportion of MHC non-completers receiving any crisis services decreased while they were involved in the program. It is important to note that on average, non-completers remained in the program for a shorter time, and thus

had a lower risk of requiring any crisis services while participating. Though the percentage with any crisis services rose slightly post-program, it did not return to the pre-program level, which suggests that ***MHC participation helped even those who did not successfully complete the program to attain a higher degree of stability in the community.***

Exhibit 12
Percent of Cohort with any Crisis Services
MHC Opt-Ins



	MHC Program Completers	MHC Program Non-Completers
Pre	51.5%	75.0%
During	66.7%	55.0%
Post	45.5%	60.0%

MH Services and Program Success

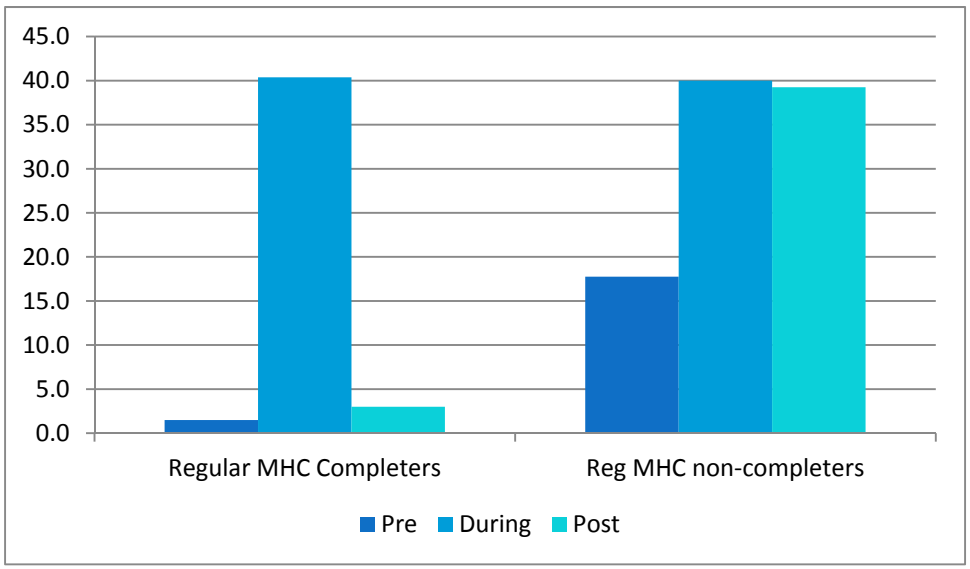
The evaluators assessed whether receipt of any MH services (both non-crisis and crisis) prior to or during participation in MHC was correlated with successful program completion. We found that participants with any crisis services (at least one) before entering MHC were significantly less likely to successfully complete the MHC program. (X^2 (1)=5.2, p=.023).

Receiving crisis services during the program, or non-crisis services before or during program participation, was not significantly correlated with successful program completion.

Amount of Mental Health Services Received

For MHC opt-ins who completed MHC, the median[16] number of non-crisis service contacts increased substantially during their participation in MHC over pre-program levels, then remained slightly above their pre-MHC rates after their exit. MHC non-completers also exhibit a similar pattern of increased contacts during the program, which indicates that even those who did not complete the program were successfully connected to services. Both groups received non-crisis county-funded services at the same median rate during their program participation. Non-completers received county-funded MH services at substantially higher rates both before and after program involvement than did MHC completers.

Exhibit 13
Median Non-Crisis MH Service Counts per Year[17]
MHC Opt-Ins



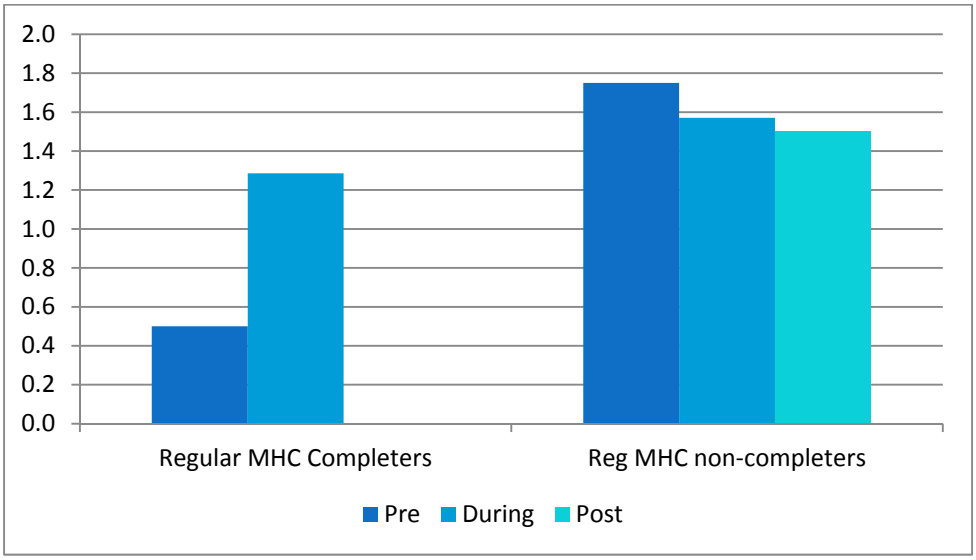
	MHC Program Completers	MHC Program Non-Completers
Pre	1.5	17.8
During	40.4	40.0
Post	3.0	39.3

[16] Evaluators chose to use medians rather than means (averages) for comparison purposes because medians are less susceptible to being affected by a few cases with extremely high or low frequencies of contacts (outliers).

[17] Annualized rates (counts per year) are used rather than total counts during each period to control for the variable lengths of time experienced within the MHC program.

Looking at crisis MH contacts, we see a different pattern. As was the case with non-crisis services, the median annualized number of contacts for MHC completers was much larger during program participation than before or after the program. Those who failed to complete MHC accessed crisis services more frequently prior to, during, and after their program participation than did those who succeeded. Frequency of use of county-funded crisis services by those failing to complete the MHC program declined somewhat from prior to their program involvement to post-program.

Exhibit 14
Median Annual Crisis MH Services Counts per Participant
MHC Opt-Ins



	MHC Program Completers	MHC Program Non-Completers
Pre	0.5	1.8
During	1.3	1.6
Post	0.0	1.5

Impact of MH Service Rates on MHC Success

Considering only services provided via MHCADSD, MH service contact rates are not correlated with successful completion of the MHC program. However, because we do not have information about services participants received through other funding sources, this finding should not be seen as a definitive statement about the value of MH services in promoting successful program completion.

Overall for both completers and non-completers, the number of individuals receiving county-funded mental health services and the amount of these services they received increased during their MHC participation. This affirms that ***the MHC program enhanced participants' connection to mental health services while they were involved with the program.***

Outcome: Contact with Criminal Justice System

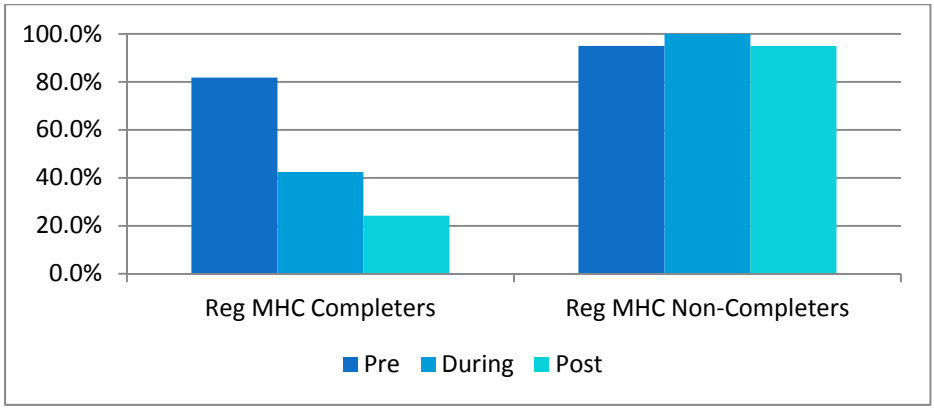
Evaluators analyzed the proportion of the cohort that had contact with the criminal justice system before, during and after MHC program participation to determine whether successful participants' behavior changed over time. Criminal justice contact data included jail bookings, days in jail, police incidents, and criminal recidivism. In addition to program impacts on these behavioral and quality of life indicators, evaluators also considered whether participant contact with the criminal justice system differed between completers and non-completers.

Data used in this analysis included the number of police contacts provided by the Seattle Police Department to Seattle Municipal Court, data on King County Jail bookings and days spent in jail obtained through MHCADSD, and statewide criminal charges provided by SMC analysts. Jail data include the number of bookings into and days spent in King County Jail before, during and after MHC participation. As discussed in the Methods section, police contacts include only those with the Seattle Police Department, not with any other law enforcement agencies. Contacts encompass all "incidents" in which there was contact between the police and MHC participants, regardless of whether this contact resulted in an arrest.

Jail Bookings

Successful MHC opt-in program completers were <u>much less</u> likely to have been booked into jail while in the program and during the two year period following their exit. Only 24 percent of completers had one or more jail bookings during the two years after the program, compared to 95 percent of non-completers.

Exhibit 15
Percent of Participants with Any Jail Bookings
MHC Opt-Ins



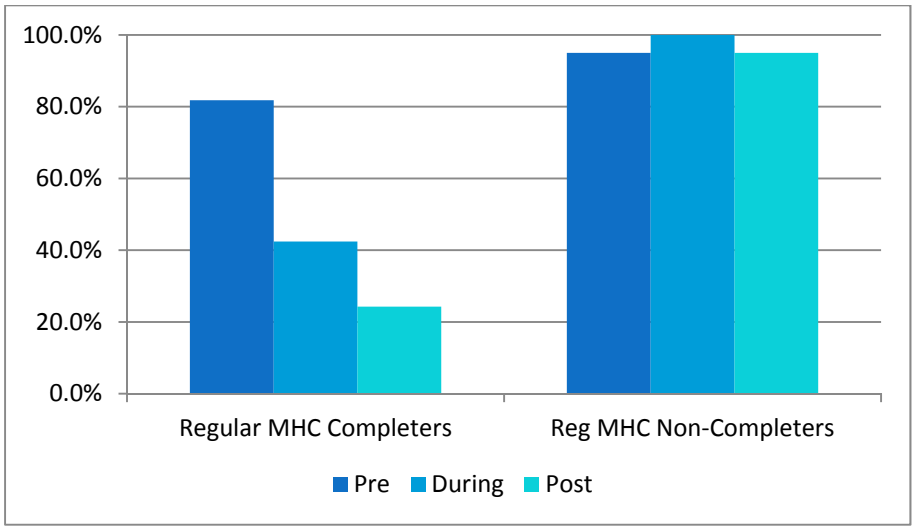
	MHC Program Completers	MHC Program Non-Completers
Pre	81.8%	95.0%
During	42.4%	100.0%
Post	24.2%	95.0%

Among those who successfully completed the programs, a much smaller proportion experienced in-program jail bookings than did their unsuccessful counterparts. The proportion of MHC non-completers booked into jail post-program remained unchanged from pre-program levels. The chart and table above show these patterns. ***MHC participants who experienced any days in jail during the program were statistically less likely to successfully complete it (p<.01).***

Participants with Jail Days

As would be expected, the proportion of regular MHC completers and non-completers with any days in jail during the three time periods parallels the proportions that had any jail bookings. As indicated in the table and chart below, completers experienced much greater declines in jail days than did non completers. Thus, for a majority of MHC program participants (i.e., the 62% that successfully completed), ***MHC involvement substantially decreased the likelihood that they spent any time in jail during the two years after program completion.***

Exhibit 16
Percent of Participants with Any Days in Jail
MHC Opt-Ins

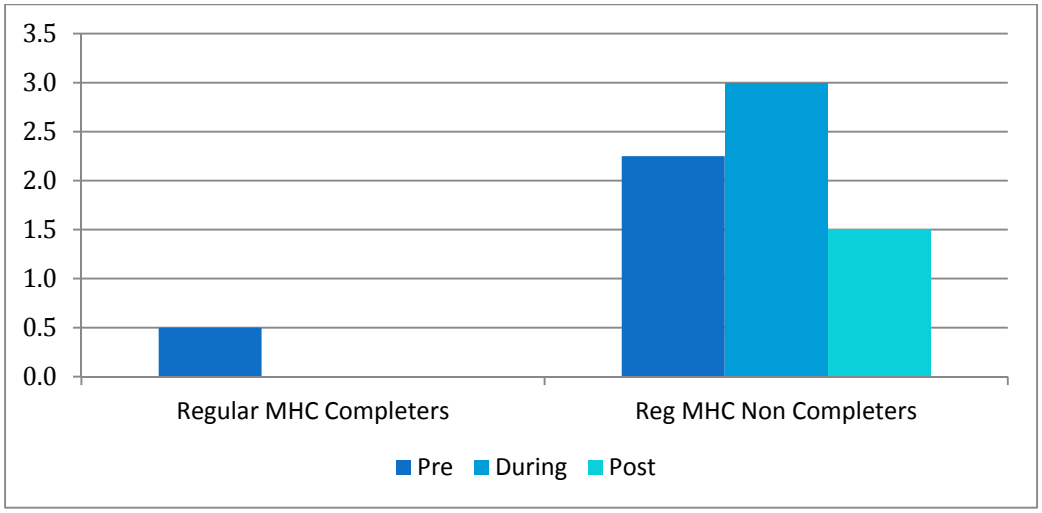


	MHC Program Completers	MHC Program Non-Completers
Pre	81.8%	95.0%
During	42.4%	100.0%
Post	24.2%	95.0%

Number of Jail Bookings

As part of our analysis of participant contact with the criminal justice system, we looked to see if there were differences in the number of pre- and post-program bookings between completers and non-completers. For MHC completers, the median number of jail bookings per person declined significantly. Non-completers also show post-program declines in median jail bookings from their pre-program levels. ***For MHC completers, the reduction in the annual rate (from pre to post program) of jail bookings is statistically significant*** (p<.0004).

Exhibit 17
Median Annual Jail Bookings per Participant
MHC Opt-Ins



	MHC Program Completers	MHC Program Non-Completers
Pre	0.5	2.3
During	0.0	3.0
Post	0.0	1.5

Non-completers experienced a much higher rate of jail bookings across all time periods than those who succeeded in meeting the MHC program requirements.

The table below provides a comparison of total bookings for the two groups across time periods, and an estimated post-program cost offset based on $289 per booking (see footnote 18, page 51).

Exhibit 18
Total Bookings and Estimated Cost Savings
MHC Opt-Ins

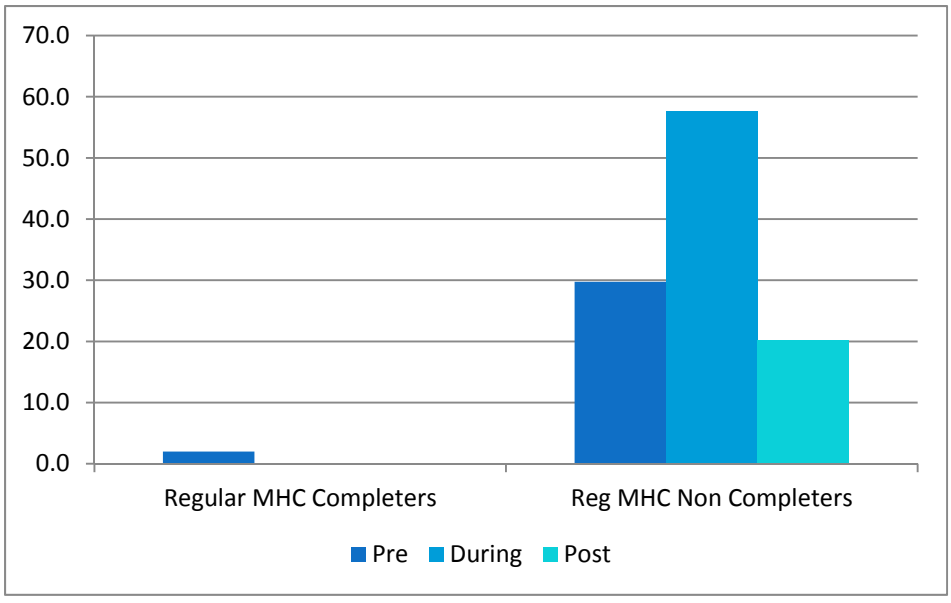
	MHC Program Completers	MHC Program Non-Completers
Pre	42	96
During	26	55
Post	15	69
Reduction in bookings	**-27 (-64%)**	**-27 (-28%)**
Estimated total cost		***$15,606***

offset (54 fewer bookings post compared to pre)

Number of Days in Jail

Successful completers showed decreases in median jail days per year both while in-program and post-program, when compared to their pre-program rates. In contrast, for non-completers the median annual number of jail days increased dramatically during the program. Perhaps this is in part due to use of jail days as a sanction for non-compliance with program requirements, which is likely more frequent for unsuccessful participants.

Exhibit 19
Median Jail Days per Participant per Year
MHC Opt-Ins



	MHC Program Completers	MHC Program Non-Completers
Pre	2.0	29.8
During	0.0	57.7
Post	0.0	20.3

Total Number of Days in Jail

To provide another perspective on the use of jail days by program participants, the table and chart below show the change in the total *number of days* the 2008 cohort spent in jail pre-, during, and post MHC programming.

MHC completers spent 211 fewer days in jail in the two years after program participation compared to the two years prior to the program. The cost offset from MHC completers' reduced post-program jail use, using an estimate of $106 per King County Detention Center day[18], is approximately $22,366. Because this daily jail cost does not include medical and psychiatric services, this estimate is ***substantially under the real cost offset achieved.***

Exhibit 20
Change in Total Days in Jail
MHC Opt-ins

	MHC Program Completers	MHC Program Non-Completers
Pre	450	1937
During	285	995
Post	239	2121
Reduction in Days, Pre to Post	**-211 (-47%)**	**+184(+9%)**

Those who did not complete MHC requirements, who spent many more days in jail prior to program participation than their counterparts who complete the program, showed an increase of 184 total jail days from two years before to two years after the program.

Overall, the individuals who participated in MHC, regardless of whether they completed the program, experienced a net of 27 fewer jail days after program exit than they would have if they had continued to be jailed at their pre-program rates. The cost offset from this reduced post-program jail use, using an estimate of $106 per King County Detention Center day, is approximately $2,800 for the two-year follow-up period. Because this daily jail cost does not include medical and psychiatric services, this greatly underestimates the actual cost offset achieved.

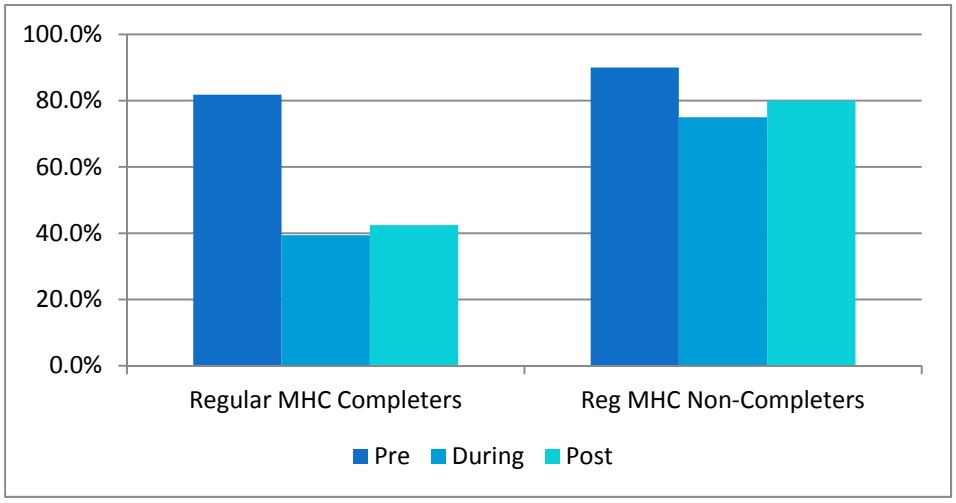
[18] Jail cost estimate from "Client Care Coordination Supportive Housing Outcomes" report prepared by King County Department of Community and Human Services in October 2011.

Police Contacts

The Seattle Police Department provided Seattle Municipal Court with data on the number of contacts with SPD officers that 2008 cohort members experienced before, during and after MHC participation. These incidents include arrests as well as contacts that did not result in arrest. Because the specific type of encounter experienced by members of the cohort was not available from the SPD, it was not possible to separate arrests from other types of incidents. Therefore the number of contacts/incidents cannot be interpreted as an index of criminal recidivism. However, this data does provide another indicator of participants' frequency of contact with the criminal justice system.

All MHC opt-ins experienced lower levels of police contacts both during and after their MHC participation compared to pre-program levels. ***MHC completers showed the sharpest decrease in the proportion with any police contacts during program participation, and they maintained this lower proportion post-program.*** The exhibit below illustrates these changes.

Exhibit 21
Percent with any Police Incidents
MHC Opt-Ins



	MHC Program Completers	MHC Program Non-Completers
Pre	81.8%	90.0%
During	39.4%	75.0%
Post	42.4%	80.0%

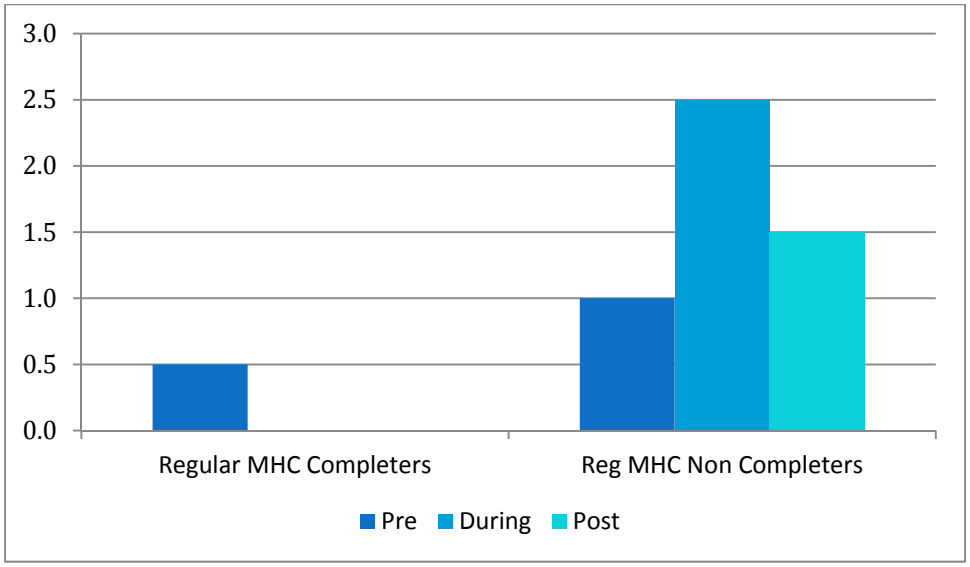
The proportion of MHC non-completers who experienced any police contacts during program participation was substantially higher than that for completers. MHC participants with no police contacts *during* the program (60% of completers, but only 25% of non-completers) were statistically more likely to complete the program (p=.0118).

Overall, ***it is encouraging that for all MHC participants, regardless of whether they completed program requirements, the proportion experiencing police contacts declined from pre to post-program***. ***This decline was most dramatic for those completing MHC successfully.*** Although LPA was unable to obtain police contact costs to calculate a cost offset, it is clear that ***SPD was required to use fewer resources in interventions/contacts with individuals after they participated in MHC***. Fifty-eight percent of MHC graduates did not have any contact with SPD during the two years following their successful exit, compared to just 19% who had no contact during the two years prior to MHC participation.

Number of Police Incidents

Evaluators also looked at the median number of police contacts MHC opt-ins had before, during and after the program. ***Those who successfully completed the MHC program experienced a decline in the number of police contacts/incidents after completing the program.*** Because more than 50 percent of MHC completers had no reported police contacts during or after the program, median values are zero. MHC non-completers, however, experienced an increase in police incidents both during and after the program compared to before their program involvement. This may be a result of SPD's Crisis Intervention Team paying closer attention to MHC participants, coupled with greater adjustment challenges faced by those who were unable to complete program requirements.

Exhibit 22
Median Police Incidents per Participant per Year
MHC Opt-ins

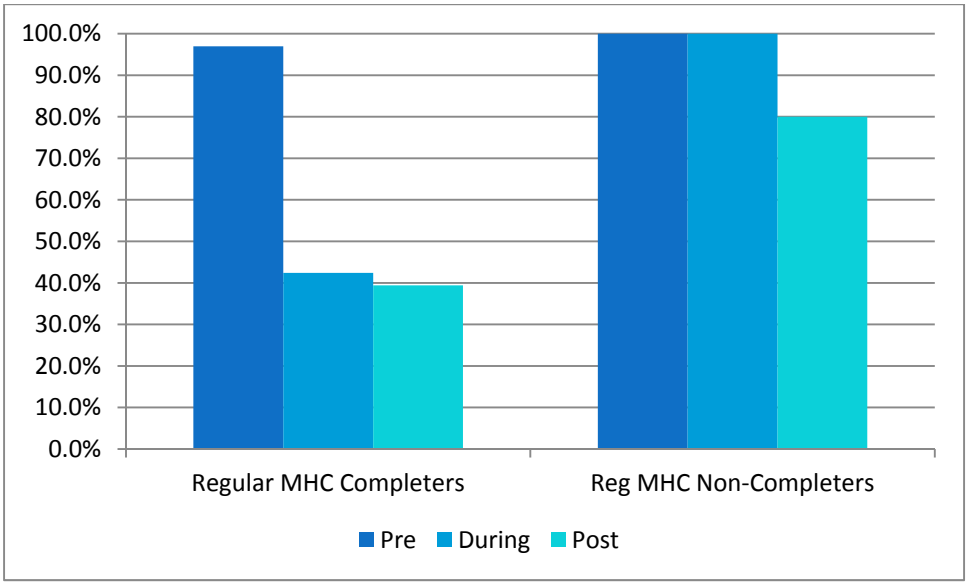


	MHC Program Completers	MHC Program Non-Completers
Pre	0.5	1.0
During	0.0	2.5
Post	0.0	1.5

Recidivism: Record of WA State Charges

The evaluators looked at whether MHC opt-ins had any charges filed against them before, during, or after the MHC program at any location in WA State. The results show that ***the percentage of all MHC participants with any charges filed declined in the two-year post-program period compared to the two years pre-program***. This was true both for those who completed and those who did not complete MHC, although ***completers experienced a much greater decrease.***

Exhibit 23
Percent with Any WA State Charges
MHC Opt-ins

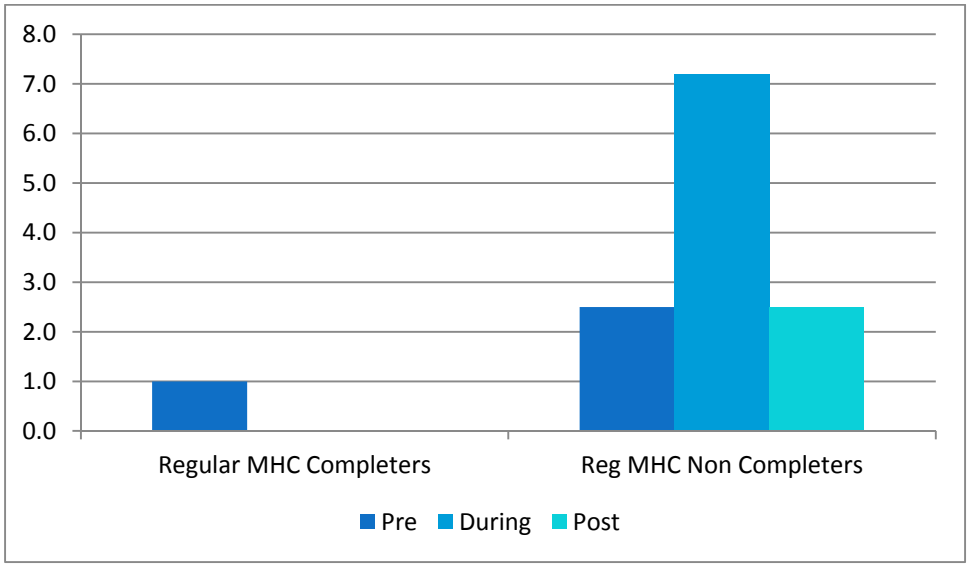


	MHC Program Completers	MHC Program Non-Completers
Pre	97.0%	100.0%
During	42.4%	100.0%
Post	39.4%	80.0%
Percent change	**-59.4%**	**-20.0%**

Recidivism: Number of WA State Charges

MHC completers experienced a significant (p<.05) decline in the median annual number of criminal charges filed statewide during the two years after exiting MHC when compared with the two years prior.

Exhibit 24
Median Number of Criminal Charges per Participant, per Year
MHC Opt-Ins



	MHC Program Completers	MHC Program Non-Completers
Pre	1.0	2.5
During	0.0	7.2
Post	0.0	2.5

For non-completers, the median annual charging rate spiked sharply during MHC participation, returning to pre-program levels after exiting the program. It may be that the sharp spike in charging during program involvement is in part due to intensive supervision by program staff, and perhaps to closer scrutiny by the SPD's Crisis Intervention Team.

SUMMARY AND RECOMMENDATIONS FOR FUTURE PERFORMANCE MONITORING AND EVALUATION

Strategies to Enhance Evaluability of the Seattle Mental Health Court

The Seattle Municipal Mental Health Court is to be commended for recognizing the importance of evaluating its performance. Since its founding, the MHC has commissioned two evaluations, one that is the topic of this report, and another completed in 2001, early in the program's development. The initial evaluation, which focused on assessing the extent to which the MHC was being implemented in accordance with its founders' goals and values, affirmed that the MHC was unfolding as intended. The evaluator made a number of recommendations for changes in policies and practices that could sustain and improve the MHC's effectiveness, many of which have since been implemented. These include establishing a clear identity for the MHC, assigning a dedicated prosecutor to the MHC team, and working with a limited number of specialized agencies and programs to provide necessary services for MHC participants. One recommendation that has not yet been implemented is the "establishment of an ongoing committee for evaluation that. . .would include among its membership criminal justice and mental health professionals, and key representatives from the County agencies that have the most impact on (mental health court) programs." The LPA team concurs in this recommendation, and views it as an essential mechanism for designing and implementing the policy and practice changes we recommend below.

As part of our work on this evaluation, the LPA team explored the availability and quality of data necessary to 1) describe key characteristics of MHC participants; 2) assess the extent to which their status and behaviors changed in the desired direction as a result of MHC involvement[19]; and 3) discern the extent to which participants' characteristics were related to the outcomes of their participation. We were unable to answer a number of evaluation questions of interest to the MHC team because of the lack or inaccessibility of essential data elements. The table below summarizes several of these unanswerable questions and indicates why the necessary data elements are not currently available to evaluators in a format that can be analyzed.

[19] See MHC Logic Model, page 52 below, especially the initial, intermediate, and longer-term outcomes.

Evaluation Questions that Cannot be Answered	Data Issues / Challenges
What proportions of MHC participants entered COR / COS under various types of pleas (dispositional continuance, deferred sentence, or guilty pleas)?	This information is not recorded in the electronic MHC records of individual participants, but it is available in MCIS by type of sentence.
What proportion of MHC participants entering COR / COS were homeless or experiencing housing instability? What is the housing status of MHC participants at the time of their exit from the MHC?	This information is not recorded in the electronic MHC records of individual participants. The MHCADSD information system records only changes in housing status for individuals whose housing is funded through King County, which does not include every MHC participant. MHCADSD also reports that changes are not reliably and consistently reported by all providers contributing to their database.
What proportion of MHC participants were employed or engaged in volunteer work at entry to COR / COS? At exit?	Not in paper or electronic records; there is an MCIS risk and needs assessment tool with employment questions that could provide a template for including this information in MHC assessments and records.
How many violations of what types are committed by MHC clients during their participation in the program?	The number of violations can be calculated for those in the outcomes cohort (2008 exits), a database created by the MHC analyst. Violation types are recorded in text fields (which are difficult to interpret and quantify) rather than as codes that can be easily aggregated.
What proportions of MHC participants have primary DSM diagnoses that fall into the broad categories of mood disorders, chronic psychoses, brief psychoses, and delusional disorders (or other preferred categories)? Do observed changes in recidivism or other MHC outcomes differ across diagnostic categories?	This level of diagnostic information was available to the 2001 evaluator[20], but HIPAA rules now restrict the availability of mental health information, and the LPA team was unable to obtain even this type of categorical data. Mental health diagnostic information, even at this broad categorical level, is not recorded in the MHC's electronic database.
For those MHC participants with co-occurring chemical dependency issues, what is their primary drug of choice (e.g., opioids; cocaine or stimulants; marijuana or sedatives; or alcohol)? Do observed MHC outcomes differ across these categories? Do patterns of utilization of chemical dependency services change over time for MHC participants?	This information is not recorded in the electronic records of individual MHC participants. LPA team engaged in protracted but ultimately unsuccessful negotiations to obtain data from the WA State Department of Social and Health Services (DSHS) on the frequency of use (over time) of DSHS-funded chemical dependency treatment services by MHC participants in the 2008 cohort. DSHS cited HIPAA as the reason for denying access.

[20] In 2001, for the 50 (out of a total sample of 65) MHC enrollees for whom this information was available, 28% were reported to have a mood disorder diagnosis, 52% chronic psychosis, 18% brief psychosis, and 2% had a delusional disorder diagnosis.

Following are our recommendations for changes in MHC policies and practices that will enable future evaluators to answer these and other questions not yet asked:

1. **Develop a performance monitoring and evaluation plan** that specifies the measurable outcomes and impacts the MHC team intends to use to assess whether the MHC is achieving its key goals and objectives. It may be necessary to revise the MHC logic model (see Appendix A) as the MHC evolves and key inputs, outputs, and desired outcomes change. A "committee for evaluation" as recommended by the first MHC evaluator and endorsed by LPA could provide the forum for this work. Professional program evaluators could help streamline the evaluation planning process and ensure that evaluation goals can be cost-effectively achieved.

2. **Commit to fully utilizing the MHC database** designed by Alessandra Pollock in large part to facilitate performance monitoring and program evaluation. If the database does not include all of the factors that the MHC team wants to track, or does not define them in ways that are meaningful and useful, then the team should establish a mechanism to re-design the database to meet both performance measurement and day-to-day operational needs. For evaluation purposes, all information pertinent to MHC participant outcomes, such as the types of violations and housing statuses, and the factors that may affect these outcomes, such as diagnostic categories, should be coded. Qualitative data categories should be assigned codes to enable statistical analysis of the data. [21]

3. **Develop a process for obtaining informed consent from MHC participants for use of information by future external and internal evaluators, as well as SMC/MHC analysts.** This consent should include permission to record in the MHC electronic database selected elements of HIPAA-protected mental health and substance abuse diagnostic and treatment information. SMC analysts and external evaluators should be able to obtain access to these data for defined performance measurement and evaluation purposes. An evaluation committee could include mental health, chemical dependency, and criminal justice professionals, and could span not only the MHC but also its public sector and private non-profit partners, including King County's MHCADSD and WA DSHS. This multidisciplinary committee could develop a consent process that is both

[21] See law.duke.edu/lib/downloads/variablecoding.pdf for a straightforward discussion of the rationale and processes of variable coding.

respectful of MHC participants' privacy and supportive of evaluation goals. An in-depth understanding of HIPAA requirements, and of its definitions of research, program evaluation and quality improvement assessment, will be essential.

4. **Agree on a timeline for ongoing performance monitoring and for periodic program evaluation. Track agreed-upon key indicators and benchmarks to enable continuous improvement of processes and outcomes.** SMC / MHC analysts can assist the MHC team with performance monitoring, but the MHC should also continue its practice of retaining external program evaluators to provide an objective and comprehensive assessment of its processes and impacts. If the volume of exits from the MHC remains at 2008 levels (53 for MHC itself, and 73 for the MHDT program), the MHC should plan to evaluate outcomes using data for more than one year's worth of exits, to enable more robust statistical analysis and significance testing. Ideally, regardless of the volume of exits from the MHC, an outcome evaluation should span more than one calendar year of exits from the program, to account for differences over time in judicial and staffing composition.

If the MHC implements these recommendations, evaluators should be able to complete their work efficiently, and provide meaningful findings and recommendations that will help the MHC continue to enhance its positive impacts on MHC participants, community partners, and the public.

APPENDIX A: MHDT DEFENDANT OUTCOMES

The LPA evaluation team analyzed data obtained from the MHC, SPD, and MHCADSD for the 73 individuals who exited MHDT status in calendar year 2008. Results of this analysis of data for two years prior to entry into MHDT, during participation, and two years following exit, are summarized below.

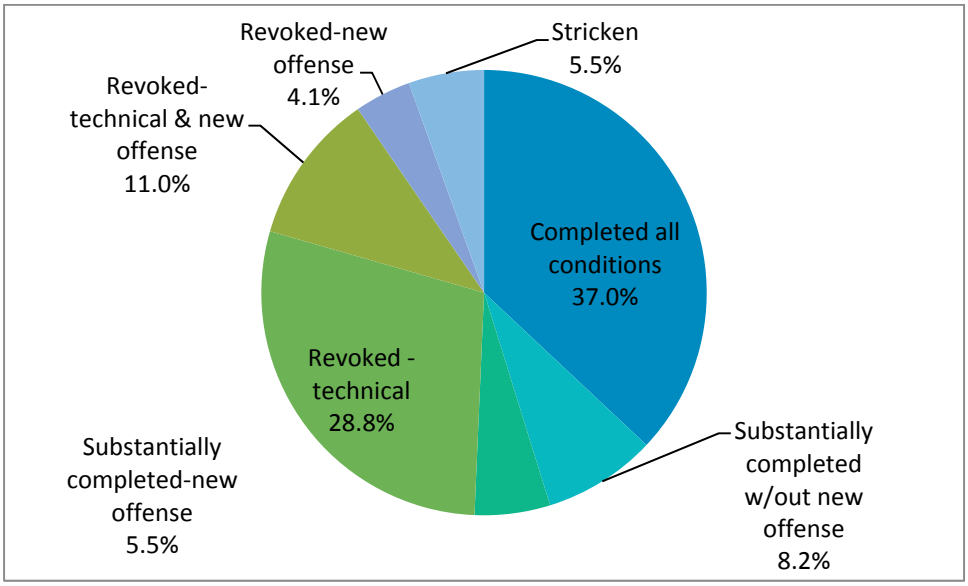
Cohort Outcome Analysis

Completion Rates and Reasons for Exiting

Half of those placed in MHDT status by Seattle Municipal Courts exited successfully, with the largest proportion completing all conditions and obligations.

Exhibit 25
Reasons for Exiting
MHDT Defendants

Reason for Exiting	MHDT	
	#	%
Completed all conditions and obligations	27	37.0%
Substantially completed without new offense	6	8.2%
Substantially completed with new offense	4	5.5%
Revoked – technical	21	28.8%
Revoked – technical and new offense	8	11.0%
Stricken – no revocation or consequences	3	4.1%
Revoked – new offense(s)	4	5.5%
Total	**73**	**100%**



Note: numbers may not add to 100% due to rounding.

Descriptive Characteristics

The majority of MHDT defendants were male and white. In comparison to MHC opt-ins in the 2008 cohort, a larger proportion of MHDT defendants were black (36%, compared to 25% for MHC participants).

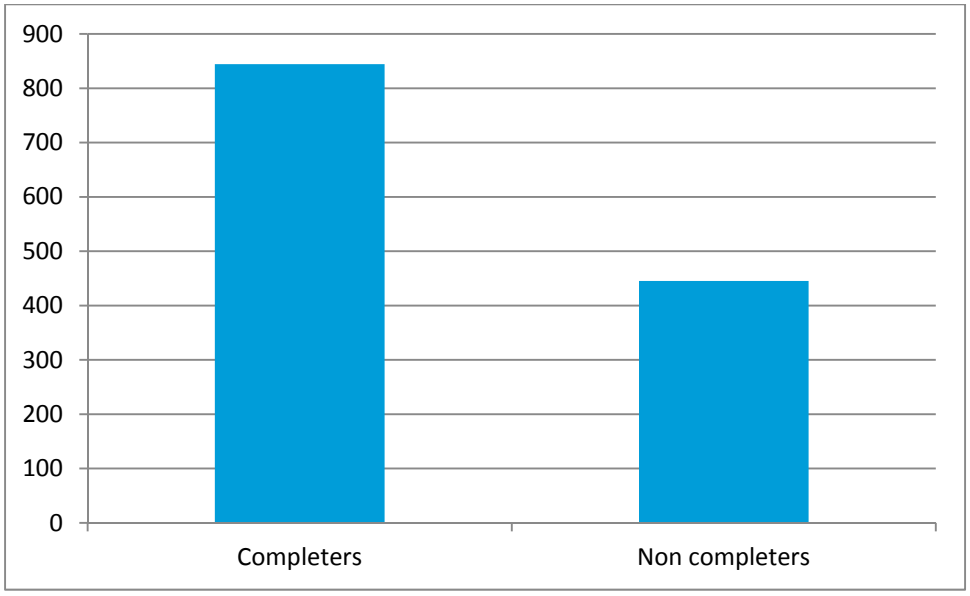
Exhibit 26
MHDT Defendants
Demographics

Demographics	MHDT	
	N=73	Percent
Gender		
Male	54	74.0%
Female	19	26.0%
Race		
White	45	61.6%
Black	26	35.6%
Native American	1	1.4%
Asian	1	1.4%
Other	0	0.0%
Age		
Mean	37	
Median	38	
Range	18 - 75	
18-24	11	15.1%
25-34	19	26.0%
35-44	27	37.0%
45-54	11	15.1%
55+	5	6.8%

Average Time under MHDT Supervision

Those who successfully completed MHDT supervision requirements spent nearly twice as long prior to exiting (2.3 years) than did those who failed to complete requirements (1.2 years).

Exhibit 27
Average Days in Program
MHDT Defendants



	MHDT
Non-Completers	445
Completers	844

Demographics and Completion Rates

Three-quarters of both completers and non-completers were male. A higher proportion of non-completers (compared to completers) were black and 35 or older (64% compared to 54%).

Exhibit 28
Demographic Characteristics and Program Success
MHDT Defendants

	MHDT Completers	MHDT Non-Completers
	n=37	**n=36**
Demographics	**Percent**	**Percent**
Gender		
Male	73.0%	75%
Female	27.0%	25%

Race		
White	67.6%	54.1%
Black	29.7%	40.5%
Native American	2.7%	0.0%
Asian	0.0%	2.7%
Unknown	0.0%	2.7%
Age		
Mean	37	38
Median	38	38
Range	19 – 75	18 - 65
18-24	21.6%	8.3%
25-34	24.3%	27.8%
35-44	29.7%	44.4%
45-54	13.5%	16.7%
55+	10.8%	2.8%

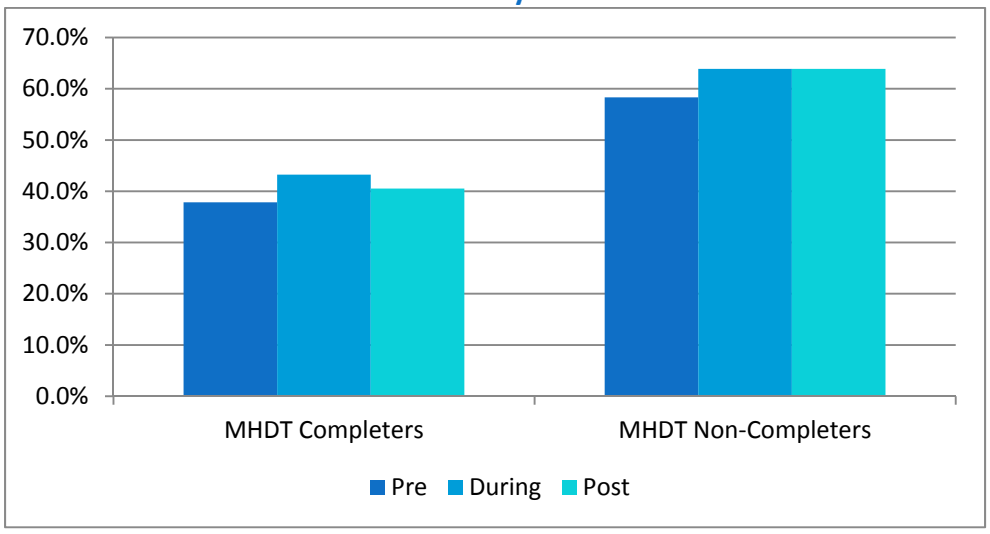
Behavioral Outcomes

Behavioral outcomes examined include receipt of mental health services (crisis and non-crisis), contacts with SPD, jail bookings, days spent in jail, and state criminal charges.

Receipt of Mental Health Services

In comparison to those who failed to complete MHDT requirements, a smaller proportion of successful completers received county-funded non-crisis mental health services prior to entry into MHDT status. For both groups, the proportion receiving any MHCADSD-funded services increased while they were under MHDT supervision.

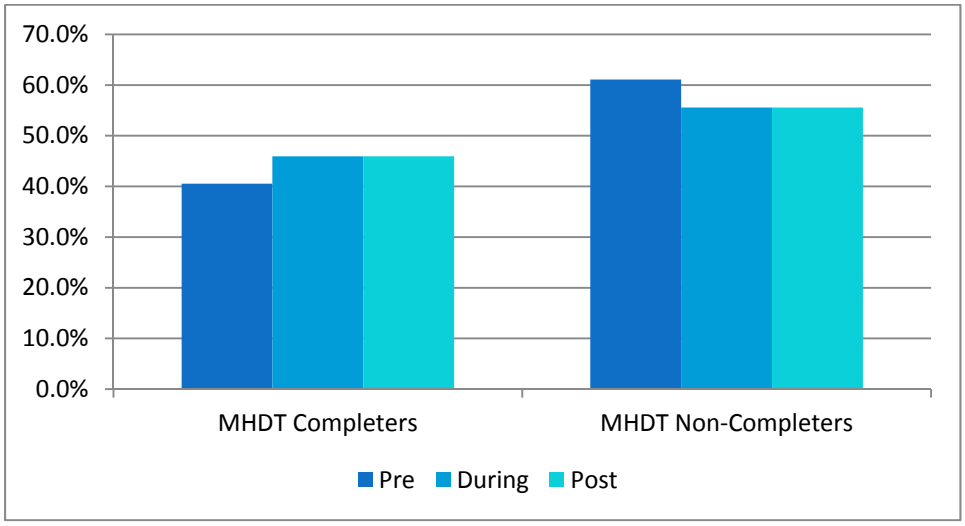
Exhibit 29
Percent MHDT with Any Non-Crisis Services



	MHDT Completers	MHDT Non-Completers
Pre	37.8%	58.3%
During	43.2%	63.9%
Post	40.5%	63.9%

The proportion of MHDT completers who received any county-funded crisis services increased during their participation, while the proportion of non-completers receiving county-funded crisis services declined from pre-MHDT levels. The following chart and table illustrate this pattern.

Exhibit 30
Percent Any Crisis Services
MHDT Defendants



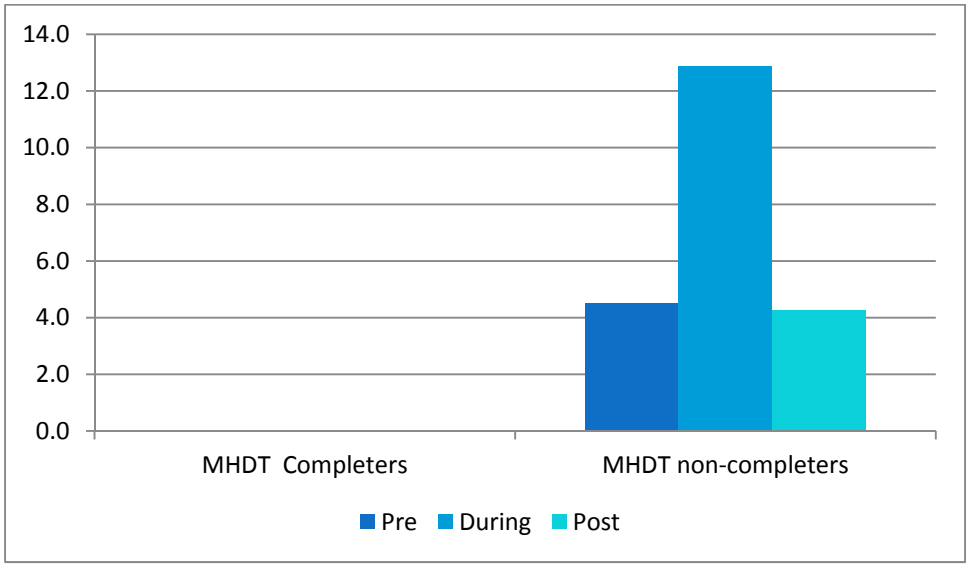
	MHDT Completers	MHDT Non-Completers
Pre	40.5%	61.1%
During	45.9%	55.6%
Post	45.9%	55.6%

Participants receiving any (at least one) county-funded crisis service prior to entry into MHDT status were significantly less likely to complete all conditions ($p<.02$).

Non-Crisis Services

Very few MHDT completers were reported by MHCADSD to have had any non-crisis service contacts pre, during, or post-program, which resulted in median annual contact rates of zero. A larger proportion of MHDT non-completers received MHCADSD-funded non-crisis services across all three periods, and experienced them at a higher rate during program participation (compared to pre and post periods).

Exhibit 31
Median Non-Crisis MH Service Counts per Year[22]
MHDT Defendants



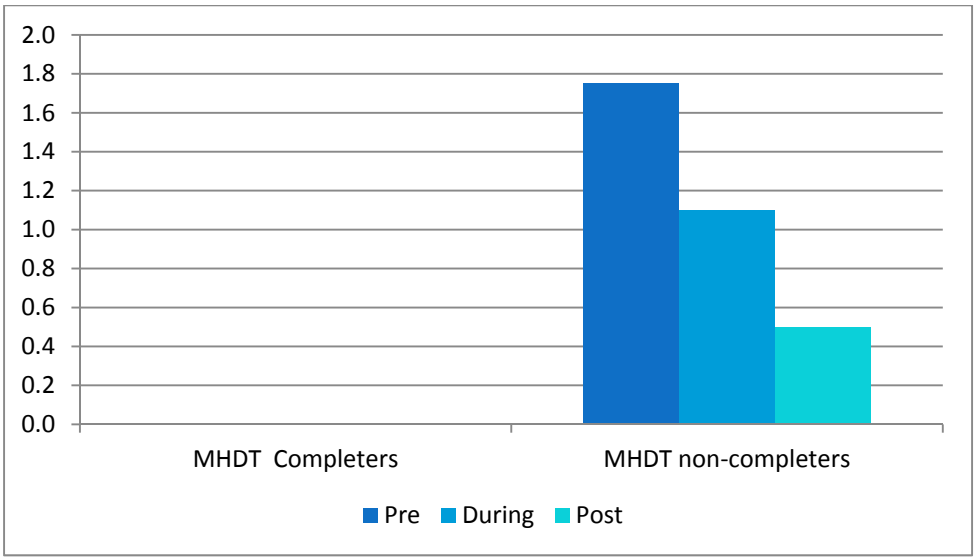
	MHDT Completers	MHDT Non-Completers
Pre	0.0	4.50
During	0.0	12.9
Post	0.0	4.3

[22] Annualized rates (counts per year) are used rather than total counts during each period to control for the variable lengths of in-program time experienced across the four groups of interest: MHC and MHDT completers and non-completers.

Crisis Services

Those who failed to complete their MHDT probation accessed crisis services more frequently prior to, during, and after their program participation than did those who succeeded. As with non-crisis services, very few MHDT completers were reported by MHCADSD to have had any crisis service contacts pre, during, or post-program, which results in median contact rates of zero. The rates of contact with crisis services reported by MHCADSD for MHDT non-completers were highest during the pre-MHDT period, declined during participation, and dropped even more after exit (see chart below).

Exhibit 32
Median Crisis MH Service Counts per Year
MHDT Defendants



	MHDT Completers	MHDT Non-Completers
Pre	0.0	1.8
During	0.0	1.1
Post	0.0	0.5

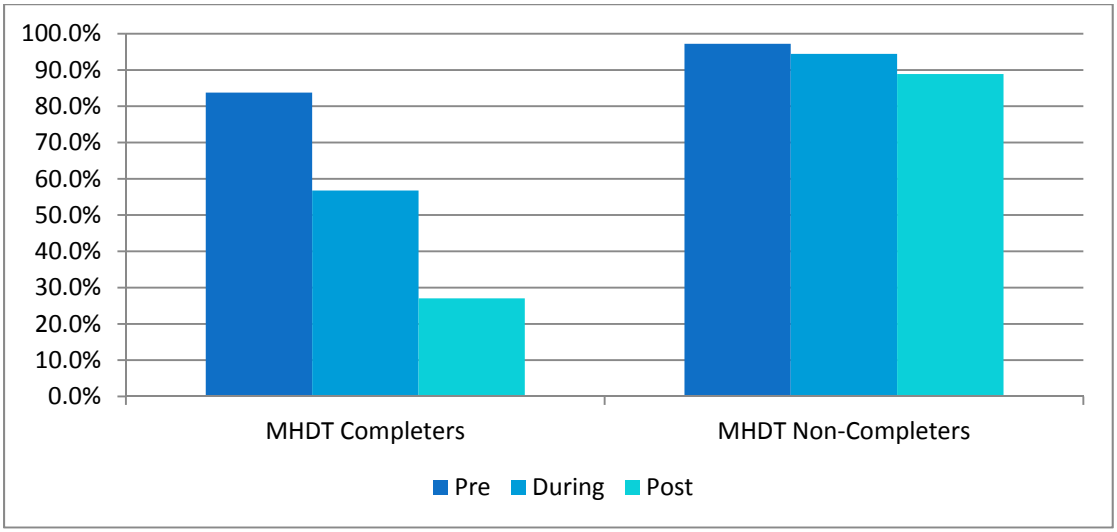
Outcome: Contact with Criminal Justice System

Evaluators assessed whether the proportion of the MHDT exit cohort that had any contacts with the justice system, as well as the frequency of contacts, changed from the pre-MHDT (baseline) two-year period.

Jail Bookings

Successful MHDT completers were much less likely to have been booked into jail while in the program and during the two year period following their exit. Only 27 percent of MHDT completers had one or more jail bookings during the two years after the program compared to 89 percent for MHDT non-completers. The proportion of MHDT non-completers booked post-program decreased only slightly from pre-program levels.

Exhibit 33
Percent of Participants with Any Jail Bookings
MHDT Defendants

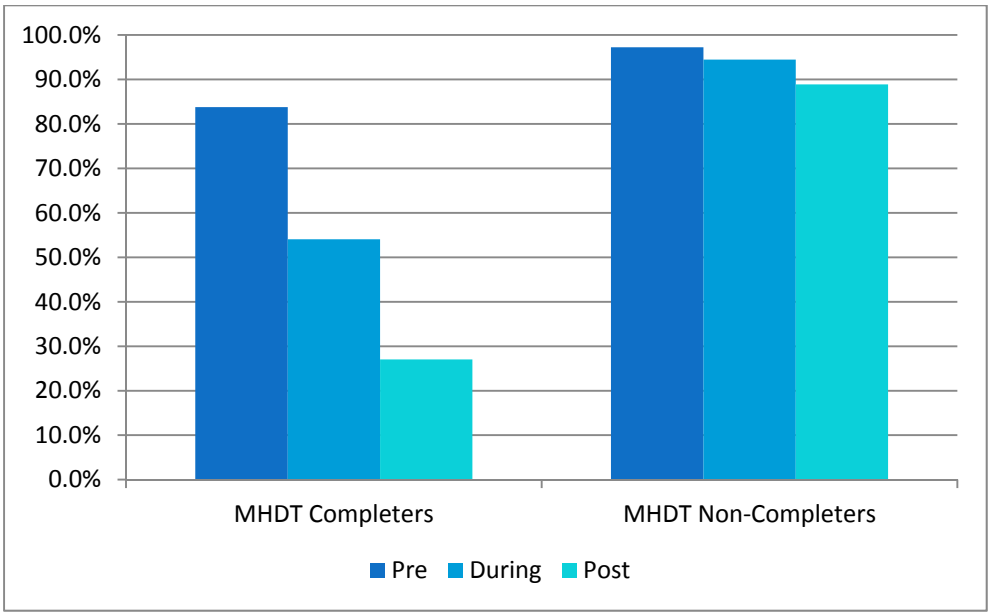


	MHDT Completers	MHDT Non-Completers
Pre	83.8%	97.2%
During	54.1%	94.4%
Post	27.0%	88.9%

Days in Jail

As would be expected, the proportion of MHDT completers and non-completers with any days in jail during the three time periods parallels the proportions that had any jail bookings. As indicated in the table and chart below, completers experienced much greater declines in jail days than non-completers.

Exhibit 34
Percent of Participants with Any Days in Jail
MHDT Defendants

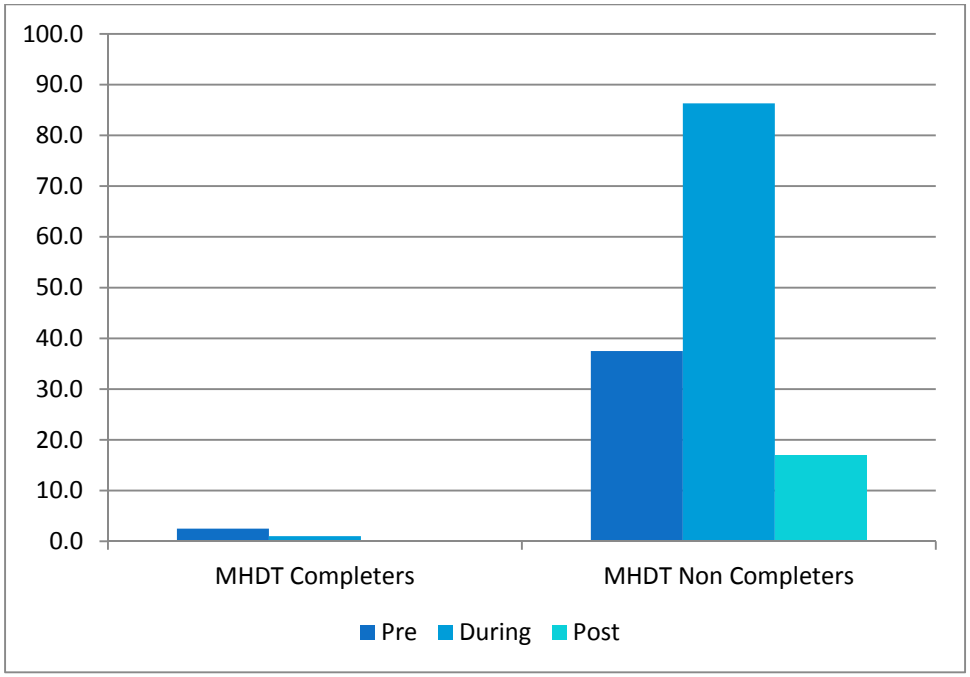


	MHDT Completers	MHDT Non-Completers
Pre	83.8%	97.2%
During	54.1%	94.4%
Post	27.0%	88.9%

Median Jail Bookings

Non-completers experienced a much higher rate of jail bookings across all time periods than those who succeeded in meeting their MHDT probation requirements. ***For MHDT completers, the median annual number of jail bookings per person declined significantly after participation compared to before.*** MHDT non-completers also show declines in median jail bookings from their pre-supervision levels, though the pre-post differences were smaller. The pre-post declines were statistically significant for both completers ($p<.0005$) and non-completers ($p<.006$).

Exhibit 35
Median Annual Jail Bookings per Participant
MHDT Defendants



	MHDT Completers	MHDT Non-Completers
Pre	0.5	1.8
During	0.5	4.3
Post	0.0	1.3

Cost of Bookings

The table below compares total bookings for the two groups across time periods, and an estimated cost offset based on $289 per booking (see footnote 18).

Exhibit 36
Total Number of Bookings
MHDT Defendants

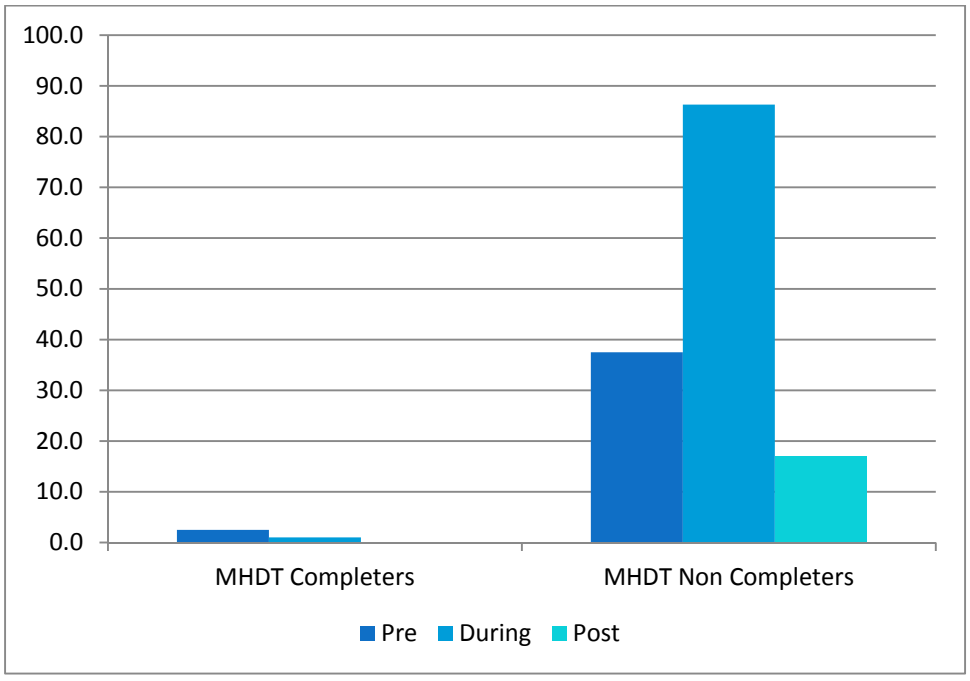
	MHDT Completers	MHDT Non-Completers
Pre	76	244
During	48	137
Post	20	139
Reduction in bookings	**-56 (-74%)**	**-105 (-43%)**
Estimated cost offset	**$16,184**	**$30,345**

The total cost offset of over $45,000 is likely an underestimate, since it is an average across all bookings, not taking into account any specialized mental health assessment services that these defendants likely required.

Number of Days in Jail

For non-completers, the median annual number of jail days increased dramatically during the program, a pattern that did not occur for completers. However, both completers and non-completers had lower rates of jail days after MHDT probation than they had experienced before, suggesting that spending ***any time under MHDT supervision has a positive impact on participants' behavior, regardless of completion.*** Overall, those MHDT individuals who successfully met conditions of their probation spent less time in jail prior to, during, and after probation than those who did not complete requirements.

Exhibit 37
Median Jail Days per Participant per Year
MHDT Defendants



	MHDT Completers	MHDT Non-Completers
Pre	2.5	37.5
During	1.0	86.3
Post	0.0	17.0

Total Number of Days in Jail

To provide another perspective on the use of jail days by program participants, the table and chart below show the total days the 2008 cohort spent in jail pre-, during, and post MHDT supervision.

Exhibit 38
Change in Total Days in Jail
MHDT Defendants

	MHDT Completers	MHDT Non Completers
Pre	904	4,982
During	818	3,587
Post	883	3,199
Reduction in Days, Pre to Post	**-21(-2%)**	**-1,783 (-36%)**

Overall, MHDT defendants spent 1,804 fewer days in jail during the two years after their exit, compared to the total days they spend in the two years prior to entering MHDT status. At an estimated $106 per inmate-day, ***this represents a cost offset of over $190,000. This is likely an underestimate***, since this is a standard jail day cost, not including specialized medical/psychiatric services and supervision often required by persons with mental illness.

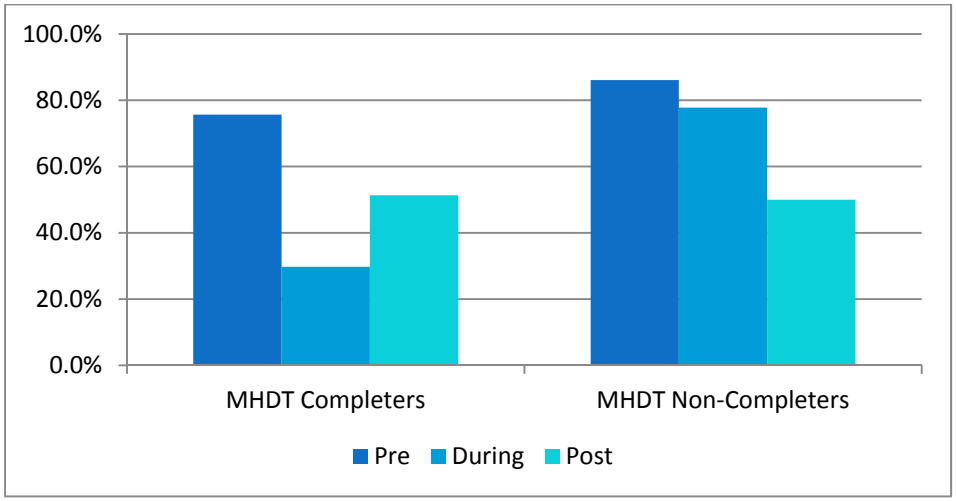
Comparisons of total days spent by completers and non-completers during their participation should be approached cautiously, since non-completers spent on average only half as much time under MHDT supervision as did completers (see Exhibit 27).

Police Contacts

Both MHDT probation completers and non-completers showed a decline in the proportion experiencing any SPD contact while they were under supervision.

Exhibit 39
Percent with any Police Incidents
MHDT Defendants

	MHDT Completers	MHDT Non Completers
Pre	75.7%	86.1%
During	29.7%	77.8%
Post	51.4%	50.0%

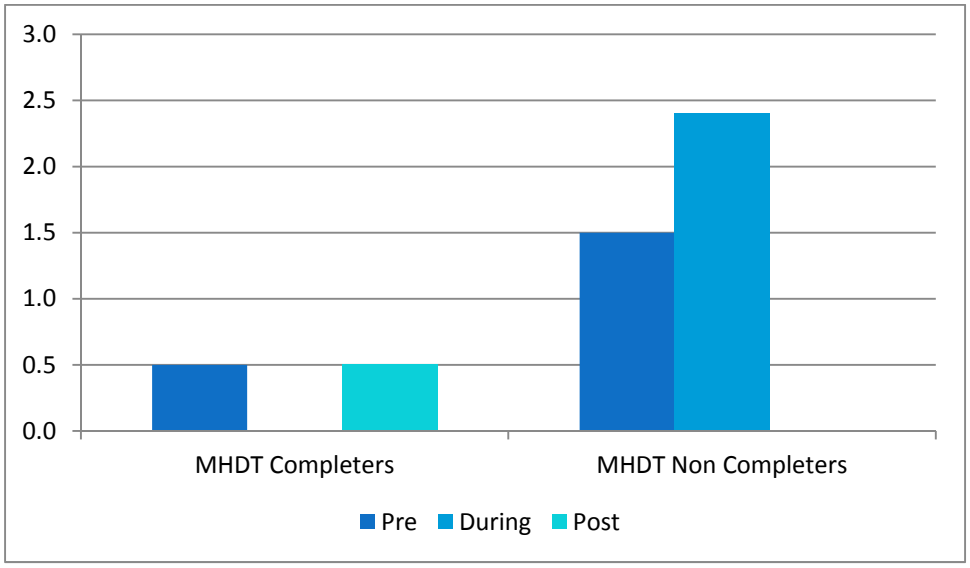


The proportion of MHDT non-completers who experienced any police contacts during program participation (78%) was substantially higher than that for completers (30%).

Number of Police Incidents

Evaluators also looked at the median number of police incidents MHDT defendants had before, during, and after the program. Completers experienced a decline in the number of police incidents during their participation, but their contact rate returned to pre-program levels after they exited. In contrast, over half of MHDT non-completers had no reported police contacts during the two years after exiting (resulting in a median value of zero, as experienced by MHDT completers during the supervision period).

Exhibit 40
Median Police Incidents per Participant per Year
MHDT Defendants

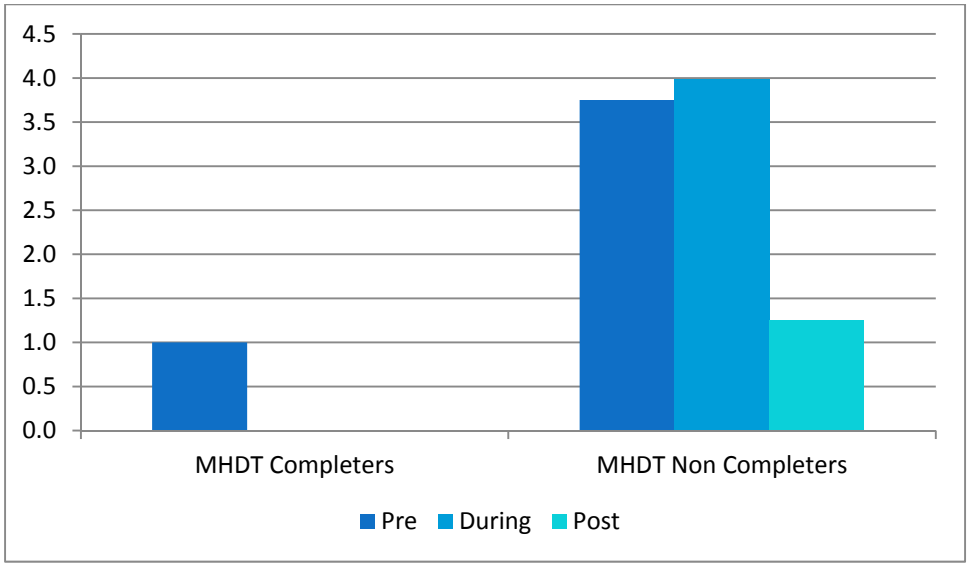


	MHDT Completers	MHDT Non Completers
Pre	0.5	1.5
During	0.0	2.4
Post	0.5	0.0

Recidivism over Time: Number of State Charges

MHDT defendants experienced a decline in the median annual number of Washington State criminal charges filed during the two years after their MHDT probation, when compared with the two years prior. Those who successfully completed their MHDT probation experienced the most striking decrease in this measure of recidivism. The declines in state charges for both MHDT completers and non-completers from pre to post MHDT were statistically significant ($p<.05$).

Exhibit 40
Median Number of Criminal Charges per Participant, per Year
MHDT Defendants



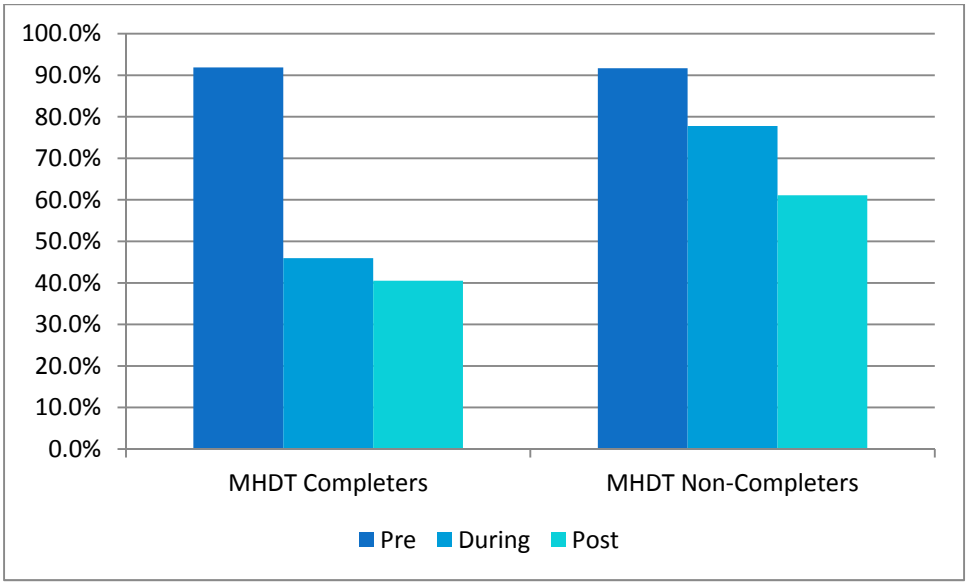
	MHDT Completers	MHDT Non-Completers
Pre	1.0	3.8
During	0.0	4.0
Post	0.0	1.3

MHDT non-completers exhibit a pattern of increased charging rates while on probation, with a marked decline following exit.

Recidivism: Record of State Charges

As illustrated in the chart and table below, a smaller proportion of both MHDT completers and non-completers had any state charges filed against them in the two years after exiting in comparison to the two years prior to MHDT participation. Although the decline in the proportion with any state charges was greater for completers (from 92% prior to 40% post-MHDT), it is encouraging that even those who did not complete all MHDT requirements still experienced a pre-to-post reduction in the proportion with any state charges (from 92% to 62%). This suggests that ***MHDT supervision has lasting positive effects on recidivism, regardless of whether individuals are able to complete all requirements.***

Exhibit 41
Percent with Any WA State Charges
MHDT Defendants



	MHDT Completers	MHDT Non-Completers
Pre	91.9%	91.7%
During	45.9%	77.8%
Post	40.5%	61.1%
Percent change	**-55.9%**	**-33.3%**

APPENDIX B: SEATTLE MENTAL HEALTH COURT LOGIC MODEL

SMC Mental Health Court