



# MHCPM

Mental Health Court Performance Measures

## *INTRODUCTION & OVERVIEW*

[www.ncsc.org/mhcpm](http://www.ncsc.org/mhcpm)



National Center for State Courts

## PARTICIPANT ACCOUNTABILITY

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

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

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

## SOCIAL FUNCTIONING

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

## CASE PROCESSING

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

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

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

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

## **COLLABORATION**

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

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

## INDIVIDUALIZED AND APPROPRIATE TREATMENT

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

## PROCEDURAL FAIRNESS

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

## AFTERCARE/POST-EXIT TRANSITION

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

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

## PERFORMANCE MEASURES FOR MENTAL HEALTH COURTS ARE USED...

- as a Management Tool,
- to Monitor Program Performance,
- to Demonstrate Accountability to Funding Agencies, Court Leaders, External Partners, and the Public.

Performance measurement is considered an essential activity in many government and non-profit agencies because it provides tools for managers to exercise and maintain control over their organizations, as well as provides a mechanism for governing bodies and funding agencies to hold organizations accountable for producing the intended results.

As a relative newcomer among problem-solving courts, Mental Health Court (MHCs) are still seen as experimental models for courts in some jurisdictions.

MHCs are designed for offenders with mental illnesses who enter the criminal justice system. The programs are diverse, including specialized criminal dockets or pre-trial diversion programs, which operate to align the offender with mental health

A select advisory group of MHC experts and project staff from the National Center for State Courts (NCSC) worked together to produce a set of performance measures designed specifically for MHCs. These measures were then tested for feasibility, ease of implementation, and usefulness by four courts located in Orange Co., CA; Monroe Co., NY; York Co., PA; and Washington DC.

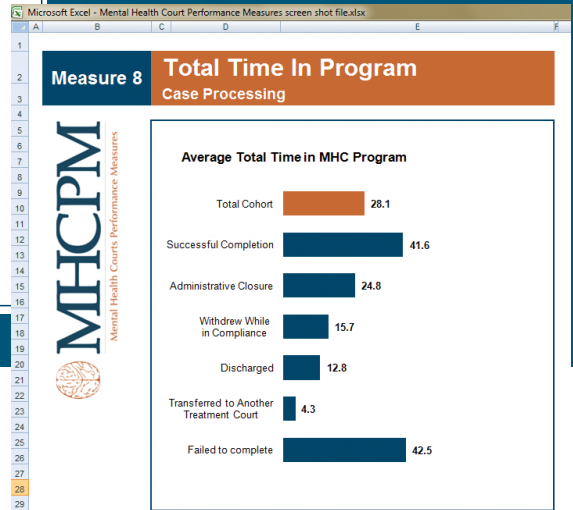
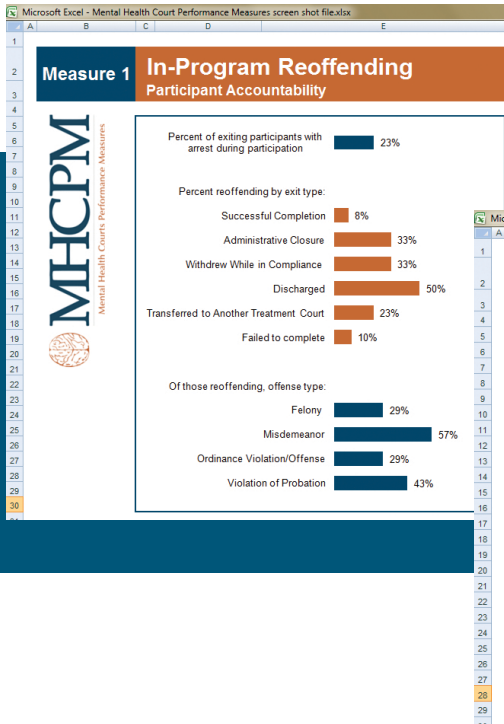
services and judicial supervision as an alternative to traditional jail time. While there are nearly 300 MHCs nationwide at the present time, there is a paucity of data to evaluate the success of MHCs. Moreover, there is a lack of consensus on what key elements ought to be used to measure the performance of MHCs. The extent to which MHCs offer an effective problem-solving alternative to the criminal justice system is currently unanswerable without adequate performance measures designed for MHCs.

## 14 CORE PERFORMANCE MEASURES

The performance measures are designed to be implemented as a complete and comprehensive set, providing balance across seven key measurement domains. These measures are both important management tools to gauge performance of the MHC program and relatively simple measures to implement. The performance measures are organized by domain.

# MHCPM DATA ANALYSIS TEMPLATES

The project provides free, Excel-based templates that allow mental health court officials to enter data and produce easy to interpret data-based graphics. These graphics show the results for each measure on a summary level for the court, and can be viewed on screen or printed as hand-outs.



This project is the culmination of the NCSC’s expertise on problem-solving courts paired with its expertise in designing performance measurement for state courts. For access to the complete Mental Health Court Performance Measures User’s Guide, with data analysis templates ( ) enabling the user to download spreadsheets, calculate the measures, and produce graphical output, go to: [www.ncsc.org/mhcpm](http://www.ncsc.org/mhcpm)



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