I. GOALS

The broad goal of all problem-solving courts, including mental health courts, is to address the issues underlying people's repeat contacts with the criminal justice system so they will not return, or not return as frequently. Such an overarching goal provides important context, but it is not sufficient to guide the operation and measure the impact of a mental health court program. The stakeholders involved in planning a mental health court should agree on a limited number of specific goals that are both realistic and measurable.*

In general, goals for mental health courts can be grouped into the following categories: 1) Increased public safety; 2) increased treatment engagement; 3) improved quality of life; and 4) more effective use of resources. Within each category, jurisdictions should determine the precise goals for their courts, clearly specifying how progress toward those goals will be assessed. In doing so, court planners should consider the following issues:

*For more on measuring the impact of a mental health court, readers should review *A Guide to Collecting Mental Health Court Outcome Data*, a companion piece to this guide.

Increased public safety

Mental health courts have the potential to positively impact public safety by reducing criminal justice involvement among program participants, which means fewer crime victims in the community. Mental health court planners should remember that many participants will have extensive criminal histories and complicating social factors (e.g., homelessness, poverty, lack of family connections), along with chronic and potentially disabling mental health conditions. A mental health court cannot solve these numerous problems by itself, and eradicating all future criminal justice involvement for program participants is not a realistic goal. Rather, mental health courts should, for example, pursue incremental reductions in the number of law enforcement contacts, jail days, probation violations, or new charges for program participants.

While mental health court planners will naturally focus on the period of court supervision, they should also set goals for when supervision ends. If the mental health court cannot reduce criminal justice involvement for participants once the oversight of the court is stopped, important questions will (and should) be raised about the ultimate value of the intervention.

Increased treatment engagement

Many mental health court participants have long histories of inconsistent treatment engagement. They may have experienced repeated crises and have, at some point,

been hospitalized involuntarily. For too many consumers, especially those who become involved in the criminal justice system, treatment has not been a positive experience. Likewise, mental health providers may view them as their most difficult-to-serve clients, and see them as unmotivated or beyond help. For this reason, most mental health courts identify improved consumer engagement as a primary goal.

At times, treatment engagement is equated solely with medication adherence, but mental health courts should consider a wider range of treatment issues when setting goals. For example, goals related to the venue for receiving treatment (e.g., emergency facilities vs. outpatient clinics), the types of treatment provided (e.g., integrated treatment for co-occurring substance abuse disorders), and the level of consumer satisfaction all offer a more powerful assessment of the court's impact on treatment engagement. Further, the extent to which engagement is maintained beyond the period of supervision provides a measure of the court's ability to effect long-term change.

Improved quality of life

At its heart, a mental health court is designed to improve the lives of its participants. Engaging in treatment and avoiding criminal justice contact are usually correlated with such improvements, but mental health courts should also consider establishing other goals related to quality of life. Along with self-perceived quality of life, measures of stable housing, family and peer relationships, employment and education status, drug and alcohol use, and victimization are also important indicators of the extent to which mental health court participation has brought about tangible changes in its participants' daily lives. Quality of life is also affected by the extent to which participants are able to manage the symptoms of their mental illnesses and any physical ailments. Given the racial and ethnic diversity of mental health court participants, mental health courts should employ culturally sensitive and bias-free instruments when measuring progress.

More effective use of resources

Many mental health courts cite cost savings as one of the central objectives of the court, and a key justification for long-term funding. While the goal of making better use of limited criminal justice and mental health resources is laudable, mental health courts should be careful about establishing cost-related goals. Cost data are very difficult to gather correctly, and some studies suggest that mental health courts and related programs result in an initial net cost increase and that savings may not be

realized for several years.[22] In addition, even if "per-person" savings are realized and can be tracked successfully, these savings may not actually accrue to any particular agency. For example, although a mental health court may reduce the consumption of jail bed days for its participants, the overall cost of operating the jail will remain the same. Accordingly, caution is warranted when making promises about decreased expenditures resulting from the mental health court.

This should not dissuade mental health courts from setting goals related to resource use. In addition to their chronic entanglement with the criminal justice system, many mental health court participants cycle repeatedly through other social service systems (psychiatric hospitals, detoxification facilities, emergency rooms) and may fit the profile of "high utilizers" described in the sidebar below. Reducing the consumption of these limited resources among program participants is both realistic and measurable. For example, courts such as Anchorage, Alaska, have demonstrated reduced consumption of jail and hospital bed days among program participants.[23] Mental health courts should consider the specific resources they hope to impact and devise systems by which the use of these resources by court participants can be monitored.

Producing substantial reductions in jail overcrowding is another goal that mental health court planners should be wary of adopting. Compared to the number of inmates admitted to a local jail, the number of participants accepted by mental health courts is relatively small; thus, the decreased utilization of jail resources by court participants is not likely to have a measurable impact on the overall jail census. However, jail inmates with mental illnesses require significant staff resources to manage, protect from harm, and treat, and the cost of providing psychotropic medications can

tracking service usage of "high utilizers"

Several jurisdictions have collected data on the group of people with mental illnesses who cycle repeatedly through the criminal justice and other social service systems. During 2000, King County, Washington spent more than $1.1 million on mental health treatment, drug and alcohol acute services, and criminal justice resources for just 20 people. In Summit County, Ohio, during 2001, services for a similar group of 20 people cost taxpayers $1.3 million. These calculations included neither the time invested by law enforcement or the court, nor the costs of transportation to different facilities. Perhaps most disturbing, despite these considerable expenditures, the level of functioning and quality of life did not improve for the majority of these people.[24]

Excerpt from Council of State Governments Justice Center, A Guide to Mental Health Court Design and Implementation, 2005.

be staggering. For these reasons, preventing the return to jail of only a few mental health court participants could be very significant to the jail administrator.

EXAMPLE: King County Mental Health Court

The King County Mental Health Task Force outlined the following goals for its mental health court:[25]

1. Reduce the number of future criminal justice contacts among offenders with mental illnesses;
2. Reduce the inappropriate institutionalization of people with mental illnesses;
3. Improve the mental health and well-being of defendants who come in contact with the Mental Health Court;
4. Improve linkages between the criminal justice system and the mental health system;
5. Expedite case processing;
6. Protect public safety;
7. Establish linkages with other County agencies and programs that target people with mental illnesses in order to maximize the delivery of services.

Jurisdictions seeking to establish a mental health court should give great care to the wording of their goals for the court.* Clearly identified goals become the benchmarks against which the court's effectiveness can be measured. Not only must the goals be both realistic and measurable, but the processes for obtaining or tracking the necessary data should also be developed and implemented along with the court's operation. (For more on data collection in mental health courts, readers should consult the *Guide to Collecting Mental Health Court Outcome Data,* a companion to this guide.)

***The process of** mental health court goal setting can be easily adapted to other interventions for people with serious mental illnesses in the courts, not just those involving a specialized docket.

2. TARGET POPULATION

Most existing mental health courts have established basic eligibility criteria across four main categories: current charges, violence, diagnosis, and prior criminal record. The target population for mental health courts must be carefully defined; the court's inherent specialization requires a focus on a subset of defendants with mental illnesses who come through the court system. Communities should be judicious in determining the segment of the population likely to be best served by this limited resource.

Setting eligibility criteria raises important political, ethical, and operational issues. For example, stakeholders may disagree vehemently about the types of charges to authorize for admission. Likewise, only defendants with certain diagnoses will be