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# New York State Mental Health Courts

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## A Policy Study

By Josephine W. Hahn



520 Eighth Avenue, 18<sup>th</sup> Floor  
New York, New York 10018  
646.386.3100 fax 212.397.0985  
[www.courtinnovation.org](http://www.courtinnovation.org)

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Center for Court Innovation  
520 Eighth Avenue, 18<sup>th</sup> Floor  
New York, New York 10018  
646.386.3100 fax 212.397.0985  
[www.courtinnovation.org](http://www.courtinnovation.org)

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For correspondence, please contact Josy Hahn at [hahnj@courtinnovation.org](mailto:hahnj@courtinnovation.org).

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# Executive Summary

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In early 2015, the Center for Court Innovation partnered with the New York State Unified Court System to conduct a policy survey examining policies and practices of adult mental health courts throughout New York State. The comprehensive survey identified current practices in court operations, program requirements, services and referrals, as well as key strengths and recommendations for mental health courts.

Surveys were sent to all mental health courts in New York State, and all 26 courts responded for a 100 percent response rate. Six responding courts were from the New York City area,<sup>1</sup> and 20 courts were from the suburbs of New York City and upstate jurisdictions.<sup>2</sup>

## Statewide Findings

- **Key Roles:** All mental health courts have a dedicated judge, and most courts also have a dedicated project coordinator, as well as assigned prosecutors and defense attorneys. The majority of courts shared the presiding judge (81%), coordinator (68%) and defense attorneys (54%) with a local drug court.
- **Legal Eligibility:** Over three-quarters of mental health courts accept misdemeanors, and nearly two-thirds accept nonviolent felonies. Only seven courts statewide (4 of 6 in NYC and 3 of 20 in the rest of the state) accept violent felonies. Regarding prior criminal history, all courts accept defendants with prior misdemeanor and nonviolent felony convictions. Over half of mental health courts statewide, including all NYC courts, accept defendants with prior violent felony convictions.
- **Clinical Eligibility:** Ninety-six percent of courts statewide accept defendants with former Axis I diagnoses, including bipolar disorder, major depression and schizophrenia. Over eighty percent of courts accept posttraumatic stress disorder, and over half of courts accept substance use disorder. In addition, over half accept diagnoses that co-occur with a former Axis I diagnoses, such as personality disorders, traumatic brain injuries, and intellectual and/or developmental disabilities.

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<sup>1</sup> New York City (NYC) courts included: 1) Brooklyn Mental Health Court; 2) Bronx Supreme Mental Health Court; 3) Manhattan Mental Health Court; 4) Queens County Felony Mental Health Court; 5) Queens County Misdemeanor Mental Health Court; and 6) Richmond County Supreme Mental Health Court (Staten Island).

<sup>2</sup> Suburban and upstate courts included: 1) Nassau County Mental Health Court; 2) Suffolk County Mental Health Court; 3) Westchester County Mental Health Court; 4) Auburn City Mental Health Court; 5) Buffalo Mental Health Court; 6) Batavia City Mental Health Court; 7) Clinton County Combined Mental Health Court; 8) Dunkirk City Mental Health Court; 9) Finger Lakes Mental Health Treatment Court; 10) Lockport City Mental Health Court; 11) Jamestown City Mental Health Court; 12) Lackawanna City Mental Health Court; 13) Middletown City Mental Health Court; 14) Monroe County Mental Health Court; 15) Montgomery County Mental Health Court; 16) Niagara Falls Mental Health Court; 17) Olean City Mental Health Court; 18) Plattsburgh Mental Health Court; 19) Tonawanda City Mental Health Court; and 20) Utica Mental Health Court.

- Graduation: Courts reported that the top graduation requirements were: consistent treatment attendance, stable housing, adherence to prescribed medication, evidence of improved symptoms, evidence of improved functioning and a specified period of abstinence.
- Mental Health Assessment: Over eighty percent of courts statewide use full diagnostic assessments, and over sixty percent used brief diagnostic screens.
- Assessment for Risk and Criminogenic Needs: About one-third of courts (35%) use structured risk-need assessments that provide empirically-based classifications of participant risk of re-offense (e.g., low, moderate, or high) and of the severity of participant needs across key criminogenic domains (e.g., including criminal thinking, pro-criminal associates, family relationships, substance abuse, and employment and school problems). Also notable, two courts reported that they exclude high-risk defendants, though the research suggests that diversion to services is more effective for high-risk defendants (Andrews and Bonta 2010; Andrews and Dowden 2006).
- Other Structured Assessment Tools: Fifteen percent of courts use risk of violence assessments, and eleven percent use trauma assessments.
- Services and Local Resources: The courts referred clients to the following services: mental health treatment, case management or care coordination and outpatient drug treatment. Less than half of courts cited appropriate and adequate behavioral health treatment options in their area. About one-third of courts reported limited transportation options, especially in rural areas.
- Notable Housing Problems: Over sixty percent of courts reported local housing resources as insufficient. Further, NYC courts averaged over five months when linking clients to supported housing resources; suburban and upstate courts averaged about one month.
- Use of Evidence-Based Interventions: Over half of courts (58%) reported use of cognitive-behavioral criminal thinking interventions, and half of courts reported use of trauma interventions. Over eighty percent reported use of Medication Assisted Treatment for heroin or opioid dependence.
- Stakeholder Relationships: Mental health court respondents overall provided positive views of their stakeholders, including local prosecutors, defense attorneys, mayors, and representatives from probation, county agencies and community-based providers. Respondents from a few courts cited problems with stakeholders who did not seem to understand the needs of defendants with mental illness or why diversion was appropriate for this population. Only half reported having a stakeholder group or advisory board that incorporated representation from multiple agencies.
- Use of Data and Research: Eighty-five percent of respondents reported tracking data in formal databases. Three courts used multiple databases to track client needs and ongoing progress. Four courts did not report using a database for court and program tracking. A

third of courts reported having a formal process or impact evaluation conducted.

- **Key Strengths:** Several respondents consistently described the overall mental health court approach as a strength, citing individualized attention to each participant and frequent supervision. Some respondents cited their mental health team and dedicated judges as strengths, promoting collaboration and shared expertise.
- **Respondent Recommendations:** Respondents from several courts requested greater networking opportunities, including a statewide mental health court conference and the chance to observe and learn from other mental health courts. Moreover, courts consistently asked for support and training in the following topics: mental health and substance abuse needs, including co-occurring disorders; evidence based-practices; validated risk assessments; trauma-informed care; and ongoing staff development. Some courts asked for ways to improve collaboration with local stakeholders and increase community-based resources, such as treatment, housing and transportation options.

## Conclusions and Recommendations

The following recommendations are drawn from this study and known best practices in the field:

- ***Implement a viable database and regular review of quantitative performance data in all mental health courts.*** We recommend resources and training to ensure consistent data collection across the state. In particular, mental health courts that reported not using a database would benefit from using the existing statewide court database. For all courts, data collected should be shared with the mental health court team to review ongoing performance and to identify key strengths and challenges (Thompson et al. 2001).
- ***Implement validated assessment tools.*** We found that courts' use of structured assessments varied greatly, including limited use of validated risk-need, risk of violence and trauma assessment tools. In order to understand defendants' risks and criminogenic needs, we recommend increased training and use of validated assessment tools in conjunction with current diagnostic tools. In particular, structured risk assessments can distinguish between high- and low-risk defendants; match services to individual risk and needs; and improve outcomes, such as reoffending (e.g., Andrews and Bonta 2010; Bonta and Andrews 2007; Edgely 2014; Lowenkamp, Latessa and Holsinger 2006; Osher et al. 2012).
- ***Use of Risk-Need-Responsivity principles.*** Mental health court staff should be trained in Risk-Need-Responsivity theory, which suggests that intensive interventions should be reserved for high-risk defendants and low-risk defendants should receive minimal interventions (Andrews and Bonta 2010; Andrews and Dowden 2006).
- ***Promote relationships with local stakeholders and convene a local stakeholder or advisory board.*** We recommend that mental health courts invite local stakeholders, including other court staff, local political leaders, probation, county representatives and service providers, to attend case proceedings and provide feedback on court practices; hold ongoing cross-trainings; and build and maintain partnerships with local providers for

immediate service linkages. We also recommend that courts convene stakeholder group or advisory board meetings, at least once annually to discuss court operations, key challenges, funding needs, local resources, and ways to strengthen their mental health court (Thompson et al. 2001).

We also encourage courts to work with community-based providers to expand the pool of appropriate resources and find ways to minimize the delays in linking participants to needed resources.

- ***Establish a statewide forum, networking opportunities and ample training opportunities for mental health courts.*** We recommend that the Unified Court System hold regular statewide forums and establish peer-to-peer exchanges to share promising practices and solutions to common challenges (e.g., increasing court referrals, working with defendants with co-occurring disorders and expanding use of evidence-based interventions for criminal thinking). We also recommend using online webinars or teleconferences to facilitate dialogue despite busy schedules and long distances. Suggested topics for forums and trainings include: mental health court operations, mental health and related needs (e.g., DSM-V, psychopharmacology, substance abuse and co-occurring disorders), evidence based-practices, structured risk assessments and trauma-informed care.



# Chapter 1

## Introduction

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New York State Unified Court System opened its first two mental health courts in 2002 and launched a statewide Mental Health Court Initiative, a specialized problem-solving court approach for defendants with mental illness, in 2004. Mental health courts combine intensive judicial monitoring with community-based treatment and services, usually as an alternative to jail or prison. Common goals include improving public safety by reducing criminal recidivism, improving the quality of life among people with mental illness, and promoting collaboration between court and community stakeholders (e.g., judges, attorneys, coordinators, case managers and other team staff, County agencies, law enforcement, probation and local providers).

Since 2002, approximately 30 mental health court models have served nearly 8,000 defendants, operating in large cities, suburban communities, small towns and rural areas throughout New York State (see map in Figure 1.1).<sup>3</sup> The mental health courts in New York vary widely in court operations and local resources for treatment and related supports and face challenges of limited funding for planning, operations, ongoing training and technical assistance; lack of research-based standards for mental health courts; and limited research on mental health courts (Almquist and Dodd 2009; Edgely 2014; Rossman et al. 2012).

In collaboration with the New York State Unified Court System, the Center for Court Innovation conducted a statewide policy survey of New York's 26 adult mental health courts currently in operation. The survey covered a range of policies and practices for adult mental health courts including eligibility criteria, clinical assessment procedures, structured risk assessments, available treatment and other social services, local collaborations, strengths and recommendations, as conveyed by survey respondents. Research objectives were as follows:

1. To understand common practices and key trends across mental health courts from case processing to sentencing options.
2. To understand strengths and challenges that are common across a wide range of mental health courts or specific to certain types of jurisdictions or courts.
3. To share recommendations, approaches and suggestions for jurisdictions with and without mental health courts in New York.

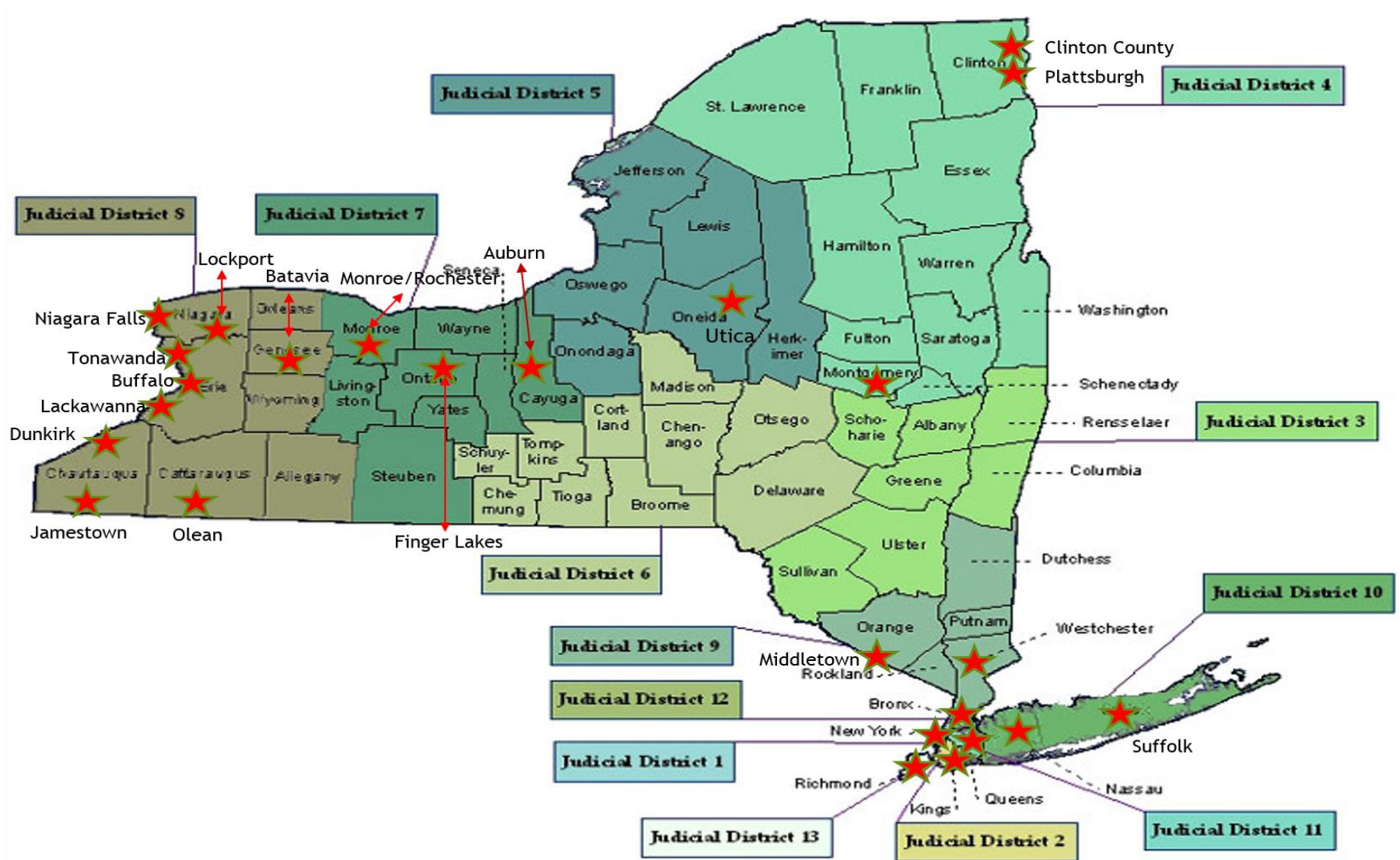
The New York State Unified Court System and the Center for Court Innovation plan to use the study results and recommendations to identify common challenges, promising practices, and technical assistance and training needs; to spark discussion about policy and practice recommendations for mental health courts in New York State; and to provide guidance to jurisdictions that are interested in improving practice for defendants with mental illnesses.

A description of policy development and research methods can be found in Chapter 2. Findings can be found in Chapter 3. See Appendix A for the full survey instrument.

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<sup>3</sup> Since 2002, a few of the original mental health courts have ceased operations. In addition, some court-based diversion programs that did not originally include a specialized court part have since moved to a more formal mental health court structure.

Figure 1.1: Map of New York State Mental Health Courts



## **Chapter 2**

### **Research Methodology**

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This chapter briefly outlines survey development process and methods used in this study.

#### **Survey Development**

The 26 mental health courts currently operating in New York vary on many court policies and practices. To identify trends and variations, researchers developed a comprehensive survey in partnership with the New York State Unified Court System's Office of Policy and Planning and the Mental Health Court Programs department at the Center for Court Innovation. We adapted questions from prior statewide drug court surveys (e.g., see Cissner et al. 2013) and addressed features that relate specifically to defendants with mental health issues and to mental health courts (e.g., clinical assessment, staff and resources).<sup>4</sup> The final survey contained 97 questions in the following categories (see Appendix A for full survey):

- 1) Target Population (clinical and legal eligibility)
- 2) Program Requirements (judicial monitoring, case duration, graduation and termination)
- 3) Screening and Assessment (risk assessment, diagnostic screening and assessment)
- 4) Program Oversight (team composition and staff training)
- 5) Treatment Strategies (services and referrals used)
- 6) Local Resources and Collaboration (adequate and appropriate resources, stakeholder buy-in and presence of an advisory board)
- 7) Strengths, Challenges and Recommendations

The survey was made available on SurveyMonkey for online completion. The 26 courts received a request to complete the survey from the Chief of Policy and Planning at the Unified Court System, followed by multiple reminders from UCS staff. The final response rate was 100 percent. We conducted descriptive analysis of survey results, dividing the courts into two groups:

- 1) Group 1 comprised six mental health courts<sup>5</sup> from the five New York City (NYC) boroughs:
  - Brooklyn Mental Health Court, Bronx Supreme Mental Health Court, Manhattan Mental Health Court, Queens County Felony Mental Health Court, Queens County

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<sup>4</sup> For example, mental illness is not inherently a crime compared to many forms of drug abuse. In addition, mental health courts are more likely to admit cases with a wider range of charges compared to drug courts, some of which may focus primarily on drug-related offenses. Prior national research has also found that mental health courts are more likely to develop more flexible and individualized treatment plans compared to more structured, routine treatment plans seen in drug courts (Council on State Governments, 2008).

<sup>5</sup> Please note the court names listed are from the New York State Courts official website (see [https://www.nycourts.gov/courts/problem\\_solving/mh/home.shtml](https://www.nycourts.gov/courts/problem_solving/mh/home.shtml)). However, courts may be known by different names locally.

Misdemeanor Mental Health Court and Richmond County Supreme Mental Health Court (Staten Island).

2) Group 2 consisted of 20 mental health courts<sup>5</sup> from suburban and upstate New York:

- The suburban courts are: Nassau County Mental Health Court, Suffolk County Mental Health Court and Westchester County Mental Health Court.
- The upstate courts are: Auburn City Mental Health Court, Batavia City Mental Health Treatment Court, Buffalo Mental Health Court, Batavia City Mental Health Court, Clinton County Combined Mental Health Court, Dunkirk City Mental Health Court, Finger Lakes Treatment Court, Lockport Mental Health Court, Jamestown City Mental Health Court, Lackawanna City Mental Health Court, Middletown City Mental Health Court, Monroe County Mental Health Court, Montgomery County Mental Health Court, Niagara Falls Mental Health Court, Olean City Mental Health Court, Plattsburgh Mental Health Court, Tonawanda City Mental Health Court and Utica Mental Health Court.

## Chapter 3

### Survey Findings

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This chapter highlights survey findings for each of the following categories: target population; program requirements; screening and assessment; program oversight; treatment strategies; local resources and collaboration; and strengths, challenges and recommendations. Trends are reported for the 26 courts statewide. Where relevant, trends are also distinguished for the six New York City (NYC) courts and 20 suburban/upstate New York courts.

#### **Target Population**

This section examines the mental health court target population, based on legal and clinical eligibility criteria. Results can be found in Table 3.1.

#### ***Legal Eligibility***

Table 3.1 shows that over three-fourths (77%) of mental health courts (MHC) accepted misdemeanors and about two-thirds (65%) accepted nonviolent felonies. In total, four of the six NYC courts, yet only three of the 20 suburban/upstate courts, accepted violent felonies. In terms of prior criminal history, all courts across the state accepted prior misdemeanor and nonviolent felony convictions. Of note, all six NYC courts, yet only eight of the 20 suburban/upstate courts, accepted defendants with prior violent felony convictions.

In terms of when cases were admitted to the mental health court, nearly three-quarters (73%) enrolled at least some cases post-plea. Most suburban/upstate courts enrolled cases post-plea (85%), half enrolled cases at or after sentencing (in contrast with the post-plea/deferred sentencing model where a plea is taken but sentence is not imposed at admission), and less than half enrolled cases pre-plea. In contrast, two-thirds of NYC courts enrolled at least some cases pre-plea, while only a third of NYC courts enrolled cases post-plea.

#### ***General Eligibility***

All but one mental health court (96%) reported accepting defendants with former Axis I diagnoses, which includes bipolar disorder, major depression, schizophrenia and schizoaffective disorder. Additional diagnoses accepted by most courts were posttraumatic stress disorder (PTSD; 85%) and substance abuse disorder (73%). Diagnoses such as former Axis II disorders (e.g., personality disorder), intellectual and/or developmental disabilities and traumatic brain injuries were more often accepted when co-occurring with an Axis I diagnosis. Two courts reported that clinical exceptions were made for co-occurring diagnoses on the basis on severity and functioning.

#### ***Options for Technically Ineligible Defendants***

Most courts statewide (92%) reported making case-by-case exceptions, based on case review, as well as using prosecutorial and judicial discretion, which could at times lead technically ineligible defendants to be admitted. We also asked courts what generally happened to ineligible defendants. Most mental health courts either continued the case in traditional court (96%) or had probation address mental health needs (69%).

**TABLE 3.1. Mental Health Court Target Population**

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>LEGAL ELIGIBILITY</b>			
<b>Eligible Charge Severity</b>			
Violation	0%	10%	8%
Misdemeanor	50%	85%	77%
Nonviolent Felony	67%	65%	65%
Violent Felony	67%	15%	27%
<b>Eligible Prior Convictions</b>			
Prior Misdemeanor Conviction	100%	100%	100%
Prior Nonviolent Felony Conviction	100%	100%	100%
Prior Violent Felony Conviction	100%	40%	54%
<b>Stage where Admitted to MHC</b>			
Pre-plea	67%	40%	46%
Post-plea/Deferred Sentencing	33%	85%	73%
At or after Sentencing	0%	50%	38%
Probation Violation	0%	15%	12%
<b>CLINICAL ELIGIBILITY</b>			
<b>Eligible Mental Health Diagnoses</b>			
Formerly Axis I <sup>1</sup>	100%	95%	96%
Formerly Axis II <sup>2</sup>	33%	30%	31%
<i>Yes, if co-occurring with Axis I</i>	50%	65%	62%
PTSD	83%	85%	85%
<i>Yes, if co-occurring with Axis I</i>	17%	15%	15%
Substance Abuse Disorder	50%	80%	73%
<i>Yes, if co-occurring with Axis I</i>	50%	20%	27%
Intellectual Disability	17%	40%	35%
<i>Yes, if co-occurring with Axis I</i>	50%	55%	54%
Traumatic Brain Injury	33%	45%	42%
<i>Yes, if co-occurring with Axis I</i>	50%	45%	46%
Other <sup>3</sup>	0%	10%	8%
<b>OTHER ELIGIBILITY<sup>4</sup></b>			
16- to 17-year olds admitted	50%	50%	50%
<b>Options for Ineligible Defendants</b>			
Case continues in traditional court	100%	95%	96%
Case referred to drug court	67%	40%	46%
MH needs assessed in pre-sentence investigation	33%	55%	50%
MH needs addressed by probation	33%	80%	69%
Other <sup>5</sup>	33%	25%	27%

<sup>1</sup> Formerly Axis I diagnosis includes bipolar disorder, major depression, schizophrenia and schizoaffective disorder.

<sup>2</sup> Formerly Axis II diagnosis includes personality disorders.

<sup>3</sup> In one court, clinical exceptions were made on basis of severity and functioning level of intellectual/developmental disability. In another court, the case was reviewed to ensure the person with co-occurring personality, traumatic brain injury or intellectual disabilities could benefit from the MHC.

<sup>4</sup> Ineligible categories include: violent felonies (5), rape (2) and/or sex offenses (9), arson (5), murder/homicide (3), domestic violence (1), child abuse (1), weapons (1) and DWI (1).

<sup>5</sup> Additional options for ineligible defendants include: referral to a local forensic unit (1) or forensic legal center (1), judge request for additional support and monitoring (1), criminal court mandate that requires MHC to monitor case (1) and Assisted Outpatient Treatment order (where treatment would be required outside of pending court case; 1).

## **Program Requirements**

Table 3.2 provides key program requirements, including judicial monitoring, average case length, as well as graduation and termination criteria.

### ***Judicial Monitoring and Case Duration***

In terms of judicial monitoring, mental health courts averaged about three required judicial status hearings per month for the first three months of a case. After six months, suburban/upstate courts averaged two hearings per month, and the average was slightly lower in NYC courts (1.4).

In terms of case lengths reported by courts (not based on administrative data), misdemeanor cases in NYC courts were seen for about eight months on average, much shorter than suburban/upstate courts that saw cases for about 16 months on average. In terms of felony case lengths, NYC mental health courts saw felony cases for nearly 18 months on average, comparable to about 16 months on average in suburban/upstate courts.

Fourteen courts also reported that case durations were extended in certain circumstances, including for substance abuse issues (e.g., chronic relapse), new arrests and violent felony cases.

### ***Graduation***

Mental health courts were asked how often specific requirements were issued for graduation (i.e., always, sometimes, or rarely/never). The top graduation requirements reported across the courts were: consistent attendance in a behavioral treatment program (100% of courts responded ‘always’), stable housing (92% responded ‘always’), adherence to prescribed medication (88% responded ‘always’), evidence of improved symptoms (88% responded ‘always’), evidence of improved functioning (77% responded ‘always’) and a specified period of abstinence (81% responded ‘always’). In most courts statewide (85%), the participant, judge and prosecutor agreed at the time of a defendant’s admission to the court on the final case disposition at graduation.

### ***Termination***

Mental health courts were asked how often specific conditions resulted in termination (i.e., always, sometimes, or rarely/never). The most common termination conditions were: any new arrest (81% responded “sometimes”), violation of service provider rules (81% responded “sometimes”), inadequate attendance at a local treatment program (69% responded “sometimes”), positive drug test (69% responded “sometimes”), any new arrest for a serious offense (e.g., felonies; 65% responded “sometimes”) and failure or refusal to use medications (65% responded “sometimes”). In most NYC courts (83%) but only half of suburban/upstate courts, the participant, judge and prosecutor agreed at the time of a defendant’s admission to the court on the final case disposition if the defendant were terminated from the court.

**TABLE 3.2. Mental Health Court Requirements**

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>JUDICIAL MONITORING</b>			
Judicial Status Hearings/Month, during First 3 Months <sup>1</sup>	2.8	3.3	3.2
Judicial Status Hearings/Month, after 6 Months <sup>2</sup>	1.4	2.3	2.1
<b>Case Length</b>			
Minimum Months for Misdemeanors <sup>3</sup>	6.8	11.4	10.6
Average Months for Misdemeanors <sup>2</sup>	8.3	16.1	15.0
Minimum Months for Felonies <sup>3</sup>	13.8	12.2	12.6
Average Months for Felonies <sup>4</sup>	17.8	15.8	16.2
<b>GRADUATION</b>			
<b>Graduation Requirements</b>			
Consistent Attendance			
<i>Always</i>	100%	100%	100%
<i>Sometimes</i>	0%	0%	0%
<i>Rarely/Never</i>	0%	0%	0%
Completion of Treatment Program			
<i>Always</i>	33%	20%	23%
<i>Sometimes</i>	50%	65%	62%
<i>Rarely/Never</i>	17%	15%	15%
Evidence of Improvement in Symptoms			
<i>Always</i>	67%	95%	88%
<i>Sometimes</i>	33%	5%	12%
<i>Rarely/Never</i>	0%	0%	0%
Evidence of Improvement in Functioning			
<i>Always</i>	50%	85%	77%
<i>Sometimes</i>	50%	15%	23%
<i>Rarely/Never</i>	0%	0%	0%
Adherence to Medication Regimen			
<i>Always</i>	100%	85%	88%
<i>Sometimes</i>	0%	15%	12%
<i>Rarely/Never</i>	0%	0%	0%
Specified Period of Abstinence			
<i>Always</i>	67%	85%	81%
<i>Sometimes</i>	33%	15%	19%
<i>Rarely/Never</i>	0%	0%	0%
Stable Housing			
<i>Always</i>	83%	95%	92%
<i>Sometimes</i>	17%	5%	8%
<i>Rarely/Never</i>	0%	0%	0%



	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>Payment of Fees</b>			
<i>Always</i>	17%	25%	23%
<i>Sometimes</i>	50%	65%	62%
<i>Rarely/Never</i>	33%	10%	15%
<b>Community Service Requirement<sup>8</sup></b>			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	17%	60%	50%
<i>Rarely/Never</i>	83%	40%	50%
<b>Employment or Enrollment in School</b>			
<i>Always</i>	0%	10%	8%
<i>Sometimes</i>	50%	80%	73%
<i>Rarely/Never</i>	50%	10%	19%
<b>High School Diploma or GED</b>			
<i>Always</i>	0%	10%	8%
<i>Sometimes</i>	50%	70%	65%
<i>Rarely/Never</i>	50%	20%	27%
<b>Graduation Application</b>			
<i>Always</i>	0%	40%	31%
<i>Sometimes</i>	17%	20%	19%
<i>Rarely/Never</i>	83%	40%	50%
<b>Disposition when Graduated is Agreed on in Advance</b>			
Always	100%	80%	85%
Sometimes	0%	20%	15%
Rarely/Never	0%	0%	0%
<b>Typical Case Outcomes upon Graduation</b>			
Case Dismissed	83%	45%	54%
Case Closed with ACD Disposition	67%	70%	69%
Case Closed with Conviction, Sentenced to Conditional Discharge	100%	80%	85%
Case Closed with Conviction, Sentenced to Probation	83%	65%	69%
Probation Reduced or Early Discharge	17%	55%	46%
Reduced Charges	83%	75%	77%
<b>TERMINATION</b>			
<b>Conditions for Termination</b>			
Any New Arrest			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	83%	80%	81%
<i>Rarely/Never</i>	17%	20%	19%

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
Any New Arrest for a Serious Offense			
<i>Always</i>	0%	30%	23%
<i>Sometimes</i>	100%	55%	65%
<i>Rarely/Never</i>	0%	15%	12%
Inadequate Attendance in Treatment Program			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	33%	80%	69%
<i>Rarely/Never</i>	67%	20%	31%
Failure or Refusal to Take Medications			
<i>Always</i>	0%	5%	4%
<i>Sometimes</i>	67%	65%	65%
<i>Rarely/Never</i>	33%	30%	31%
Violating Service Provider Rules			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	67%	85%	81%
<i>Rarely/Never</i>	33%	15%	19%
Positive Toxicity Screen Results			
<i>Always</i>	0%	5%	4%
<i>Sometimes</i>	67%	70%	69%
<i>Rarely/Never</i>	33%	25%	27%
<b>Disposition when Terminated is Agreed upon in Advance</b>			
Always	83%	50%	58%
Sometimes	0%	25%	19%
Rarely/Never	17%	25%	23%
<b>Consequences upon Termination</b>			
Sentenced immediately to jail or prison	100%	75%	81%
Sentenced immediately to probation	33%	50%	46%
Subject to further court hearings before the mental health court judge	33%	70%	62%
Subject to further court hearings before a different judge	0%	20%	15%
<b>ADMINISTRATIVE CLOSURE<sup>6</sup></b>	50%	35%	38%

<sup>1</sup> The sample size is 25 courts.

<sup>2</sup> The sample size is 21 courts.

<sup>3</sup> The sample size is 23 courts.

<sup>4</sup> The sample size is 20 courts.

<sup>5</sup> One (1) court specifies a 50-hour service requirement, and one (1) court specifies a 200-hour service requirement. In both courts, community service is 'sometimes' a graduation requirement.

<sup>6</sup> Common reasons cited include severe medical or mental health reasons (client is too impaired to participate or is decompensating; 8), death (3) or client has exhausted all program options (4).

## Screening and Assessment

Table 3.3 shows results for screening and assessment tools used by New York mental health courts.

### *Risk-Need Assessment*

About one-third (35%) of courts statewide reported use of structured criminogenic risk-need assessments, demonstrating limited use of evidence-based assessments. Failing to assess for risk of re-offense with a validated tool obviates the capacity of mental health courts to gain an accurate understanding of the future risk of criminal activity posed by each participant—and, in turn, obviates the capacity to vary the intensity of treatment and supervision requirements in response to risk of re-offending. Furthermore, failing to assess for criminogenic needs (e.g., antisocial attitudes, pro-criminal networks, lack of prosocial leisure activities, etc.) with an evidence-based approach can hinder a court’s capacity to understand and treat critical needs that may accompany any diagnosed mental disorders. Among courts using risk-need assessments, the most common was the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS),<sup>6</sup> reportedly used by 27% of courts statewide.

In terms of when assessments are conducted, half of NYC courts reported that risk-need assessments are administered before referring the case to the mental health court. Of note, one court reported that they *appropriately* excluded low-risk defendants, in line with research that has shown that diversion may be counter-productive for this population. However, two other courts reported that they excluded high-risk defendants, despite literature that shows that diversion to services is more effective for high-risk defendants (Andrews and Bonta 2010; Andrews and Dowden 2006). We also stress the need for mental health courts to engage high-risk defendants in diversion to specialized services and implement practices based on the Risk-Need-Responsivity theory in order to prevent future reoffending.

Use of a formal violence assessment tool was limited to four NYC courts, where three cited use of the HCR-20, a validated violence assessment (Douglas and Webster 1999). These courts reported assessing for violence risk before mental health court referral, after referral (but prior to enrollment), and after enrollment. Of note, risk of violence was usually assessed in other forms (e.g., psychiatric evaluations or psychosocial assessment). However, use of a formal risk of violence assessment may be helpful for this population.

### *Clinical/Diagnostic Assessment*

Only eleven percent of courts reported use of a formal trauma assessment, specifically the PTSD Checklist-civilian version (PCL-C; Coneybeare et al. 2012). Though trauma was usually assessed in diagnostic evaluations, use of a formal trauma assessment may be recommended for this population, given extensive trauma reported in criminal justice populations (Abram et al. 2004; James and Glaze 2006; Steadman et al. 2009). Further, as seen in Table 3.1, PTSD was the second most common clinical diagnosis considered eligible across courts statewide.

In contrast, brief diagnostic screens were used at over sixty percent of courts (62%) statewide. Common examples of brief screens used were the Brief Jail Mental Health Screen and a non-validated ad hoc screen that is built into New York State Unified Court System’s Universal

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<sup>6</sup> COMPAS is a validated risk-needs assessment commonly used in criminal justice populations (Zhang, Roberts and Farabee 2014). It has not been specifically validated for justice-involved individuals with mental illnesses.

Treatment Application (UTA). In terms of when screenings were conducted, most courts (65%) reported assessing potential clients after initial referral but prior to mental health court enrollment.

The majority of courts (81%) used full clinical/diagnostic assessments. Typical examples of full assessments included the ad hoc questions included in the UTA Assessment, psychiatric evaluations, and/or psychosocial assessments. Excluding the UTA, 35% used other in-depth diagnostic assessments.

Most courts statewide (83%) reported administering full assessments for participants only, though two NYC courts also reported administering full assessments for all or most defendants referred to their court. Common uses for the full assessment included: determining mental health court eligibility, determining mental health service needs and treatment, determining any additional behavioral health and other needs and selecting community-based providers. In NYC, four courts also used assessment results to determine the frequency of case management sessions.

On average, time from arrest to assessment was lower in suburban/upstate courts than in NYC courts (42 days vs. 89 days). In addition, average time from assessment to mental health court enrollment was lower in suburban/upstate courts compared to NYC courts (33 days vs. 68 days).

**TABLE 3.3. Clinical Screening and Assessment**

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>RISK ASSESSMENT</b>			
<b>Use of Structured Risk Assessment</b>	50%	30%	35%
Risk Assessment Used			
<i>COMPAS</i>	50%	20%	27%
<i>LSI-R</i>	0%	0%	0%
<i>LS-CMI</i>	17%	0%	4%
<i>Other</i> <sup>1</sup>	0%	10%	8%
Stage When Assessment is Conducted			
<i>Before MHC Referral</i>	50%	10%	19%
<i>After Referral/Before MHC Enrollment</i>	33%	10%	15%
<i>After MHC Enrollment</i>	17%	10%	12%
<b>Use of Violence Assessment</b> <sup>2</sup>	67%	0%	15%
Stage When Assessment is Conducted			
<i>Before MHC Referral</i>	67%	15%	27%
<i>After Referral/Before MHC Enrollment</i>	33%	5%	12%
<i>After MHC Enrollment</i>	33%	10%	15%
<b>DIAGNOSTIC ASSESSMENT</b>			
<b>Use of Formal Trauma Assessment</b> <sup>3</sup>	33%	5%	11%
<b>Use of Brief Diagnostic Screen</b>	50%	65%	62%
Diagnostic Screen Used			
<i>Brief Jail Mental Health Screen</i>	17%	30%	27%
<i>Other Diagnostic Screen</i> <sup>4</sup>	33%	35%	35%
Stage When Screen is Conducted			
<i>Before MHC Referral</i>	33%	35%	35%
<i>After Referral/Before MHC Enrollment</i>	67%	65%	65%
<i>After MHC Enrollment</i>	0%	15%	12%
<b>Use of Full Diagnostic Assessment</b>	83%	80%	81%
Yes, UTA Assessment	0%	60%	46%
Yes, Other Structured Assessment <sup>5</sup>	83%	20%	35%
<b>Recipients of Full Diagnostic Assessment</b>			
Only Enrolled MHC Participants	67%	88%	83%
All or Most Cases Referred to MHC	33%	12%	17%
<b>Use for Full Diagnostic Assessment</b>			
Determine MHC Eligibility	100%	75%	81%

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>Use for Full Assessment cont.</b>			
Determine MH Service Needs and Assign to MH Treatment	100%	80%	85%
Determine Additional Behavioral Health Service Needs	100%	80%	85%
Determine Selection of Community-based Treatment Provider(s)	83%	75%	77%
Determine Need for Critical Thinking Intervention	50%	5%	15%
Determine Ancillary Service Needs	83%	65%	69%
Determine Frequency of Court Hearings	33%	15%	19%
Determine Frequency of Case Management	67%	30%	39%
<b>Assessment Timing</b>			
Average Days between Arrest and Assessment	89.2	41.7	52.6
Average Days between Assessment and MHC Enrollment	67.5	33.1	41.0
<b>Staff Who Conduct Assessments<sup>6</sup></b>			
Case Manager/Non-licensed	50%	40%	42%
CASAC	0%	40%	31%
Licensed Social Worker	50%	50%	50%
Licensed Clinical Psychologist	67%	20%	31%
Licensed Mental Health Counselor	17%	40%	35%
Related Master-level Degree/Non-licensed	33%	30%	31%
Psychiatrist	83%	25%	38%
<b>Staff Affiliation</b>			
Court Employee	0%	50%	38%
Jail Staff	0%	5%	4%
Probation Staff	0%	10%	8%
County Behavioral Health Agency Staff	33%	50%	46%
Community-based Provider Staff	83%	40%	50%

<sup>1</sup>Another structured risk assessments used is the Modified Ohio Risk Assessment (1).

<sup>2</sup> Violence risk assessments reportedly used include: HCR-20 (3) and TASC risk of violence assessment. Five (5) courts report excluding cases based on risk of violent behavior (e.g., either through the violence assessment or chronic violent criminal histories).

<sup>3</sup>Trauma assessments used are: the PTSD checklist-civilian version (PCL-C; 3).

<sup>4</sup>Other brief screens are: UTA screen (4) and combined use of COMPAS & Colorado Symptom Inventory (CSI; 1).

<sup>5</sup>Other full assessments specified are: psychiatric evaluation (2), psychosocial assessment (1), TASC evaluation (1), use of the COMPAS and CSI (1) and assessments conducted by a licensed mental health professionals (2).

<sup>6</sup>One court reports the local treatment provider conducted assessments but did not specify staff type.

## Program Oversight

Table 3.4 describes program oversight and team composition from mental health courts statewide.

### *Key Representatives*

On average, mental health courts across the state reported operating for nearly eight years on average, ranging from a low of one year to a high of 13 years. Two NYC courts and 16 of the suburban/upstate courts reported operating in combination with local drug courts and other problem-solving courts (e.g., sharing presiding judges, court coordinators, prosecutors and/or defense attorneys). See Appendix B for a comparison of key characteristics between standalone mental health courts versus combination mental health and drug courts. In general, trends were comparable, and reflected similar training and resource needs across standalone and combination courts. These results suggest that whereas combining staff and oversight of local mental health courts and drug courts may yield natural staffing and resource efficiencies, taking this step is not associated with any policies or practices of the courts.

All courts reported having a dedicated judge, who had presided over their mental health court for five to six years, on average. Most courts averaged having two judges preside over the court since the start, which showed continuity. Of note, 90% of suburban/upstate courts shared their judge with another problem-solving court such as a drug court, compared to half of NYC courts.

With the exception of two NYC courts, all other courts statewide (92%) had an assigned coordinator (or program director) who oversaw the mental health court program, where the majority (73%) of coordinators were affiliated with the Unified Court System. Most courts across the state had dedicated prosecutors (77%) and defense attorneys (80%) regularly assigned to mental health court cases. Of note, over half of courts statewide also shared team members like coordinators (68%) and defense attorneys (54%) with a drug court and/or another problem-solving court (e.g., veterans court or family treatment court).

With regard to team meetings (also called staffings), the majority of suburban/upstate courts (90%) and half of NYC courts held meetings prior to every court hearing. The remaining two NYC courts held team meetings less regularly (e.g., once a month or four times a month).

In terms of staff trainings, courts averaged two staff trainings per year. Team positions that received trainings most often were resource coordinators/project directors, judges, case managers, prosecutors, and public defenders. Of note, most courts also reported having at least one back-up judge in the last six months. However, less than one-fourth (22%) said that the back-up judge had received relevant training, demonstrating a need for additional training in this area.

**TABLE 3.4. Program Oversight and the Mental Health Court Team**

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>PROGRAM OVERSIGHT</b>			
<b>Years of MHC Operation<sup>1</sup></b>	8.3	7.7	7.8
MHC Operates in Combination with Local Drug Court <sup>2</sup>	33%	80%	69%
<b>Dedicated MHC Judge</b>	100%	100%	100%
Judge also Presides over Drug Court	50%	90%	81%
Average Judge Tenure (in years)	5.7	6.2	6.1
No. of Presiding Judges since MHC Start	2	2	2
<b>Back-Up Judges</b>			
No. of Back-Up Judges in Last 6 Months	1	1	1
Back-Up Judges Receive Mental Health/MHC Training <sup>3</sup>	0%	31%	22%
<b>Assigned Coordinator<sup>4</sup></b>	67%	100%	92%
Coordinator also Assigned to Drug Court	50%	75%	68%
<b>Coordinator Affiliation</b>			
Unified Court System	50%	80%	73%
Probation Staff	0%	0%	0%
County Behavioral Health Agency Staff	0%	15%	12%
Community-based Provider Staff	0%	5%	4%
Other <sup>5</sup>	17%	0%	4%
<b>Additional MHC Assignments</b>			
ADA Regularly Assigned	100%	70%	77%
<i>ADA also Assigned to Drug Court</i>	17%	5%	8%
Defense Attorney Regularly Represents MHC Participants	83%	79%	80%
<i>Defense Attorney also Assigned to Drug Court</i>	50%	55%	54%
Case Manager	75%	88%	85%
County Behavioral Health/Social Services	17%	60%	50%
Treatment Provider	50%	65%	62%
Probation	0%	74%	56%
Law Enforcement	0%	17%	13%
<b>MENTAL HEALTH COURT TEAM</b>			
<b>Regular Team Meetings/Staffings</b>			
Yes, before Every Status Hearing	50%	90%	81%
Yes, but <u>not</u> before Every Status Hearing <sup>6</sup>	33%	5%	12%



	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>Staff Members at Meetings</b>			
No. of MHC Judges at Team Meetings	1	1	1
No. of MHC Judges at Policy Meetings	1	1	1
No. of MHC Judges at Court Sessions	1	1	1
No. of District Attorney Representatives at Team Meetings	2	1	1
No. of District Attorney Representatives at Policy Meetings	2	1	2
No. of District Attorney Representatives at Court Sessions	2	1	1
No. of Public Defender Representatives at Team Meetings	1	1	1
No. of Public Defender Representatives at Policy Meetings	1	1	1
No. of Public Defender Representatives at Court Sessions	2	1	1
No. of Case Managers at Team Meetings	2	1	1
No. of Case Managers at Policy Meetings	0	1	1
No. of Case Managers at Court Sessions	3	2	2
No. of Project Director/Court Coordinator/Resource Coordinator at Team Meetings	2	1	1
No. of Project Director/Court Coordinator/Resource Coordinator at Policy Meetings	1	1	1
No. of Project Director/Court Coordinator/Resource Coordinator at Court Sessions	2	1	1
No. of Representatives from County Behavioral Health/Social Services at Team Meetings	1	2	2
No. of Representatives from County Behavioral Health/Social Services at Policy Meetings	1	2	2
No. of Representatives from County Behavioral Health/Social Services at Court Sessions	0	1	1
No. of Representatives from Probation at Team Meetings	0	1	1
No. of Representatives from Probation at Policy Meetings	0	1	1
No. of Representatives from Probation at Court Sessions	0	0	0
No. of Representatives from Law Enforcement at Team Meetings	0	0	0
No. of Representatives from Law Enforcement at Policy Meetings	0	1	1

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>Staff Members at Meetings cont.</b>			
No. of Representatives from Law Enforcement at Policy Meetings	0	1	1
No. of Representatives from Law Enforcement at Court Sessions	0	2	2
No. of Representatives from Treatment Provider at Team Meetings	0	0	0
No. of Representatives from Treatment Provider at Policy Meetings	1	3	2
No. of Representatives from Treatment Provider at Court Sessions	0	2	2
<b>Staff Trainings<sup>7</sup></b>			
No. of Trainings per Year	2	2	2

<sup>1</sup> The sample size is 20 courts.

<sup>2</sup> Determination based on courts that reported key team members, such as judges and coordinators, with local drug courts, follow up with select sites and input from CCI's mental health courts director.

<sup>3</sup> Reported training topics for back-up judges include the NADCP Mental Health Court Track trainings (1).

<sup>4</sup> The sample size is 24 courts, as two courts report having no coordinator.

<sup>5</sup> Another coordinator/project director affiliation is CCI (1).

<sup>6</sup> Among courts with team meetings that are not before every status hearings, meeting frequency ranges from 0 times per month (2) to once per month (1) to 4 times per month (1).

<sup>7</sup> The most common team positions to receive trainings are resource coordinators/project directors (7), judges (4), case managers (4), prosecutors (3) and public defenders (3).

## Treatment Strategies

Table 3.5 profiles the use of services by mental health courts statewide, including evidence-based interventions, primary services (e.g., behavioral health treatment and housing) and ancillary services (e.g., education and employment-related).

### *Evidence-Based Interventions*

Four NYC courts reported referring clients to several evidence-based criminal thinking interventions, such as Thinking for a Change (T4C)<sup>7</sup> and Interactive Journaling®.<sup>8</sup> Seven suburban/upstate courts also referred clients to local T4C interventions. However, one-third of NYC courts and nearly half (45%) of suburban/upstate courts did not refer clients to any criminal thinking interventions.

In terms of trauma interventions, only four NYC courts reported referring clients to evidence-based trauma treatments, namely Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)<sup>9</sup> and Seeking Safety.<sup>10</sup> Though most courts statewide (81%) referred clients to Medication Assisted Treatment (MAT) for heroin/opioid dependence, less than half (46%) used MAT for alcohol dependence. No courts used MAT for any other addiction type.

Limited use of evidence-based interventions for criminal thinking and trauma may reflect a lack of knowledge among courts and/or a lack of existing resources. Several NYC courts that reported use of evidence-based interventions are located in large urban jurisdictions with more resources. In general, knowledge and use of evidence-based practices can be improved across courts statewide.

### *Typical Services*

The most commonly used services were: mental health treatment (96% of courts), case management or care coordination (72%), substance abuse outpatient treatment (72%) and integrated mental health and substance abuse outpatient treatment (64%). Of note, more NYC courts reported frequent use of substance abuse residential treatment (83%) and integrated treatment (67%) compared to suburban/upstate courts, likely due to greater local availability of these resources.

Courts statewide reported far less usage of other resources for clients, such as supported housing, general housing services, supported employment, vocational services, job training, and transportation services. Courts reported a number of resource shortages compared to participants' needs, as seen in Table 3.6.

Compared to NYC courts, suburban/upstate courts reported fewer average days to service enrollment in nearly every category (mental health treatment, substance abuse outpatient, substance abuse residential, care coordination, supportive housing). Of note, NYC courts averaged over five months when enrolling clients in supported housing, compared to suburban/upstate courts that averaged just under a month.

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<sup>7</sup> T4C is a cognitive behavioral change program to promote cognitive restructuring and problem solving (National Institute of Corrections, 2011).

<sup>8</sup> Interactive Journaling is a cognitive-behavioral approach using structured and semi-structured writing exercises to promote self-reflection and behavior change (The Change Companies 2011).

<sup>9</sup> TF-CBT is a cognitive behavioral model for both parents and children that incorporates trauma-informed interventions (Cohen, Mannarino and Deblinger 2006).

<sup>10</sup> Seeking Safety is a treatment model addressing PTSD and co-occurring substance abuse disorders (Najavits 2002).

**TABLE 3.5. Select Treatment Strategies**

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>SERVICES</b>			
<b>Criminal Thinking Interventions</b>			
Thinking for A Change (T4C)	67%	35%	42%
Moral Reconciliation Therapy (MRT)	33%	5%	12%
Reasoning and Rehabilitation (R&R)	17%	0%	4%
Interactive Journaling®	50%	10%	19%
None	33%	45%	42%
<b>Evidence-Based Trauma Treatment</b>			
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	33%	35%	35%
Seeking Safety	67%	20%	31%
Trauma Adaptive Recovery Group Education and Therapy (TARGET)	0%	0%	0%
Trauma Recovery & Empowerment Model (TREM)	0%	10%	8%
None	33%	55%	50%
<b>Medication Assisted Treatment</b>			
For Heroin/Opioid Dependence	100%	75%	81%
For Alcohol Dependence	67%	40%	46%
For Other Addiction Type	0%	0%	0%
None	0%	20%	15%
<b>Key Services Available in Community: How Often Participants Are Referred</b>			
<b>Mental Health Treatment</b>			
<i>Often</i>	100%	95%	96%
<i>Sometimes</i>	0%	0%	0%
<i>Rarely/Never<sup>1</sup></i>	0%	5%	4%
<b>Case Management/Care Coordination<sup>2</sup></b>			
<i>Often</i>	83%	68%	72%
<i>Sometimes</i>	17%	26%	24%
<i>Rarely/Never<sup>1</sup></i>	0%	5%	4%
<b>Substance Abuse Outpatient<sup>2</sup></b>			
<i>Often</i>	83%	68%	72%
<i>Sometimes</i>	17%	26%	24%
<i>Rarely/Never<sup>1</sup></i>	0%	5%	4%

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>Key Services cont.</b>			
Substance Abuse Residential <sup>2</sup>			
<i>Often</i>	83%	26%	40%
<i>Sometimes</i>	17%	58%	48%
<i>Rarely/Never</i> <sup>1</sup>	0%	5%	4%
Integrated Mental Health/ Substance Abuse Outpatient <sup>2</sup>			
<i>Often</i>	67%	63%	64%
<i>Sometimes</i>	33%	32%	32%
<i>Rarely/Never</i> <sup>1</sup>	0%	5%	4%
Integrated Mental Health/ Substance Abuse Residential <sup>2</sup>			
<i>Often</i>	67%	26%	36%
<i>Sometimes</i>	33%	58%	52%
<i>Rarely/Never</i> <sup>3</sup>	0%	16%	12%
Specialized Trauma Treatment <sup>4</sup>			
<i>Often</i>	33%	16%	20%
<i>Sometimes</i>	17%	42%	36%
<i>Rarely/Never</i> <sup>3</sup>	50%	42%	32%
Assertive Community Treatment <sup>4</sup>			
<i>Often</i>	60%	6%	18%
<i>Sometimes</i>	20%	41%	36%
<i>Rarely/Never</i> <sup>3</sup>	20%	53%	46%
Supported Housing <sup>5</sup>			
<i>Often</i>	50%	33%	38%
<i>Sometimes</i>	50%	50%	50%
<i>Rarely/Never</i> <sup>6</sup>	0%	17%	13%
Supported Employment <sup>2</sup>			
<i>Often</i>	50%	11%	20%
<i>Sometimes</i>	17%	42%	36%
<i>Rarely/Never</i> <sup>1</sup>	33%	47%	44%
<b>Additional Supportive Services</b>			
Physical Health or Medical Services <sup>2</sup>			
<i>Often</i>	67%	58%	60%
<i>Sometimes</i>	17%	37%	32%
<i>Rarely/Never</i>	17%	5%	8%
Housing Services <sup>2</sup>			
<i>Often</i>	50%	47%	48%
<i>Sometimes</i>	17%	47%	40%
<i>Rarely/Never</i>	33%	5%	12%

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>Additional Services cont.</b>			
Vocational Services <sup>5</sup>			
<i>Often</i>	50%	28%	33%
<i>Sometimes</i>	50%	67%	63%
<i>Rarely/Never</i>	0%	6%	4%
Job Placement <sup>5</sup>			
<i>Often</i>	50%	17%	25%
<i>Sometimes</i>	33%	61%	54%
<i>Rarely/Never</i> <sup>1</sup>	17%	22%	17%
Job Readiness <sup>5</sup>			
<i>Often</i>	50%	28%	33%
<i>Sometimes</i>	17%	44%	38%
<i>Rarely/Never</i>	33%	28%	29%
High School Equivalency or Adult Education Classes <sup>5</sup>			
<i>Often</i>	50%	33%	38%
<i>Sometimes</i>	33%	61%	54%
<i>Rarely/Never</i>	17%	6%	8%
Transportation <sup>4</sup>			
<i>Often</i>	20%	24%	23%
<i>Sometimes</i>	60%	53%	55%
<i>Rarely/Never</i> <sup>6</sup>	20%	24%	14%
Parenting Classes <sup>7</sup>			
<i>Often</i>	40%	17%	22%
<i>Sometimes</i>	40%	72%	65%
<i>Rarely/Never</i>	20%	11%	13%
Anger Management <sup>2</sup>			
<i>Often</i>	33%	21%	24%
<i>Sometimes</i>	50%	58%	56%
<i>Rarely/Never</i>	17%	21%	20%
Specialized Young Adult Treatment <sup>4</sup>			
<i>Often</i>	17%	6%	9%
<i>Sometimes</i>	67%	25%	36%
<i>Rarely/Never</i> <sup>8</sup>	17%	69%	36%
Specialized Gender Specific Treatment <sup>4</sup>			
<i>Often</i>	60%	0%	14%
<i>Sometimes</i>	20%	41%	36%
<i>Rarely/Never</i> <sup>9</sup>	20%	59%	27%

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>Communication cont.</b>			
Provider's Communication Mode			
<i>In Person</i>	50%	75%	69%
<i>UTA</i>	0%	5%	4%
<i>Fax</i>	83%	80%	81%
<i>Phone</i>	83%	75%	77%
<i>E-mail</i>	100%	90%	92%
<i>Hard Copy/Regular Mail</i>	0%	60%	46%
Accuracy of Provider Reports <sup>2</sup>			
<i>Always</i>	17%	11%	12%
<i>Usually</i>	83%	84%	84%
<i>Sometimes</i>	0%	5%	4%
<i>Rarely or Never</i>	0%	0%	0%
Timeliness of Provider Reports <sup>5</sup>			
<i>Always</i>	17%	11%	13%
<i>Usually</i>	67%	67%	67%
<i>Sometimes</i>	17%	17%	17%
<i>Rarely or Never</i>	0%	6%	4%
<b>Time to Services</b>			
Average Days to Mental Health Treatment	22.8	9.6	12.7
Average Days to Outpatient Substance Abuse Treatment	21.7	6.9	10.3
Average Days to Residential Substance Abuse Treatment	26.3	18.2	20.0
Average Days to Case Management	7.2	13.1	11.7
Average Days to Care Coordination/Health Home Enrollment	45.2	20.5	26.2
Average Days to Supportive Housing	153.2	27.3	73.3

<sup>1</sup> One court reports that the specified resource is not available in the community.

<sup>2</sup> The sample size is 25 courts.

<sup>3</sup> Three courts report that the specified resource is not available in the community.

<sup>4</sup> The sample size is 22 courts.

<sup>5</sup> The sample size is 24 courts.

<sup>6</sup> Two courts report that the specified resource is not available in the community.

<sup>7</sup> The sample size is 23 courts.

<sup>8</sup> Four courts report that the specified resource is not available in the community.

<sup>9</sup> Five courts report that the specified resource is not available in the community.

## **Local Resources and Stakeholders**

Table 3.6 details mental health court perspectives on local resources and collaborations, as well as reported use of data and research.

### ***Views on Local Resources and Stakeholders***

Given the size and needs of the local jurisdiction, two-thirds of NYC respondents agreed that case volume was appropriate, compared to about one-third (35%) of suburban/upstate courts. Nine courts cited low case referrals as a barrier to reach defendants with mental health needs. Two courts mentioned that prosecutors were unwilling to make referrals.

With regard to behavioral treatment options, half of suburban/upstate courts agreed that their local providers are adequate and appropriate for their clients, compared to only one-fifth of NYC courts. Across the state, about one-third of courts disagreed with this statement, where several courts specified long wait times, limited treatment options and a shortage of psychiatrists.

Most NYC courts (83%) and over half of suburban/upstate courts (55%) cited local housing resources as insufficient, despite great need. Several courts reported a lack of housing options in general, while a few specified the need for supportive housing. Also, one-third of NYC courts and 40% of suburban/upstate courts reported limited transportation, cited by several courts in rural areas as a key barrier.

Generally, court respondents shared positive views of local stakeholders, such as prosecutors (84%), defense attorneys (85%), mayors or county executives (83%), probation (92%), county agencies (92%), and local providers (96%). A few courts reported that key stakeholders (e.g., prosecutors, defense attorneys and top local officials) did not seem to understand the nature of mental illness or did not provide instrumental support beyond attending court graduations. A few other courts cited local probation, county agencies and providers as examples of strong partnerships (e.g., coordinating referrals and fast linkages).

In addition, only half of courts statewide reported having an active stakeholder group or advisory board. Among those with an advisory board, the group met once a year among NYC courts and less frequently in suburban and upstate courts. Six courts with an advisory board described the following roles and functions: to review and make recommendations for court operations, policies and procedures and court performance. A few courts said that advisory members also shared knowledge on the latest treatment options and community resources.

### ***Use of Data and Research***

With the exception of four courts, most mental health courts statewide reported use of a database, based on the court database or another type. Three NYC courts used *both* the court database and an additional database for specialized tracking (e.g., medical records or a tailored mental health database).

Nine mental health courts (35%) across the state reported having a formal evaluation on their court. In addition, only seven courts (27%) received grant funding in the past three years, where four courts received federal grants and two courts specifically received drug court funding that was shared with mental health court operations.



**TABLE 3.6. Local Resources and Stakeholders, Data, and Research**

	<b>New York City</b>	<b>Suburban/ Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
<b>LOCAL RESOURCES</b>			
<b>Whether the following resources are adequate and appropriate</b>			
Case Volume			
<i>Strongly Agree/Agree</i>	67%	35%	42%
<i>Neutral</i>	0%	5%	4%
<i>Disagree/Strongly Disagree</i>	33%	60%	54%
Behavioral Health Treatment Options <sup>1</sup>			
<i>Strongly Agree/Agree</i>	20%	50%	44%
<i>Neutral</i>	60%	35%	40%
<i>Disagree/Strongly Disagree</i>	20%	15%	16%
Housing Resources			
<i>Strongly Agree/Agree</i>	17%	25%	23%
<i>Neutral</i>	0%	20%	15%
<i>Disagree/Strongly Disagree</i>	83%	55%	62%
Vocational/Job Training Resources			
<i>Strongly Agree/Agree</i>	33%	50%	46%
<i>Neutral</i>	17%	20%	19%
<i>Disagree/Strongly Disagree</i>	50%	30%	35%
Transportation Resources			
<i>Strongly Agree/Agree</i>	50%	25%	31%
<i>Neutral</i>	17%	35%	31%
<i>Disagree/Strongly Disagree</i>	33%	40%	38%
<b>PARTNERSHIPS/COLLABORATION</b>			
<b>Whether the following stakeholders support the Mental Health Court</b>			
District Attorney <sup>1</sup>			
<i>Strongly Agree/Agree</i>	100%	79%	84%
<i>Neutral</i>	0%	21%	16%
<i>Disagree/Strongly Disagree</i>	0%	0%	0%
Local Defense Bar			
<i>Strongly Agree/Agree</i>	83%	85%	85%
<i>Neutral</i>	17%	5%	8%
<i>Disagree/Strongly Disagree</i>	0%	10%	8%
Mayor/County Executive <sup>2</sup>			
<i>Strongly Agree/Agree</i>	100%	76%	83%
<i>Neutral</i>	0%	24%	17%
<i>Disagree/Strongly Disagree</i>	0%	0%	0%
Probation Department <sup>3</sup>			
<i>Strongly Agree/Agree</i>	75%	95%	92%
<i>Neutral</i>	25%	0%	4%
<i>Disagree/Strongly Disagree</i>	0%	5%	5%

	<b>New York City</b>	<b>Suburban/Upstate</b>	<b>Total</b>
<b>Number of Sites</b>	6	20	26
County Behavioral Health/Social Services Support <sup>1</sup>			
<i>Strongly Agree/Agree</i>	100%	95%	96%
<i>Neutral</i>	0%	0%	0%
<i>Disagree/Strongly Disagree</i>	0%	5%	4%
Local Behavioral Health/Social Services Providers			
<i>Strongly Agree/Agree</i>	100%	95%	96%
<i>Neutral</i>	0%	5%	4%
<i>Disagree/Strongly Disagree</i>	0%	0%	0%
<b>Presence of a Stakeholder Group/Advisory Board</b>	67%	45%	50%
No. of Meetings per Year	1	<1	<1
<b>Stakeholder Group/Advisory Board Members</b>			
MHC Judge	67%	45%	50%
District Attorney's Office	67%	30%	39%
Defense Attorney	67%	25%	35%
Court Administrator	33%	35%	35%
Non-Judicial Court Staff	33%	30%	31%
County Behavioral Health/Social Services	50%	45%	46%
Probation	0%	35%	27%
Law Enforcement	0%	30%	23%
Treatment Agency Worker	33%	45%	42%
MHC Graduate	0%	0%	0%
MHC Consumer	0%	5%	4%
Mental Health Advocate	17%	25%	23%
<b>DATA AND RESEARCH</b>			
<b>Use of Database<sup>4</sup></b>			
UTA	50%	80%	73%
Other <sup>5</sup>	50%	10%	27%
<b>Any Formal Evaluation Conducted</b>	50%	30%	35%
<b>Any Grants in the last Three Years</b>	33%	25%	27%

<sup>1</sup> The sample size is 25 courts.

<sup>2</sup> The sample size is 23 courts.

<sup>3</sup> The sample size is 24 courts.

<sup>4</sup> The sample size is 22 courts.

<sup>5</sup> Other databases specified are: the Center for Court Innovation Mental Health Court database (1), TASC database (1) and AWARDS electronic medical records (2).

## **Strengths, Challenges, and Recommendations**

Table 3.8 describes key themes from mental health court respondents' own perceived strengths, challenges and recommendations, including training needs.

### ***Strengths***

Several court respondents described the overall court approach as a strength (e.g., citing general elements such as an individualized approach and frequent monitoring). A number of respondents cited having a dedicated judge as a strength. They described their judges as fair, consistent, supportive and sensitive to client needs, genuinely caring, knowledgeable about mental health and substance abuse issues and respectful of the team's clinical expertise. Some respondents also described the dedicated team as a strength, promoting communication, support, collaboration and shared expertise. A few respondents highlighted the support of their local District Attorney, local defense, County Agency and Office of Mental Health, as well as strong local providers and available resources.

### ***Challenges***

The most common challenge that respondents cited was limited local resources, especially in rural areas. Respondents from all jurisdictions highlighted poor housing options of all types (e.g., long term housing, affordable housing and supportive housing). A handful of respondents also cited a lack of an adequate range and diversity of behavioral health options (e.g., lack of long-term treatment and hospital beds) and limited transportation options.

A few respondents described challenging relationships with providers and stakeholders, citing poor coordination and a lack of support from local prosecutors, defense counsel or the Unified Court System. A few other respondents reported that their team was over capacity and required more support to handle current caseloads. Examples included an increased budget for court operations, specifically funding for full-time court staff or a dedicated mental health professional.

### ***Recommendations***

A few respondents requested greater networking and resource sharing opportunities. One respondent asked for a statewide mental health court committee to share best practices and ways to overcome challenges (e.g., how to increase court referrals). Another respondent asked for opportunities to observe and network with other mental health courts. Several respondents asked for additional resources, such as housing options, and methods to improve communication and relationships with local providers.

More than 40% of the respondents (N = 11) asked for more staff training. Requested training topics included the use and integration of evidence based-practices, structured risk assessments, trauma-informed care, and case management techniques. Respondents also requested more education on mental health and related needs (e.g., psychopharmacology; co-occurring disorders and substance abuse and learning the DSM-V) as well as ongoing staff development (e.g., training on roles, responsibilities, court operations and policy changes) and ways to improve mental health education among court stakeholders.

**TABLE 3.7. Open-Ended Responses**

General Themes	Key Categories
<b>STRENGTHS</b>	<b>N = 23</b>
<b>Court Approach</b>	<ul style="list-style-type: none"> <li>• <u>About the Approach</u>: Individualized approach (4); strong supervision/frequent monitoring (4); flexible (2); therapeutic; use of evidence-based practices; best practices in treatment; solutions-oriented</li> </ul>
<b>Team</b>	<ul style="list-style-type: none"> <li>• <u>About the Judge</u>: Dedicated judge as a strength (4); dedicated judge since mental health court (MHC) launch; consistent; fair; knowledgeable; respects MHC staff; supportive; sensitive; genuinely caring</li> <li>• <u>About the Team</u>: Dedicated team as a strength (7); team of experts (3); supportive team; collaboration and teamwork; strong communication</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>• <u>DA</u>: District Attorney's commitment/stability (2)</li> <li>• <u>Defense</u>: Defense counsel's commitment/stability (2)</li> <li>• <u>Additional</u>: County support; Office of Mental Health support</li> </ul>
<b>Local Community Partnerships/Resources</b>	<ul style="list-style-type: none"> <li>• <u>About providers</u>: Strong relationships with providers (2); dedicated/committed community providers (2); contribute to team meetings; provide fast or appropriate linkages; give efficient updates to MHC</li> <li>• <u>Resources</u>: Available community resources (2); appropriate treatment options</li> </ul>
<b>CHALLENGES</b>	<b>N = 23</b>
<b>Local Community Partnerships/Resources</b>	<ul style="list-style-type: none"> <li>• <u>Limited Resources</u>: Limited resources in the local area (9), especially in rural areas; lack of housing options (9) across NYC, suburban, semi-rural and rural areas; low budget (2); lack of long-term care; no psychiatric hospital beds; lack of transportation;</li> <li>• <u>Provider Relationships</u>: Poor coordination between service providers &amp; court (1)</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>• <u>DA</u>: Prosecutorial (2); lack of dedicated ADAs (1)</li> <li>• <u>Defense</u>: Wary defense bar (1)</li> <li>• <u>Additional</u>: Lack of UCS support (2)</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• <u>Issues</u>: Team is too small for demand (2); coordinator at overcapacity (2); no mental health provider on team (1)</li> </ul>

General Themes	Key Categories
<b>RECOMMENDATIONS</b>	<b>N =16</b>
<b>Team</b>	<ul style="list-style-type: none"> <li>• Need more staff training (11; see 'Training Needs' section below) and educational programs;</li> <li>• Need a full-time dedicated judge, resource coordinator, ADAs</li> <li>• Need clinical supervision for court employees (1)</li> <li>• Need to increase case management staff (1)</li> <li>• Need peer specialists (1)</li> </ul>
<b>Local Community Partnerships/Resources</b>	<ul style="list-style-type: none"> <li>• <u>Resources</u>: Need for accessible housing (3); need for more resources (2); need improved drug testing methods adapted to new abuse patterns (1).</li> <li>• <u>Providers</u>: Need better connections with providers (e.g., community support groups (1); improved collaboration between case management services and the court (1)</li> </ul>
<b>Networking/Resource Sharing</b>	<ul style="list-style-type: none"> <li>• Establish a statewide mental health court committee to discuss best practices and operations (1)</li> <li>• Need to observe and network with other MHCs (1)</li> </ul>
<b>TRAINING NEEDS</b>	<b>N = 21</b>
<b>Approaches</b>	<ul style="list-style-type: none"> <li>• Trauma informed care (6); Risk-Needs assessment (3); use and integration of evidence-based practice (2); case management approaches (2); and motivational interviewing (1).</li> </ul>
<b>Mental Health/ Related Needs</b>	<ul style="list-style-type: none"> <li>• Psychopharmacology (3); co-occurring disorders/substance abuse (2)</li> <li>• DSM-V identification (2)/understanding MH diagnoses, symptoms and needs (e.g., intellectual disabilities, personality disorders, and trauma; 1); and understanding new MH treatment modalities (1)</li> </ul>
<b>Staff/Team Development</b>	<ul style="list-style-type: none"> <li>• Need for staff development (for new and current staff): review of community and/or treatment resources (2); team-building (1); reviewing roles of each team member and court procedures (1); and more training from OCA on the running of MHC, similar to drug courts (1)</li> <li>• Need to train judges to identify mental health issues to refer to MHC (1); to train ADAs to understand mental health (1)</li> </ul>

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## Appendix A. New York State Mental Health Courts Policy Survey

New York State Mental Health Courts Policy Survey	
<p>The questions below refer to your mental health court’s current policies and practices. Please answer the questions in this survey candidly and to the best of your knowledge. Your responses will be invaluable in producing a basic understanding of your mental health court’s policies and procedures; promising practices and lessons learned; and any training and technical assistance needs. Responses will also be used to shape recommendations, approaches and suggestions to guide jurisdictions that want to work with defendants with mental illness, but do not have a mental health court. Your individual responses will only be shared with individuals who are directly involved in providing you with technical assistance.</p> <p><i>Please note: The online survey can be completed in multiple sessions, but responses can be entered <u>from one computer only</u>. Click ‘Done’ at the end of the survey <u>only</u> when you and your team have completed the entire online survey. For your convenience, a hard copy of the survey has also been provided for you to review questions with your mental health court team.</i></p> <p><i>Please also note: numbering in the online survey depends on some Yes/No questions (indicated by “skip to” instructions), so numbering in this hard copy version may be different.</i></p>	
<u>Questions</u>	<u>Responses</u>
1. Court Background Information:	Name of Court: _____ Date Opened: _____ Your Name: _____ Your Position: _____ E-mail: _____ Today's Date: _____
1a. Category: Background--Legal Eligibility	
2. What is the breakdown of cases <u>by top arrest charge</u> in your mental health court?	Violation %: _____ Misdemeanor %: _____ Nonviolent felony %: _____ Violent felony %: _____
3. Are individuals with the following <u>criminal histories</u> potentially eligible for your mental health court? <i>Check all that apply.</i>	<input type="checkbox"/> Prior violation <input type="checkbox"/> Prior misdemeanor conviction <input type="checkbox"/> Prior nonviolent felony conviction <input type="checkbox"/> Prior violent felony conviction <input type="checkbox"/> Other (please specify): _____ _____
4. At what stage is a defendant admitted as a mental health	<input type="checkbox"/> Pre-plea <input type="checkbox"/> Post-plea, pre-sentencing <input type="checkbox"/> At or after sentencing



court participant? <i>Check all that apply.</i>	<input type="checkbox"/> Other (please specify): _____ _____	
<b>1b. Category: Background--Clinical Eligibility</b>		
5. Which clinical characteristics are <u>eligible</u> for your mental health court? <i>Check all that apply.</i>	<input type="checkbox"/> Bipolar disorder, major depression, schizophrenia, schizoaffective, or other psychiatric diagnosis consistent with formerly Axis I diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Personality disorder (formerly Axis II diagnosis) <input type="checkbox"/> Yes <input type="checkbox"/> Yes, if co-occurring with a psychiatric diagnosis <input type="checkbox"/> No	
	<input type="checkbox"/> Posttraumatic stress disorder (PTSD) <input type="checkbox"/> Yes <input type="checkbox"/> Yes, if co-occurring with a psychiatric diagnosis <input type="checkbox"/> No	
	<input type="checkbox"/> Substance use disorder <input type="checkbox"/> Yes <input type="checkbox"/> Yes, if co-occurring with a psychiatric diagnosis <input type="checkbox"/> No	
	<input type="checkbox"/> Intellectual disability and/or developmental disabilities <input type="checkbox"/> Yes <input type="checkbox"/> Yes, if co-occurring with a psychiatric diagnosis <input type="checkbox"/> No	
	<input type="checkbox"/> Traumatic brain injury: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, if co-occurring with a psychiatric diagnosis <input type="checkbox"/> No	
	Other (please specify): _____ _____	
	<b>1c. Category: Background--General Eligibility</b>	
	6. Are 16-17-year-olds potentially <u>eligible</u> for your mental health court?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Case-by-case
	7. Is any group of defendants <u>categorically ineligible</u> for your court on either legal or clinical grounds (e.g., defendants with co-occurring disorders, charged with certain types of crimes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____
8. Are exceptions made on a case-by-case basis for unusual circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>9. For defendants who are <u>ineligible</u> for your court but are known to have mental health needs, what options are available? Please indicate which of the following may occur. <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Case continues in traditional court part</p> <p><input type="checkbox"/> Case is referred to or considered for drug court</p> <p><input type="checkbox"/> Mental health issues will be addressed during a pre-sentence investigation.</p> <p><input type="checkbox"/> Probation will address mental health needs.</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>1d. Category: Background—Judicial Monitoring and Key Case Definitions</p>	
<p>10. On average, how often is a participant required to attend judicial status hearings <u>during the first three months</u> of participation? <i>Please select number from drop-down menu.</i></p>	<p>Number (#) times per month</p> <p><input type="radio"/> (Dropdown menu options: select 1, 2, 3, 4, 5+): _____</p> <p><input type="radio"/> Other (please specify number and time unit): _____</p>
<p>11. On average, how often is a participant required to attend judicial status hearings <u>after at least six months</u> of participation? <i>Please select number from drop-down menu.</i></p>	<p>Number (#) times per month</p> <p><input type="radio"/> (Dropdown menu options: select 1, 2, 3, 4, 5+): _____</p> <p><input type="radio"/> Other (please specify number and time unit): _____</p>
<p>12. <u>Program duration:</u> Misdemeanor cases</p>	<ul style="list-style-type: none"> <li>• Minimum (#) months typically required in mental health court program: _____</li> <li>• Average (#) number of months mental health court graduates typically spend in the program (including extra time due to noncompliance or other reasons): _____</li> </ul>
<p>13. <u>Program duration:</u> Felony cases</p>	<ul style="list-style-type: none"> <li>• Minimum (#) months typically required in mental health court program: _____</li> <li>• Average (#) number of months mental health court graduates typically spend in the program (including extra time due to noncompliance or other reasons): _____</li> </ul>
<p>14. Does your court require any of the following before a participant can <u>graduate</u>?</p>	<p>Consistent attendance in behavioral health treatment</p>
	<p><input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never</p>
	<p>Completion of treatment program:</p>
	<p><input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never</p>
	<p>Evidence of improvement in symptoms</p>
	<p><input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never</p> <p>Evidence of improvement in functioning level</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never</p>

	Adherence to prescribed medication regimen
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
	Specified period of abstinence demonstrated through drug tests
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
	Stable housing
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
	Payment of fees
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
	Community service requirement
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
	<input type="checkbox"/> Employed or in school
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
	<input type="checkbox"/> HS degree/GED
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
<input type="checkbox"/> Graduation application	
<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never	
Please list any additional requirements for graduation <u>not</u> listed above: _____ _____	
15. If community service is a typical <u>graduation</u> requirement, please give the typical number (#) of hours required.	Number of hours: _____
16. At the point when a defendant becomes a mental health court participant, have the participant, judge and prosecutor agreed on what the disposition of the case will be, if the participant <u>graduates</u> from the court?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
17. What happens to the court case at <u>graduation</u> ? <i>Check all that apply in at least some cases.</i>	<input type="checkbox"/> Case dismissed
	<input type="checkbox"/> Case closed with ACD disposition
	<input type="checkbox"/> Case closed with conviction and sentence to conditional discharge
	<input type="checkbox"/> Case closed with conviction and sentence to probation

	<input type="checkbox"/> Probation term reduced or early discharge <input type="checkbox"/> Probation sentence imposed or continued/no adjustment to sentence length <input type="checkbox"/> Reduced charges <input type="checkbox"/> Other (please specify any special circumstances): _____ _____ _____
18. How often do the following events result in <u>termination</u> in your mental health court?	Any new arrest <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never New arrest for a serious offense <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never Inadequate attendance at treatment program <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never Failure or refusal to take medications <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never Violating rules of a service provider <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never Positive toxicity screen <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never Other (please specify): _____ _____
19. At the point that a defendant becomes a mental health court participant, have the participant, judge and prosecutor agreed on what the disposition of the case will be, if the participant is <u>terminated</u> from the court?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never
20. What happens to the court case when a participant is <u>terminated</u> from the mental health court? <i>Check all that apply in at least some cases.</i>	<input type="checkbox"/> Sentenced immediately to jail or prison <input type="checkbox"/> Sentenced immediately to probation <input type="checkbox"/> Subject to further court hearing(s) before the mental health court judge <input type="checkbox"/> Subject to further court hearing(s) before a different judge <input type="checkbox"/> Other (please specify): _____ _____ _____

21. Does your mental health court <u>administratively close</u> some cases (defined by the court neither as graduate nor unsuccessfully terminated case)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>2a. Category: Assessment and Services—Risk Assessment</b>	
22. Do candidates and/or participants receive a structured assessment for risk of re-offending and/or risk of failing to comply with terms of supervision (i.e., <u>criminogenic risk/needs assessment</u> )? <i>If no, skip to Question 25.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
23. At what stage is the assessment conducted? <i>Check all that apply.</i>	<input type="checkbox"/> During the process of determining eligibility <input type="checkbox"/> Before enrollment into the mental health court program <input type="checkbox"/> After enrollment into the mental health court program <input type="checkbox"/> Other (please specify): _____
24. How do you assess for participants' criminogenic risks and needs? <i>Check all that apply.</i>	<input type="checkbox"/> COMPAS <input type="checkbox"/> LSI-R <input type="checkbox"/> LS-CMI <input type="checkbox"/> Other (please specify): _____
25. Do candidates and/or participants receive a structured assessment for risk of violence? <i>If no, skip to Question 28.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
26. At what stage is the assessment conducted? <i>Check all that apply.</i>	<input type="checkbox"/> During the process of determining eligibility <input type="checkbox"/> Before enrollment into the mental health court program <input type="checkbox"/> After enrollment into the mental health court program <input type="checkbox"/> Other (please specify): _____
27. What instrument or clinical process does the court use?	_____ _____ _____ _____
<b>2b. Category: Assessment and Services--Clinical Assessment</b>	
28. Do potential mental health court participants receive a	<input type="checkbox"/> No <input type="checkbox"/> Yes, Brief Jail Mental Health Screen

<p>brief clinical screen (e.g., 10 minutes or less)? <i>If no, skip to Question 30.</i></p>	<p><input type="checkbox"/> Yes, other clinical screening tool (please identify): _____</p>
<p>29. When do you administer the clinical screen? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Prior to mental health court referral (e.g., used to inform whether a referral is appropriate)</p> <p><input type="checkbox"/> After a referral/prior to mental health court enrollment</p> <p><input type="checkbox"/> After mental health court enrollment</p> <p><input type="checkbox"/> Other timing (please specify): _____</p>
<p>30. Do potential mental health court participants receive a full clinical assessment before referral to treatment? <i>If no, skip to Question 33.</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, UTA assessment</p> <p><input type="checkbox"/> Yes, other structured clinical assessment (please identify or describe): _____</p>
<p>31. Who receives the full clinical assessment?</p>	<p><input type="checkbox"/> All or most defendants who are referred to the mental health court</p> <p><input type="checkbox"/> Only enrolled program participants</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>32. Who conducts assessments? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Case manager(s) or other non-licensed staff</p> <p><input type="checkbox"/> CASAC</p> <p><input type="checkbox"/> Licensed social worker</p> <p><input type="checkbox"/> Licensed clinical psychologist</p> <p><input type="checkbox"/> Licensed mental health counselor</p> <p><input type="checkbox"/> Masters' degree related to behavioral health but unlicensed</p> <p><input type="checkbox"/> Psychiatrist</p> <p><input type="checkbox"/> Other: (please specify): _____</p>
<p>33. What is the affiliation of staff who conduct assessments? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Court employee</p> <p><input type="checkbox"/> Jail staff</p> <p><input type="checkbox"/> Probation staff</p> <p><input type="checkbox"/> County behavioral health agency staff</p> <p><input type="checkbox"/> Community-based provider staff</p> <p><input type="checkbox"/> Other: (please specify): _____</p>
<p>34. How do you <u>routinely</u> use your full clinical assessment? <i>Check all that routinely apply.</i></p>	<p><input type="checkbox"/> Determine eligibility for the mental health court</p> <p><input type="checkbox"/> Determine mental health service needs and assign to mental health treatment</p> <p><input type="checkbox"/> Determine additional behavioral health service needs</p> <p><input type="checkbox"/> Determine selection of specific community-based treatment provider(s)</p>

	<input type="checkbox"/> Determine need for criminal thinking intervention <input type="checkbox"/> Determine other ancillary service needs (education, employment, housing etc.) <input type="checkbox"/> Determine frequency of judicial status hearings at outset of program participation <input type="checkbox"/> Determine frequency of case management at outset of program participation <input type="checkbox"/> Other (please specify): _____
35. Does your mental health court conduct a formal assessment for trauma?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please list the name of the assessment tool): _____
36. <u>Assessment Timing</u> : On average, about how many days, weeks <u>or</u> months pass between an arrest and a clinical assessment at your mental health court? <i>Please enter number in days, weeks <u>or</u> months:</i>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>
37. <u>Assessment Timing</u> : On average, about how many days, weeks <u>or</u> months pass between a clinical assessment and officially becoming a mental health court participant? <i>Please enter number in days, weeks <u>or</u> months.</i>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>
<b>2c. Category: Assessment and Services—Services and Case Management</b>	
38. What services for people with mental illnesses are available in your community? For each service, please indicate <u>how often</u> mental health court participants are referred to and enrolled in these services.	<b>Mental health treatment</b>
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<b>Case management/care coordination</b>
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<b>Substance abuse outpatient</b>
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<b>Substance abuse residential</b>
<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know	
	<b>Integrated mental health/substance abuse outpatient</b>

	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	Integrated mental health/substance abuse residential
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	Specialized trauma treatment
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	Assertive community treatment (ACT)
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	Supported housing
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	Supported employment
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	Other: Please specify: _____
<p>39. How often do mental health court participants receive each of these supportive services as a result of their involvement with your court? For each service, please indicate <u>how often</u> participants are referred or linked to these services. <i>(If the service is not available in your community, check the "not available" answer option.)</i></p>	<input type="checkbox"/> Physical health and medical services
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Housing assistance
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Vocational services
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Job placement services
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Employment readiness (resumes, job searches, interview skills)
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> High school equivalency (GED or TASC) or adult education classes
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
<input type="checkbox"/> Transportation	



	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Parenting classes
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Anger management
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Specialized “young adult” treatment (up to 25 years)
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Specialized gender-specific treatment
	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or Never <input type="checkbox"/> Not Available <input type="checkbox"/> Don't Know
	<input type="checkbox"/> Other: Please specify: _____
40. Does your mental health court link any of its participants to a cognitive behavioral intervention that is designed to reduce <u>criminal thinking</u> (pro-criminal attitudes, beliefs, and behaviors)? <i>Check all that apply.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Thinking for a Change (T4C) <input type="checkbox"/> Yes, Moral Reconciliation Therapy (MRT) <input type="checkbox"/> Yes, Reasoning and Rehabilitation (R&R) <input type="checkbox"/> Yes, Interactive Journaling <input type="checkbox"/> Yes, some other treatment: What is it called? _____
41. Does your mental health court link any of its participants to an evidence-based trauma therapy? <i>Check all that apply.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) <input type="checkbox"/> Yes, Seeking Safety <input type="checkbox"/> Yes, Trauma Adaptive Recovery Group Education and Therapy (TARGET) <input type="checkbox"/> Yes, Trauma Recovery and Empowerment Model (TREM) <input type="checkbox"/> Yes, some other treatment: What is it called? _____
42. Do any of your mental health participants receive Medication Assisted Treatment for an alcohol or substance use disorder? <i>Check all that apply.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, for heroin/opioid dependence <input type="checkbox"/> Yes, for alcohol dependence <input type="checkbox"/> Yes, other (please specify addiction type): _____

<p>43. How do your service providers communicate about participant attendance and engagement? <i>Check all that apply.</i></p>	<input type="checkbox"/> In person (at staffing meetings or court sessions) <input type="checkbox"/> UTA <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Hard copy/regular mail <input type="checkbox"/> Other database or application (please specify): <hr/>
<p>44. About how often do you believe your service provider reports are both complete and accurate?</p>	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never
<p>45. About how often do you believe your service provider reports are timely (i.e., always prior to staffing meetings and court sessions, with immediate updates in cases of noncompliance)?</p>	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never
<p><b>For the following questions, please indicate the <u>average time</u> between becoming a mental health court participant and having a first appointment at a community-based treatment service. Please enter the number in days, weeks <u>or</u> months.</b></p>	
<p>46. Time to mental health treatment:</p>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>
<p>47. Time to outpatient substance abuse treatment:</p>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>
<p>48. Time to residential substance abuse treatment:</p>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>
<p>49. Time to case management</p>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>
<p>50. Time to care coordination/enrollment in a health home</p>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>
<p>51. Time to supported housing:</p>	<ul style="list-style-type: none"> <li>• # of days: _____</li> <li>• # of weeks: _____</li> <li>• # of months: _____</li> </ul>

3. Category: Staffing, Collaboration and Funding	
52. Do you have a stakeholder group or advisory board? <i>If no, skip to Question 54.</i>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes If yes, about how many meetings <u>per year</u> : _____
53. If you have a stakeholder group or advisory board, which of the following roles are represented? <i>Check all that apply.</i>	<input type="checkbox"/> Mental health court judge
	<input type="checkbox"/> District Attorney's Office
	<input type="checkbox"/> Defense attorney
	<input type="checkbox"/> Court administrator(s)
	<input type="checkbox"/> Non-judicial staff of mental health court or other courts
	<input type="checkbox"/> County behavioral health/social services agency
	<input type="checkbox"/> Probation
	<input type="checkbox"/> Law enforcement
	<input type="checkbox"/> Treatment agencies
	<input type="checkbox"/> Mental health court program graduates
	<input type="checkbox"/> Mental health consumers
	<input type="checkbox"/> Mental health advocates
<input type="checkbox"/> Other (please specify): _____	
54. Is there an assistant district attorney (ADA) who is regularly assigned to the mental health court? <i>If no, skip to Question 56, following explanation.</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> If no, please explain how the DA's Office staffs mental health court cases: _____
55. Is the ADA also assigned to a local drug court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Is there a defense attorney who regularly represents all or a large share of the mental health court participants? <i>If no, skip to Question 58 following explanation.</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	If no, how many defense attorneys are currently representing mental health court participants? Please explain whether and how these attorneys participate in staffings and status hearings. _____ _____ _____
57. Is the defense attorney also assigned to a local drug court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Is there one judge who regularly presides over your	<input type="checkbox"/> Yes

<p>mental health court? <i>If no, skip to Question 61 following explanation.</i></p>	<p><input type="checkbox"/> No</p> <p>If no, please explain: _____</p>
<p>59. Does the judge also preside over a local drug court or any other problem-solving court?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>60. How long has the judge presided over your mental health court? <i>Please specify number in months <u>or</u> years.</i></p>	<p>Length of time:</p> <p>○ # of months: _____</p> <p>○ # of years: _____</p>
<p>61. How many judges have presided over the mental health court since its inception? <i>Do not include back-up judges in this answer.</i></p>	<p>Number of judges: _____</p>
<p>62. In the <u>last six months</u>, how many judges have served as a <u>back-up judge</u> for your mental health court?</p>	<p>Number of back-up judges: _____</p>
<p>63. When you have <u>back-up judges</u> in your court, have they received any training in mental health or mental health court issues?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please list training topics: _____</p> <p>_____</p> <p>_____</p>
<p>64. Who serves the coordinator role in your court?</p>	<p>Full name: _____</p> <p>Staff title: _____</p>
<p>65. What is the affiliation of the coordinator? (e.g., agency that employs the individual)</p>	<p><input type="checkbox"/> Unified Court System <input type="checkbox"/> Probation <input type="checkbox"/> County behavioral health/social services agency <input type="checkbox"/> Community-based treatment provider <input type="checkbox"/> Other (please specify): _____</p>
<p>66. Does the coordinator of your mental health court perform a similar role for a local drug court or another problem-solving court?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify which courts):</p> <p>_____</p>

67. How often does your mental health court typically hold status hearings? <i>Please enter number per week or per month.</i>	<input type="radio"/> # per week: _____ <input type="radio"/> # per month: _____		
68. Do you have regular team meetings or staffings to discuss participant progress?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes, before every status hearing		
	<input type="checkbox"/> Yes, but not before every status hearing (please indicate number of meetings <u>per month</u> ): _____		
69. For each position listed in the chart below, please indicate how many regularly attend staffing meetings, policy meetings, and judicial status hearings.			
<u>Staff positions</u>	<u># at Staffing Meetings</u>	<u># at Policy Meetings</u>	<u># at Court Sessions</u>
<input type="checkbox"/> Mental health court judge			
<input type="checkbox"/> Representative(s) from District Attorney's Office			
<input type="checkbox"/> Representative(s) from public defender's office			
<input type="checkbox"/> Case manager(s)			
<input type="checkbox"/> Project Director/court coordinator/resource coordinator			
<input type="checkbox"/> Representative(s) from a county behavioral health/social services agency			
<input type="checkbox"/> Representative(s) from probation			
<input type="checkbox"/> Representative(s) from law enforcement			
<input type="checkbox"/> Representative(s) from treatment provider			
<input type="checkbox"/> Other (please specify position type): _____			
<input type="checkbox"/> Other (please specify position type): _____			
70. How often do members of the mental health court team receive training per year? <i>Please select # from drop-down menu.</i>	<ul style="list-style-type: none"> <li>• Number of staff trainings per year: _____           <ul style="list-style-type: none"> <li>○ Please specify team member positions that typically receive training: _____</li> <li>_____</li> </ul> </li> </ul>		

71. The number of defendants referred to and enrolled in our mental health court per year is appropriate, given the size and needs of our community:	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Please explain. In particular, if you disagree or strongly disagree, explain whether you think this number is too high, too low, and why: _____ _____
72. Our community has adequate and appropriate behavioral health treatment resources to meet the needs of our participants:	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Please explain: _____ _____
73. Our community has adequate and appropriate housing resources to meet the needs of our participants:	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Please explain: _____ _____
74. Our community has adequate and appropriate vocational and job training resources to meet the needs of our participants:	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Please explain: _____ _____
75. Our community has adequate transportation resources to meet the needs of our participants:	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree

	<input type="checkbox"/> Please explain: _____ _____
76. The District Attorney's Office supports the goals and operations of our mental health court.	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Please explain: _____ _____
77. The local defense bar supports the goals and operations of our mental health court.	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Please explain: _____ _____
78. The Mayor or County Executive supports the goals and operations of our mental health court.	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Please explain: _____ _____
79. The Probation Department supports the goals and operations of our mental health court.	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Please explain: _____ _____
80. The county behavioral health/social services	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral

department supports the goals and operations of our mental health court.	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Please explain: _____ _____
81. The behavioral health and social services providers in our community support the goals and operations of our mental health court.	<input type="checkbox"/> Strongly Agree
	<input type="checkbox"/> Agree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Strongly Disagree
	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Please explain: _____ _____	
82. Please list any grants you have received in the last three years (by title, funder, amount, and grant purpose)	_____
	_____
	_____
	_____
	_____
	_____
<b>4. Category: Data and Evaluation</b>	
83. Does your mental health court use the UTA to track participant data?	<input type="checkbox"/> No <input type="checkbox"/> Yes
84. Does your mental health court use any other database to track participant data?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please list the database name and what computer program it is in?) _____
85. Has a formal evaluation of your mental health court ever been conducted? <i>If no, skip to Question 87.</i>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
86. Please list researchers and their affiliations.	_____
	_____
	_____
	_____
	_____
	_____



5. Category: Strengths, Challenges, and Recommendations	
87. What do you believe are the <u>greatest strengths</u> of your mental health court?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
88. What do you believe are the <u>greatest challenges</u> for your mental health court?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
89. What do you believe are the most important <u>training needs</u> for the members of your mental health court team?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
90. What <u>recommendations</u> do you have to improve the operations and/or outcomes of your mental health court?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Optional questions: We would appreciate your answers to these optional questions.	
91. <u>Program duration</u> : Please give examples of cases where defendants have been mandated to your court for a <u>significantly longer time</u> than is typically required.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
92. <u>Administrative closings</u> : Please describe the circumstances for closing cases administratively (rather than graduating or terminating a participant).	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>93. <u>Risk of re-offending (criminogenic risk/needs)</u>: If you assess for criminogenic risks and needs, please explain:</p>	<p>a. whether any individuals are excluded from your court on the basis of their risk level: _____ _____</p> <p>b. whether an individual's risk level affects their program requirements and/or the services they receive: _____ _____</p>
<p>94. <u>Risk of violence</u>: If you assess for risk of violent behavior, please explain:</p>	<p>a. whether any individuals are excluded from your court on the basis of their risk level: _____ _____</p> <p>b. whether an individual's risk level affects their program requirements and/or the services they receive: _____ _____</p>
<p>95. <u>Training</u>: Since the initial launch of your mental health court, what training programs or topics, if any, have been particularly helpful to your mental health court team?</p>	<p>_____ _____ _____ _____</p>
<p>96. <u>Strategic partnerships</u>: Please identify any organizations that provide significant resources to support the operations of the court and/or make specialized or dedicated services available to court participants.</p>	<p>_____ _____ _____ _____ _____</p>
<p>97. <u>Stakeholder group or advisory board</u>: Please give examples of ways that your stakeholder group or advisory board has had an impact on your mental health court's policies or practices following the initial launch of your court.</p>	<p>_____ _____ _____ _____ _____ _____</p>
<p>*****<b>Thank you for completing this survey!</b>*****</p>	

## Appendix B. Mental Health Courts versus Combination Courts

**TABLE 3.8. Standalone Mental Health Court vs. Combination Courts Overview**

	MHC only	MHC & Drug Court	Total
<b>Number of Sites</b>	8	18	26
<b>GRADUATION</b>			
<b>Graduation Requirements</b>			
Consistent Attendance			
<i>Always</i>	100%	100%	100%
<i>Sometimes</i>	0%	0%	0%
<i>Rarely/Never</i>	0%	0%	0%
Completion of Treatment Program			
<i>Always</i>	50%	11%	23%
<i>Sometimes</i>	50%	67%	62%
<i>Rarely/Never</i>	0%	22%	15%
Evidence of Improvement in Symptoms			
<i>Always</i>	75%	94%	89%
<i>Sometimes</i>	25%	6%	12%
<i>Rarely/Never</i>	0%	0%	0%
Evidence of Improvement in Functioning			
<i>Always</i>	63%	83%	77%
<i>Sometimes</i>	38%	17%	23%
<i>Rarely/Never</i>	0%	0%	0%
Adherence to Medication Regimen			
<i>Always</i>	88%	89%	89%
<i>Sometimes</i>	13%	11%	12%
<i>Rarely/Never</i>	0%	0%	0%
Specified Period of Abstinence			
<i>Always</i>	75%	83%	81%
<i>Sometimes</i>	25%	17%	19%
<i>Rarely/Never</i>	0%	0%	0%
Stable Housing			
<i>Always</i>	75%	100%	92%
<i>Sometimes</i>	25%	0%	8%
<i>Rarely/Never</i>	0%	0%	0%
Payment of Fees			
<i>Always</i>	13%	28%	23%
<i>Sometimes</i>	50%	67%	62%
<i>Rarely/Never</i>	38%	6%	15%
Community Service Requirement			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	50%	50%	50%
<i>Rarely/Never</i>	50%	50%	50%
Employment or Enrollment in School			
<i>Always</i>	0%	11%	8%
<i>Sometimes</i>	63%	78%	73%
<i>Rarely/Never</i>	38%	11%	19%

	MHC only	MHC & Drug Court	Total
<b>Number of Sites</b>	8	18	26
High School Diploma or GED			
<i>Always</i>	0%	11%	8%
<i>Sometimes</i>	63%	67%	65%
<i>Rarely/Never</i>	38%	22%	27%
Graduation Application			
<i>Always</i>	0%	44%	31%
<i>Sometimes</i>	38%	11%	19%
<i>Rarely/Never</i>	63%	44%	50%
<b>Typical Case Outcomes at Graduation</b>			
Case Dismissed	63%	50%	54%
Case Closed with ACD Disposition	75%	67%	69%
Case Closed with Conviction, Sentenced to Conditional Discharge	88%	83%	85%
Case Closed with Conviction, Sentenced to Probation	88%	61%	69%
Probation Reduced or Early Discharge	38%	50%	46%
Probation Sentenced Imposed or Cont./ No Adjustment to Sentence Length	50%	67%	62%
Reduced Charges	100%	67%	77%
<b>TERMINATION</b>			
<b>Conditions for Termination</b>			
Any New Arrest			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	63%	89%	81%
<i>Rarely/Never</i>	38%	11%	19%
Any New Arrest for a Serious Offense			
<i>Always</i>	0%	33%	23%
<i>Sometimes</i>	75%	61%	65%
<i>Rarely/Never</i>	25%	6%	12%
Inadequate Attendance in Txt Program			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	63%	72%	69%
<i>Rarely/Never</i>	38%	28%	31%
Failure or Refusal to Take Medications			
<i>Always</i>	0%	6%	4%
<i>Sometimes</i>	50%	72%	65%
<i>Rarely/Never</i>	50%	22%	31%
Violating Service Provider Rules			
<i>Always</i>	0%	0%	0%
<i>Sometimes</i>	75%	83%	81%
<i>Rarely/Never</i>	25%	17%	19%

	<b>MHC only</b>	<b>MHC &amp; Drug Court</b>	<b>Total</b>
<b>Number of Sites</b>	8	18	26
<b>Positive Toxicity Screen Results</b>			
<i>Always</i>	0%	6%	4%
<i>Sometimes</i>	88%	61%	69%
<i>Rarely/Never</i>	13%	33%	27%
<b>Consequences upon Termination</b>			
Sentenced immediately to jail or prison	100%	72%	81%
Sentenced immediately to probation	63%	39%	46%
Subject to further court hearings before the MHC judge	38%	72%	62%
Subject to further court hearings before a different judge	0%	22%	15%
<b>SERVICES</b>			
<b>Criminal Thinking Interventions</b>			
Thinking for A Change (T4C)	25%	50%	42%
Moral Reconciliation Therapy (MRT)	0%	17%	12%
Reasoning and Rehabilitation (R&R)	13%	0%	4%
Interactive Journaling	25%	17%	19%
None	50%	39%	42%
<b>Evidence-Based Trauma Treatment</b>			
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	13%	44%	35%
Seeking Safety	38%	28%	31%
Trauma Adaptive Recovery Group Education and Therapy (TARGET)	0%	0%	0%
Trauma Recovery and Empowerment Model (TREM)	0%	11%	8%
None	50%	50%	50%
<b>Medication Assisted Treatment</b>			
For Heroin/Opioid Dependence	88%	78%	81%
For Alcohol Dependence	50%	44%	46%
For Other Addiction Type	0%	0%	0%
None	13%	22%	15%
<b>Key Services Available in Community</b>			
Mental Health Treatment			
<i>Often</i>	88%	100%	96%
<i>Sometimes</i>	0%	0%	0%
<i>Rarely/Never</i> <sup>1</sup>	13%	0%	4%
Case Management/Care Coordination <sup>2</sup>			
<i>Often</i>	63%	77%	72%
<i>Sometimes</i>	25%	24%	24%
<i>Rarely/Never</i> <sup>1</sup>	13%	0%	4%

	<b>MHC only</b>	<b>MHC &amp; Drug Court</b>	<b>Total</b>
<b>Number of Sites</b>	8	18	26
Substance Abuse Outpatient <sup>2</sup>			
<i>Often</i>	50%	82%	72%
<i>Sometimes</i>	38%	18%	24%
<i>Rarely/Never</i> <sup>1</sup>	13%	0%	4%
Substance Abuse Residential <sup>2</sup>			
<i>Often</i>	50%	35%	40%
<i>Sometimes</i>	38%	53%	48%
<i>Rarely/Never</i> <sup>1</sup>	13%	12%	12%
Integrated Mental Health/Substance Abuse Outpatient <sup>2</sup>			
<i>Often</i>	38%	77%	64%
<i>Sometimes</i>	50%	24%	32%
<i>Rarely/Never</i> <sup>1</sup>	13%	0%	4%
Integrated Mental Health/Substance Abuse Residential <sup>2</sup>			
<i>Often</i>	38%	35%	36%
<i>Sometimes</i>	50%	53%	52%
<i>Rarely/Never</i> <sup>3</sup>	13%	12%	12%
Specialized Trauma Treatment <sup>2</sup>			
<i>Often</i>	0%	29%	20%
<i>Sometimes</i>	38%	35%	36%
<i>Rarely/Never</i> <sup>3</sup>	63%	35%	44%
Assertive Community Treatment <sup>4</sup>			
<i>Often</i>	29%	13%	18%
<i>Sometimes</i>	43%	33%	36%
<i>Rarely/Never</i> <sup>3</sup>	29%	53%	46%
Supported Housing <sup>5</sup>			
<i>Often</i>	38%	38%	38%
<i>Sometimes</i>	50%	50%	50%
<i>Rarely/Never</i> <sup>6</sup>	13%	13%	13%
Supported Employment <sup>2</sup>			
<i>Often</i>	14%	22%	20%
<i>Sometimes</i>	29%	39%	36%
<i>Rarely/Never</i> <sup>1</sup>	57%	39%	44%
<b>RISK ASSESSMENT</b>			
<b>Use of Structured Risk Assessment</b>			
Risk Assessment Used	38%	33%	35%
<i>COMPAS</i>	38%	22%	27%
<i>LSI-R</i>	0%	0%	0%
<i>LS-CMI</i>	0%	6%	4%
<i>Other</i> <sup>7</sup>	0%	6%	4%
<b>Use of Violence Assessment</b> <sup>8</sup>	25%	11%	15%

	MHC only	MHC & Drug Court	Total
<b>Number of Sites</b>	8	18	26
<b>DIAGNOSTIC ASSESSMENT</b>			
<b>Use of Formal Trauma Assessment<sup>9</sup></b>	13%	11%	12%
<b>Use of Brief Diagnostic Screen</b>	50%	67%	62%
Brief Jail Mental Health Screen	25%	28%	27%
Other Screen <sup>10</sup>	25%	39%	35%
<b>Use of Full Diagnostic Assessment</b>	75%	84%	81%
Yes, UTA Assessment	25%	56%	46%
Yes, Other Structured Assessment <sup>11</sup>	50%	28%	35%
<b>Staff Who Conduct Assessments</b>			
Case Manager/Non-licensed	38%	44%	42%
CASAC	25%	33%	31%
Licensed Social Worker	63%	44%	50%
Licensed Clinical Psychologist	25%	33%	31%
Licensed Mental Health Counselor	13%	44%	35%
Related Master-level Degree/ Non-licensed	13%	39%	31%
Psychiatrist	50%	33%	39%
<b>Staff Affiliation</b>			
Court Employee	25%	44%	39%
Jail Staff	0%	6%	4%
Probation Staff	13%	6%	8%
County Behavioral Health Agency Staff	38%	50%	46%
Community-based Provider Staff	63%	44%	50%

<sup>1</sup> One (1) court reports that the specified resource is not available in the community.

<sup>2</sup> The sample size is 25 courts.

<sup>3</sup> Three (3) courts report that the specified resource is not available in the community.

<sup>4</sup> The sample size is 22 courts.

<sup>5</sup> The sample size is 24 courts.

<sup>6</sup> Two (2) courts report that the specified resource is not available in the community.

<sup>7</sup> Another structured risk assessments used is the Modified Ohio Risk Assessment (1).

<sup>8</sup> Violence risk assessments reportedly used include: HCR-20 (3). Five (5) courts report excluding cases based on risk of violent behavior (e.g., either via violence assessment or chronic violent criminal histories).

<sup>9</sup> Trauma assessments reported are: the PTSD checklist-civilian version (PCL-C; 3).

<sup>10</sup> Other brief clinical screens specified are: UTA screen (4) and combined use of the COMPAS and CSI (1).

<sup>11</sup> Other full assessments specified are: psychiatric evaluation (2), psychosocial assessment (1), TASC evaluation (1), use of the COMPAS and CSI (1), and assessments conducted by a licensed mental health professionals (2).