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The use of mental health court appearances in supervision

Allison D. Redlich [a,*], Henry J. Steadman [b], Lisa Callahan [b], Pamela Clark Robbins [b], Roumen Vessilinov [c], Asil Ali Özdoğru [b]

[a] University at Albany, State University of New York, United States
[b] Policy Research Associates, Inc., United States
[c] Queens College, City University of New York, United States

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ABSTRACT

A defining feature of mental health courts (MHCs) is the requirement that enrollees appear periodically for status review hearings before the MHC judge. Although the research base on these specialty courts is growing, MHC appearances have yet to be examined. In the present study, the authors followed more than 400 MHC clients from four courts. We examined the number of court appearances that were mandated versus attended, the number of bench warrants issued, and the proportion of court appearances that were made in-custody versus out-of-custody. Finally, we describe and report on the proportion of clients at each court who had graduated, had been terminated, or who were still in the court one year following enrollment.
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1. Introduction

The over-representation of persons with serious mental illness in the criminal justice system has been a recognized problem for nearly half a century. A more recent potential solution to this problem has been the creation and proliferation of mental health courts (MHCs). Mental health courts, which first came about in 1997 (Redlich, Steadman, Monahan, Robbins, & Petrila, 2006), are specialty criminal courts that aim to decrease the repeated cycling of offenders with mental illness through the system and to increase access to and engagement with community mental health and substance use treatment. MHCs are essentially post-booking (post-charging) diversion programs that aim to divert eligible and willing offenders with mental illness out of confinement and into community treatment under the guidance of continuing judicial supervision.

A steady body of research is amassing on whether MHCs indeed achieve their goals of reduced recidivism and increased treatment usage. Several studies on individual MHCs have demonstrated that the courts can be effective in reducing the rate of new arrests either in comparison to a control group or in comparison to participants' rates pre-MHC involvement (e.g., McNiel & Binder, 2007; Moore & Hiday, 2006). Whereas less research has been published on facilitating access to and engagement with treatment, there are some promising preliminary results indicating that access and engagement are enhanced (Boothroyd, Poythress, McGaha, & Petrila, 2003).

The purpose of this article is not to examine whether MHCs are effective in achieving their goals of reducing crime and increasing treatment, but rather to examine one of the mechanisms believed to impact effectiveness — degree of participation in the court itself. More specifically, we examine compliance with court orders, length of time in the court, and graduation/termination rates. We also take into consideration the percentage of times court hearings were attended while in custody (where the person had no choice but to attend) or while in the community. Finally, we examine the characteristics of those who do and do not do well in the court.

1.1. Mental health courts

A defining feature of mental health courts are periodic status review hearings before the MHC judge. In early 2005, the then-U.S. population of adult mental health courts (n = 90) was surveyed (Redlich et al., 2006). The authors found that initial judicial status review hearings were held as frequently as four times a week to as infrequently as four times a year. In addition, the frequency of status review hearings was negatively related to the number of active clients (such that the more clients, the less often clients were required to return), and positively related to the use of jail as a sanction for noncompliance (such that increased judicial supervision led to increased use of sanctions, and vice versa).

In theory, the purpose of these review hearings is to keep the person on track (e.g., not relapse on substances or stop taking prescribed medications). That is, if MHC participants are required to keep in frequent contact with the judge, their caseworkers, and community treatment staff (who communicate with the court) by attending status review hearings, they will be less likely to relapse and discontinue treatment. In addition, it is often theorized that frequent

* Corresponding author. School of Criminal Justice, 135 Western Avenue Albany, NY 12222 United States.
E-mail address: aredlich@albany.edu (A.D. Redlich).

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contact with the judge him or herself is an important factor towards successful public safety outcomes. Specifically, MHC judges usually take a caring, but firm, stance with a therapeutic jurisprudence approach. For example, Fisler (2005) states, "[MHC] judges foster therapeutic alliance with defendants by using the same techniques – empathy, acceptance, warmth, and allowance of self-expression – that therapists use with their clients" (p. 597). Anecdotally, MHC personnel and MHC participants often claim that the judge was one of the few people (particularly in the legal system) to care about the person's well-being. Success is attributed to the judge and the relationship s/he forms with the person. Insofar as this is true, the longer the person stays in the court, the more improvements one should see.

Indeed, when examining court effectiveness, such as reductions in recidivism, researchers have often considered the length of time MHC participants were in the court. This "dose effect" has been found to affect re-arrest rates across several studies (Herinckx, Swart, Ama, Dolezal, & King, 2005; McNiel & Binder, 2007; Moore & Hiday, 2006). In comparison to MHC participants who start but do not complete the program, participants who complete the program (i.e., receive the full dose) have fewer arrests and longer delays until the next arrest.

Client-specific characteristics are also believed to influence MHC effectiveness. Among MHC and other diversion programs, research has shown that older, white women are more often referred into these programs than their counterparts (Luskin, 2001; Naples & Steadman, 2003; Steadman, Redlich, Griffin, Petrila, & Monahan, 2005). Steadman and colleagues (2005) speculated that underlying these referral decisions is the perception that older, white women present less of a public safety risk and that they will be more likely to be successful in meeting the conditions of the diversion program. However, in studies examining recidivism among diversion participants, gender, age, and race have not typically been found to significantly influence re-arrest rates (Herinckx et al., 2005; Moore & Hiday, 2006; Naples & Steadman, 2003). Thus, in the present study, we examine whether these and other factors influence completion status and success within the MHC (as defined by compliance with court orders).

2. Present study overview

This study is part of a multi-site, prospective research project on mental health courts. The project, which is funded by the John D. and Catherine T. MacArthur Foundation, has followed 447 participants from four mental health courts across the nation from the beginning of their enrollment to at least one year following. We have also followed a treatment-as-usual (TAU) comparison group from the four same locales; these are jail detainees who would meet the eligibility criteria for the MHC but were never referred into, or rejected from, the court.

The MHC and TAU participants were interviewed at the onset of their court or criminal involvement (i.e., baseline) and again six months later. Objective outcome data were also collected related to recidivism (arrests and incarceration days), mental health and substance treatment received in the community and in jail, and mental health court hearings and compliance. The focus of the present study is specific to mental health court involvement, and thus does not involve the TAU sample participants, the self-report interview data, or objective criminal justice and treatment data.

3. Methods

3.1. Participants and data sites

Data were collected from participants in four mental health courts: San Francisco County, CA (n = 108); Santa Clara County, CA (n = 136); Hennepin County, MN (n = 104); and Marion County, IN (n = 99). Demographic, clinical, and criminal characteristics by site are in Table 1.

At each data collection site, we worked with personnel from the MHC and the county jail to draw our samples. All information concerning recruitment was entered into a data tracking program. More specifically, demographic, diagnostic, and identifying information (e.g., name and aliases, date of birth, criminal justice numbers, and diagnoses), eligibility and consent information (e.g., reason for ineligibility, refused or consented), and locating information were entered.

The MHC sample had few eligibility criteria to be enrolled in our study. If the MHC accepted the person, we attempted to enroll the person in our study with the following exceptions: MHC sample participants were required to 1) have a mental health diagnosis (i.e., not have a substance use diagnosis only); 2) have a primary diagnosis other than a developmental disability; 3) be able to speak and understand English; and 4) be sufficiently stable/competent to partake in the interview (note that this last criteria was dynamic and to be considered ineligible for this reason, the person had to be deemed as such for an entire two-month window).

Table 1
MHC data collection site characteristics.

	San Francisco, CA (n = 108)	Santa Clara, CA (n = 136)	Hennepin, MN (n = 104)	Marion, IN (n = 99)	Total (n = 447)
Demographics					
Mean Age (SD)	37.5 (11.1)	38.1 (11.0)	38.1 (10.6)	36.3 (10.2)	37.5 (10.7)
% Females**	26.9%	44.9%	47.1%	50.5%	42.1%
% White***	38.5%	69.2%	51.5%	54.5%	53.5%
Mean Education (SD)	11.7 (2.1)	11.8 (2.4)	11.7 (2.5)	11.7 (2.4)	11.7 (2.4)
Primary Diagnosis***					
Schizo-spectrum/Psychotic	56.5%	32.4%	35.6%	37.4%	40.0%
Bi-polar	9.3%	24.3%	34.6%	47.5%	28.2%
Depression	15.7%	22.1%	24.0%	9.1%	18.1%
Other	18.5%	21.3%	5.8%	6.1%	13.6%
Most Serious Target Arrest Charge***					
Minor Crime	3.7%	8.1%	27.9%	29.3%	16.3%
Drug Crime	22.2%	59.6%	7.7%	14.1%	28.4%
Property Crime	25.0%	16.9%	47.1%	30.3%	28.9%
Person Crime	49.1%	15.4%	18.2%	26.3%	26.4%
Completion Status***					
Terminated	36.0%	20.9%	47.1%	17.2%	29.7%
Still in MHC	33.0%	40.3%	11.8%	2.0%	23.2%
Completed	31.0%	38.8%	41.2%	80.8%	47.1%
MHC Compliance (SD)***	3.18 (1.22)	2.88 (0.98)	3.31 (1.13)	3.75 (1.15)	3.24 (1.15)

Notes. ** $p<.01$; *** $p<.001$. Statistics are in the text.

In general, the MHC samples were similarly drawn across the four sites. At each site, MHC coordinators would let site researchers know who was accepted and rejected into the MHC on a weekly basis. For those MHC clients accepted, the MHC coordinators would also supply information on the target arrest charge (date and most serious charge), the person's date of birth, county criminal justice identifier, most serious diagnosis, and location/contact information. Site researchers or interviewers would then contact the individual (or visit them in jail) and attempt to recruit them into the study using a standardized recruitment script. All participants provided written, informed consent. Prior to signing the informed consent form, we administered a "quiz" to help ensure potential participants understood study procedures and risks/benefits. If individuals answered incorrectly any one of five questions after explanation, they were not allowed to partake in the study at that time. A very small number of those approached were excluded on this basis. The overall refusal rate for the MHC sample was 17.5%.

3.2. Measures

MHC-specific outcome data were collected for all MHC sample participants in the four courts (regardless of whether their court participation was terminated) for at least one year following their entry into the court. Specifically, we assessed court compliance and court attendance. We also obtained graduation and termination rates and dates.

3.2.1. MHC compliance

To assess court compliance, we developed a brief instrument for MHC coordinators to complete. The coordinators were asked to rate compliance for the first year on three aspects: 1) judicial and court orders; 2) keeping treatment appointments in the community; and 3) taking prescribed medications. Compliance was rated on a five-point Likert scale, 1 = Poor/Not so good throughout to 5 = Excellent/Very good throughout. Coordinators were instructed to consider the entire year (or however long the person remained in the court) and the frequency and severity of positive and negative events.

3.2.2. Court attendance

Court attendance was obtained retrospectively by accessing MHC and/or county court records. In addition to recording court dates, we recorded whether the person appeared or was excused from attending, whether the person failed to appear and a whether a bench warrant was issued or stayed. We also recorded whether an appearance was made in or out of custody using county jail records to verify.

3.2.3. Graduation and termination

To code the final MHC outcome, the following scale was developed: 1) terminated, new charges; 2) terminated, other (e.g., long term hospitalization); 3) person opted out; 4) still in MHC; 5) graduated, successful; and 6) graduated, other (e.g., charges dismissed). Dates of termination and graduation were also obtained, which were also used to calculate length of time in MHC.

4. Results

As shown in Table 1, average age and number of years of completed education did not differ by site. However, the sites significantly differed by gender, race, primary diagnosis, and most serious target arrest. Thus, generally, sites are examined separately or regression analyses performed to consider site-specific effects. Our analyses below focus on MHC completion status, court appearances, and perceived compliance.

4.1. MHC Completion Status

Across 434 MHC participants (data were missing for 13), the number of days in the MHC ranged from 29 to 1161 days (3.2 years). To examine "dose" of MHC, a three-level MHC completion status variable was created: 1) Terminated (collapsing terminated, new charges and other, and person opted-out[1]); 2) Still in MHC; and 3) Graduated (collapsing the two graduated categories). Across the sites, 29.2% (n = 126) had been terminated, 23.4% (n = 101) were still in the court, and 47.5% (n = 205) had graduated (site-specific percents are shown in Table 1). Not surprisingly, the number of days in the court significantly varied by MHC completion status, $F(2, 429) = 73.91$, $p < .001$. On average, those terminated were in the court 9.8 months (SD = 7.2 months), those still in the court had been in for 1.8 years (SD = 7.5 months), and those who graduated were in for 1.2 years (SD = 6.4 months).

Completion status widely varied by site, $F(3, 429) = 15.31$, $p < .001$ (Table 1). Within the timeframe of our study, the Marion, IN MHC graduated 81% of our study sample and terminated 17%. In contrast, the other three MHCs had graduated fewer than 50% (sites ranged from 39 to 48%) and had terminated 25–41%. Proportions of those still in the MHC varied as well, from 2% of the sample (Marion, IN) to 40% (Santa Clara, CA).

Spearman correlations were computed between completion status and MHC compliance, attendance, and person-specific characteristics (Table 2). As expected, completion status was positively related to compliance, such that graduates were rated as more compliant (and those terminated as less compliant). Completion status was negatively related to judicial supervision (which we defined as number of court hearings divided by number of days in the court) and number of bench warrants issued or stayed, such that MHC clients who were terminated had more court hearings during their time in the court and more bench warrants issued or stayed. Finally, the only person-specific factor to significantly influence completion status was being white, with these clients being more likely to have completed the MHC than non-white persons.

Lastly, a multivariate regression was conducted. In a step-wise fashion, we entered the sites (using San Francisco, CA as the reference category), then demographic characteristics, and finally, judicial supervision, bench warrants number, and compliance ratings. The model was significant, $F(12, 379) = 23.54$, $p < .001$; Adjusted $R^2 = .41$. As shown in Table 3, site and six person-specific factors (including being white) were non-significant predictors of completion status. Rather, the only factor to robustly influence completion status was compliance ratings. As expected, higher compliance predicted a higher likelihood of graduating. Increased levels of judicial supervision were only modestly associated (p = .055) with a higher likelihood of being terminated or being still in the court.

4.2. Court appearances

In this section, we examine aspects of the status review court hearings, including the number attended, the number of bench warrants issued or stayed, and the proportion of court appearances attended while in custody.

Number of court appearances attended (or excused) ranged from 1 to 82 across 435 people (data were missing for 12 participants). Of course, the length of time the persons were in the court must be considered, and thus we created "judicial supervision" which was the number of court hearings attended divided by the number of days in the court. Judicial supervision varied from .002 to .17, Mean = .04 (SD = .03); higher numbers indicate more frequent supervision. An analysis of variance by site and completion status revealed that San

[1] Note that only 16 MHC (3.7%) clients had opted out.

Table 2
Intercorrelations of variables.

	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Completion Status	.59***	−.35***	−.29***	−.01	.05	.16**	.07	−.03	−.09
2. Compliance		−.27***	−.27***	.03	.01	.20***	.05	−.06	−.15**
3. Judicial Supervision			.26***	.01	−.12**	−.17***	−.04	−.02	−.16***
4. No. of BWs Issued/Stayed				−.04	.04	−.12*	−.03	.10*	.02
5. Age					−.04	.00	.14***	−.05	.06
6. Female						.13***	−.04	.16***	.12*
7. White							.16***	.10*	.06
8. Education								.05	−.08
9. Most severe diagnosis (lower numbers = more severe)									.11*
10. Most serious target arrest (lower numbers = more severe)									

Notes. * $p<.05$; ** $p<.01$; *** $p<.001$.

Francisco had significantly higher levels of judicial supervision, M = .08 (SD = .03), $F(3, 421) = 208.48$, $p<.0001$, than all of the other three sites, who did not differ significantly from another (these sites all had means of .03 and SDs of .01). In addition, there was a main effect of completion status, $F(2, 421) = 21.76$, $p<.0001$, such that terminated clients had a significantly higher concentration of judicial supervision than participants still in the MHC and participants who graduated (who did not differ from one another). The site by completion interaction effect was non-significant.

A total of 226 participants (52%) had no bench warrants issued or stayed while in the MHC. Of the remaining 48%, most (43%) had one to four bench warrants. At the other end of the spectrum, one (San Francisco) participant had 23 bench warrants issued or stayed. This participant has been in the court for over two years.

A total of 207 MHC participants (48%) had none of their court appearances in custody. The remaining 224 participants (52%) had anywhere from 5% to 100% of their court hearings while in custody. Twelve participants had all their hearings while incarcerated. Unfortunately, the reason for incarceration could not be reliably determined from jail or court records. The person may have been remanded to custody by the MHC judge for non-compliance, or could have been in custody on a new arrest or unrelated violation, for example.

In-custody court appearances differed by completion status. First, in Fig. 1 the overall proportions of court hearings not attended, attended while in custody, and attended from out-of-custody are displayed. As would be expected, there is a linear progression such that clients who graduated had the lowest rate of unattended hearings and the lowest rate of hearings attended while in custody. Terminated clients had the highest rates of unattended and attended-in custody, whereas persons still in the court were in between these two groups.

Next, to examine relations between in-custody attendance and sites by completion status, we conducted an analysis of variance. There were main effects of completion status, $F(2, 417) = 33.94$, $p<.001$, and site, $F(3, 417) = 30.08$, $p<.001$, as well as a significant completion status × site interaction effect, $F(6, 417) = 4.53$, $p<.001$ (see Fig. 2). Specifically, persons who had been terminated appeared before the court from in-custody significantly more often than those who were still in or who had graduated. Overall, terminated clients attended an average of 36% of their hearings incarcerated, compared to 24% and 15% of hearings of clients who are still in and who graduated, respectively. In addition, there were large observable site differences. For example, in Santa Clara, 45% of all clients (regardless

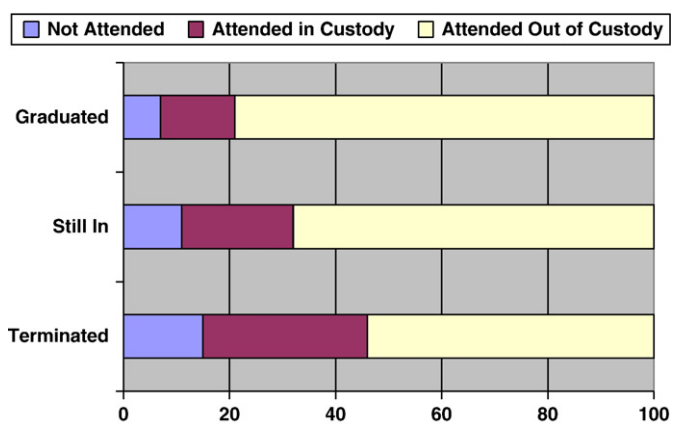

Fig. 1. Proportion of court hearings not attended and attended in and out of custody for total sample.

Table 3
Regression analysis results for MHC completion status.

	B (SE)	Beta	95% CI for B
Step 1			
Santa Clara	.16 (.15)	.08	−.13 to .45
Hennepin	−.24 (.15)	−.12	−.54 to .07
Marion	.27 (.15)	.14	−.02 to .57
Step 2			
Age	.00 (.00)	−.02	−.01 to .01
Female	.05 (.07)	.03	−.09 to .18
Education	.02 (.01)	.05	−.01 to .05
White	.02 (.07)	.01	−.13 to .16
Primary diagnosis	−.02 (.03)	−.03	−.09 to .04
Most serious target arrest	−.01 (.02)	−.04	−.05 to .02
Step 3			
Judicial supervision	−4.22 (2.19)	−.13†	−8.54 to .09
Number of BWs	−.01 (.02)	−.07	−.05 to .03
Compliance	.40 (.04)	.53***	.33 to .47

Notes. San Francisco is the reference category in Step 1. † $p = .055$; *** $p<.001$.

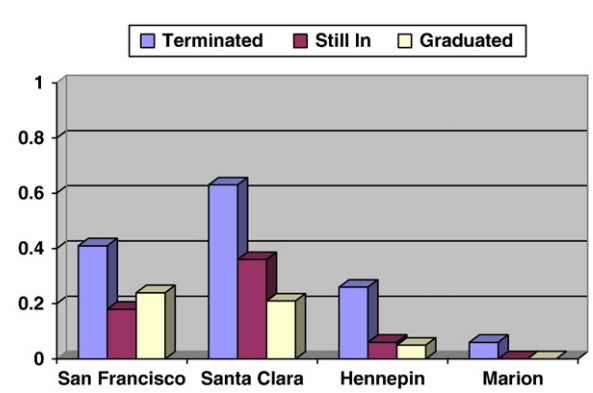

Fig. 2. Proportion of court hearings attended while in-custody by site.

of completion status) made half or more of their appearances from jail. In contrast, Marion, IN participants rarely made appearances while in custody (see Fig. 2). Finally, regarding the interaction effect, further analyses revealed that rates of in-custody hearings between persons still in and persons graduated were not significantly different for San Francisco, Hennepin, and Marion participants. However, in Santa Clara, rates of in-custody hearings were significantly different between all three completion status groups (Fig. 2).

In summary, number of court hearings mandated versus attended differed by completion status and by site. Additionally, sites varied by the frequency with which MHC clients attended court from in-custody.

4.3. Compliance

Compliance ratings were obtained on all MHC sample participants except nine (which were unattainable or otherwise missing). The three measures of MHC compliance – compliance with judicial orders, with community treatment appointments, and with taking prescribed medications – were highly correlated, $rs \geq .87$. Thus, one general compliance rating was created by averaging these three ratings. This general compliance measure is used as the dependent variable in the analyses below (1 = poor to 5 = excellent).

We examined whether compliance ratings differed among the four MHCs by conducting an analysis of variance. There was a significant main effect of data site, $F(3, 434) = 11.65$, $p < .001$. Bonferroni post-hoc comparisons revealed that Marion, IN MHC participants had significantly higher compliance ratings than all of the three other courts (see Table 1). In addition, Hennepin, MN's ratings were significantly higher than Santa Clara, CA ratings.

We computed a series of correlations to examine relations between general court compliance and demographic factors. As shown in Table 2, compliance was not significantly related to age, primary diagnoses, completed years of education, or gender. Compliance was significantly and positively related to racial status such that whites were rated as more compliant than non-whites, and negatively related to most serious target arrest charge such that persons charged with more serious crimes were more compliant (arrest severity coded as 1 = most serious to 10 = least serious).

Similar to the regression analysis conducted for completion status, we predicted compliance ratings using the variables shown in Table 4. The model was significant, $F(11,382) = 13.17$, $p < .001$; Adjusted $R^2 = .25$. In several ways, the results of this regression analysis differed from the results of the completion status one. In this regression predicting compliance ratings, the sites differed significantly (as compared to San Francisco; see Table 1 for mean differences by site). In addition, as found in the bivariate analyses, being white and most serious target arrest charge remained significant predictors of perceived compliance (whites and persons charged with more serious crimes were rated as more compliant than non-whites and persons charged with less serious crimes). And, judicial supervision and number of bench warrants issued or stayed independently predicted perceived compliance.

Table 4
Regression analysis results for MHC compliance.

	B (SE)	Beta	95% CI for B
Step 1			
Santa Clara	−1.41 (.21)	−.55***	−1.82 to −1.00
Hennepin	−1.16 (.22)	−.44***	−1.60 to −.73
Marion	−.78 (.22)	−.30***	−1.23 to −.37
Step 2			
Age	.00 (.01)	.03	−.01 to .01
Female	−.02 (.10)	−.01	−.22 to .19
Education	−.01 (.02)	−.02	−.05 to .03
White	.43 (.11)	.19***	.23 to .64
Primary diagnosis	.00 (.05)	.00	−.09 to .10
Most serious target arrest	−.06 (.02)	−.12**	−.10 to −.02
Step 3			
Judicial supervision	−22.34 (3.04)	−.54***	−28.32 to −16.36
Number of BWs	−.10 (.03)	−.17***	−.15 to −.05

Notes. San Francisco is the reference category in Step 1. ** $p < .01$; *** $p < .001$.

5. Discussion

Mental health courts are an ever-increasing, alternative to traditional forms of processing offenders with mental illness through the justice system (see Petrila & Redlich, 2008). In the present study, we focused on court hearings and compliance with court orders, which to our knowledge, have yet to be examined. We investigated the number and frequency of attendance (in and out of custody) and characteristics of MHC clients who completed the program and were perceived to have complied with the programs' requirements.

In general, most person-specific characteristics did not influence completion status or compliance. The majority of demographic (gender, age, and education) and clinical (most serious diagnosis) factors we examined were unrelated to client MHC outcomes or compliance. However, in the present study, race and most serious target arrest – even after controlling for site-specific differences – were significant predictors of perceived compliance (but not completion status). Compliance ratings were specific to the person's first year in the court. Given that being white and most serious target arrest charge did not influence completion status, it will be interesting to see if perceptions that whites and more serious offenders (as measured by their target arrest) persist after the first year.

Other research examining the influence of person-specific characteristics on diversion outcomes has found null effects. For example, in a study on the Broward, FL MHC, age, gender, race, and clinical symptom scores did not significantly distinguish between MHC clients (nor for a comparison sample of traditional court participants) who did and did not get arrested (Christy, Poythress, Boothroyd, Petrila, & Mehra, 2005). Despite the consistency of finding non-significant relations between person-specific characteristics and recidivism and other MHC-related outcomes, some mental health courts and diversion programs continue to have higher proportions of older, white women than represented in the criminal justice system as a whole (Naples, Morris, & Steadman, 2007). For example, across the four courts studied here, the mean age was 38 years, 42% were female, and 54% were White. Even though female offenders are more likely to have mental health problems than male offenders, the rates do not approach half. In a large-scale prevalence study, Steadman, Osher, Robbins, Case, and Samuels (2009) found the rate of serious mental illness to be 31% among female jail inmates. More research is needed to determine the precise reasons for these trends, particularly whether they relate to misperceptions regarding public safety (Steadman et al., 2005).

Although person-specific factors were non-influential, several site-specific differences were found. The site samples differed demographically, clinically, and criminally, which partially reflects the demographic make-up of the jurisdiction, as well as the MHC eligibility criteria (e.g. differences in what crimes are allowable). The sites also differed in rates of completion status and related compliance perceptions. For example, within the study timeframe, the Marion, IN MHC had graduated 81% of our sample and had terminated all but 2% of the others. In contrast, the other three MHC had graduated only 39% to 48%. The Hennepin, MN MHC had terminated 41%, whereas the Santa Clara, CA MHC considered 40% to still be in the court two to four years later.

In addition, perhaps because of these distinct patterns of completion status, the proportion of clients attending hearings from in-custody varied widely by site. The Marion, IN MHC rarely had persons attend while in jail, even among those who had been terminated. In the Santa Clara, CA MHC by comparison, 45% of the

sample made half or more of their appearances from jail. To our knowledge, MHC attendance while in-custody has not been a topic of discussion in the literature (though use of jail as a sanction has, see Redlich, Steadman, Monahan, Petrila, & Griffin, 2005). Because MHCs are diversion programs that divert people out of incarceration, there may be a presumption that court appearances, which are a defining feature of these specialty courts, are attended from the community on the person's own volition. The data presented here suggest that for a portion of clients, court appearances are made when the person has no choice but to attend. As the research on MHCs moves forward in examining effectiveness in reducing recidivism and enhancing community treatment utilization, voluntary court attendance may be an important factor to consider.

Despite site-specific differences, when data collection site was considered among multiple other factors, site was not a significant predictor of completion status. Rather, the only factor to predict completion status was perceived compliance. Judicial supervision was only modestly related to completion, such that those clients who graduated had fewer concentrated hearings than those who were still in or had been terminated. This finding is in concordance with general descriptions of mental health courts in that persons who are doing well (e.g., complying with court orders, taking their medications, and going to substance abuse meetings) are permitted to less frequently return for status review hearings (see Fisler, 2005; Redlich et al., 2006). In contrast, for compliance ratings, sites continued to differ significantly from another. Also, judicial supervision and number of bench warrants independently (and robustly) predicted compliance ratings, whereas they only marginally or did not predict completion status. These divergent regression results for perceived compliance and completion status underscore that while the two are clearly related, they are separate constructs. That is, the perception of non-compliance with judicial orders, taking prescribed medications, and keeping community treatment appointments can contribute to being terminated from the court or remaining in it for longer periods, but does not necessarily determine these outcomes.

6. Conclusion

Because there are not established standards for mental health court practices, it is not surprising that rates of graduation and duration of supervision vary widely across courts. Courts' structures and practices are negotiated locally. They are what are worked out between the judiciary, prosecutor, and public defense bar. Ultimately, the question of standardization rests on having some empirical basis for guidelines that is informed by their relationships to public safety and public health outcomes. To date, none is available. As we go forward with our analyses from the four-site study, we will be able to examine these issues and better inform conversations about best practices for mental health courts. Although it is unlikely that the mental health court movement is going to await our findings, such data surely would help these courts better achieve their laudable goals.

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References

Boothroyd, R., Poythress, N., McGaha, A., & Petrila, J. (2003). The Broward Mental Health Court: Process, outcomes and service utilization. *International Journal of Law and Psychiatry*, *26*, 55—71.

Christy, A., Poythress, N. G., Boothroyd, R. A., Petrila, J., & Mehra, S. (2005). Evaluating the efficiency and community safety goals of the Broward County mental health court. *Behavioral Sciences & the Law*, *23*, 227—243.

Fisler, C. (2005). Building trust and managing risk: A look at a felony mental health court. *Psychology, Public Policy, and Law*, *11*, 587—604.

Herinckx, H. A., Swart, S. C., Ama, S. M., Dolezal, C. D., & King, S. (2005). Rearrest and linkage to mental health services among clients of the Clark County mental health court program. *Psychiatric Services*, *56*, 853—857.

Luskin, M. L. (2001). Who is diverted? Case selection for court-monitored mental health treatment. *Law & Policy*, *23*, 217—236.

McNiel, D. E., & Binder, R. L. (2007). Effectiveness of a mental health court in reducing criminal recidivism and violence. *The American Journal of Psychiatry*, *164*, 1395—1403.

Moore, M. E., & Hiday, V. A. (2006). Mental health court outcomes: A comparison of re-arrest and re-arrest severity between mental health court and traditional court participants. *Law and Human Behavior*, *30*, 659—674.

Naples, M., Morris, L. S., & Steadman, H. J. (2007). Factors in disproportionate representation among persons recommended by programs accepted by courts for jail diversion. *Psychiatric Services*, *58*, 1095—1101.

Naples, M., & Steadman, H. J. (2003). Can persons with co-occurring disorders and violent charges be successfully diverted? *International Journal of Forensic Mental Health*, *2*, 137—143.

Petrila, J., & Redlich, A. D. (2008). Options for diverting persons with mental illness from the criminal justice system. *Court Review*, *43*, 164—173.

Redlich, A. D., Steadman, H. J., Monahan, J., Petrila, J., & Griffin, P. (2005). The second generation of mental health courts. *Psychology, Public Policy, and Law*, *11*, 527—538.

Redlich, A. D., Steadman, H. J., Monahan, J., Robbins, P. C., & Petrila, J. (2006). Patterns of practice in mental health courts: A national survey. *Law and Human Behavior*, *30*, 347—362.

Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, *60*, 761—765.

Steadman, H. J., Redlich, A. D., Griffin, P., Petrila, J., & Monahan, J. (2005). From referral to disposition: Case processing in seven mental health courts. *Behavioral Sciences & the Law*, *23*, 1—12.