MENTAL HEALTH AND THE COURTS: URBAN VS. RURAL

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Monica Tschumper
Isanti County Court Administrator
Tenth Judicial District in the State of Minnesota
Cambridge, Minnesota

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Table of Contents

List of Figures

List of Tables

MEN TAL HEALTH AND THE COURTS: URBAN VS. RURAL

Monica Tschumper

Abstract

There are currently three court locations in Minnesota that have established mental health court programs. Each of these courts is located in urban settings. The number of rural court locations in Minnesota greatly surpasses the number of urban locations; however, Minnesota's rural courts lack this specialty programming, leaving defendants in many counties without the programming and resources that are available to those in the three urban courts. This court project investigates the processes and complexities involved in operating mental health courts and considers the realities for rural courts to operate a mental health court. This paper explores the terms "mental illness" and "serious mental illness," and establishes how these terms factor into the foundational criteria used by many mental health court programs when assessing eligibility. Materials from a variety of mental health court locations, as well as evaluations on the structure of mental health courts and components of therapeutic jurisprudence, provide guidance on alternate measures that can be utilized by courts unable to establish formal programs.

This court project identifies:

1. The structure, logistics and challenges of urban mental health courts.
2. The challenges facing rural court locations.
3. How the structure and challenges between rural and urban courts can be compared and contrasted to determine the feasibility of rural courts to establish a mental health court.

When exploring this information, a variety of research protocols were utilized. First, a review of the relevant literature provided further knowledge regarding the structure and operations of mental health courts. This information guided the development of the survey and interview questions employed during the data collection process.

This paper explores the research questions through responses from several sources including: 1) urban mental health courts on their experiences and challenges operating a mental health court, 2) rural Minnesota courts to seek information about logistics within their counties and acquire opinions on accessibility of resources, and, 3) through a number of telephonic interviews with both urban and rural mental health court locations as a follow-up inquiry to survey responses or lack of responses. The paper also discusses responses from organizations identified as potential resources for mental health courts.

Collectively, this information identified a list of stakeholder participants, structural requirements and resources utilized by various mental health court programs in operation. In addition, the author identifies specific resources that are critical to urban programs, rural programs or both, and determines the relevance of these resources in effective operations.

Garnering that programs vary and not all elements identified are critical to operations, courts should determine which elements are critical for effective programming, as well as the feasibility of incorporating these elements into the court system. Communication and collaboration with stakeholders and team members proves critical when contemplating critical elements. Recommendations are also considered for courts challenged by logistics and unable to establish formal mental health court programs.

Introduction

Russell Wilson[1] walks into the office of Court Administration, which is located in a rural county in Minnesota. It is early on Monday morning and Russell is here to check in for his court appearance. After Russell's inquiry, the clerk informs him that he does not have a court appearance scheduled for that day. Russell is surprised to hear this and questions the clerk about his file. Russell is a pleasant, sometimes confused gentleman, who in the past few weeks has appeared at Court Administration's counter multiple times, and typically spends at least thirty minutes at the counter each time. His inquiries are consistently inconsistent. Responding to those inquiries and explaining the procedural aspects of Russell's file to him was not an easy task. His level of understanding seems to differ with each day. At times, his questions are clear and concise and he understands the clerk's responses. Other times, he will forget the information provided to him before he leaves the counter. His visits often start with questions pertaining to his file, then, may end with Russell rambling about unrelated topics. Russell presents as someone who struggles to remain focused and who lives with cycles of confusion and mental instability.

Russell has a criminal file pending, however, there is currently no hearing set. Russell's confusion was apparent during his first hearing, so the court ordered a competency evaluation. Once the competency report is received, the court, and interested parties, will discuss the

[1] Russell Wilson is a real person. His name has been changed to protect his identity.

outcome and what that outcome means for the future of his case. Since the nature of his offense is a misdemeanor-level violation, he is not confined during the pendency of his evaluation.

Russell has been known to the court system for the past few years. He has been known to sleep under parked cars in residential driveways and loiter around city parks past posted hours. These behaviors have resulted in five previous misdemeanor citations for nuisance or trespass offenses. Previous courts have ordered competency evaluations on Russell and the reports have been consistent in their findings; Russell has a dual diagnosis of psychosis and chemical dependency issues. However, his issues are not excessive enough to find him incompetent. As a result, Russell's mental health issues will remain within the rural court's criminal justice system, a system that lacks the financial resources, programming, and access to services that have the potential to benefit Russell, which in turn benefits public safety. This creates the conundrum that is addressed in this paper.

The National Alliance on Mental Illness (NAMI) defines mental illness as a medical condition that disrupts a person's thinking, mood, ability to relate to others and daily functioning. Traditional courts are limited to in their ability to address mental illness considering their evaluation process is focused on competency. Competency evaluations assess the offender's ability to rationally consult with counsel and understand the proceedings or participate in their defense. According to Denckla and Berman (2001), "[j]udges typically lack both the tools necessary to perform meaningful assessments and the connections with mental health service providers necessary to know what kinds of treatment options are available. Given these realities, and given the concerns for public safety, judges find that in many cases the safest choice is to sentence mentally ill offenders to jail or prison" (p.1). When courts are ill-equipped, the result

for Russell has been continuing through an unproductive cycle of events that continue to bring him back before the court.

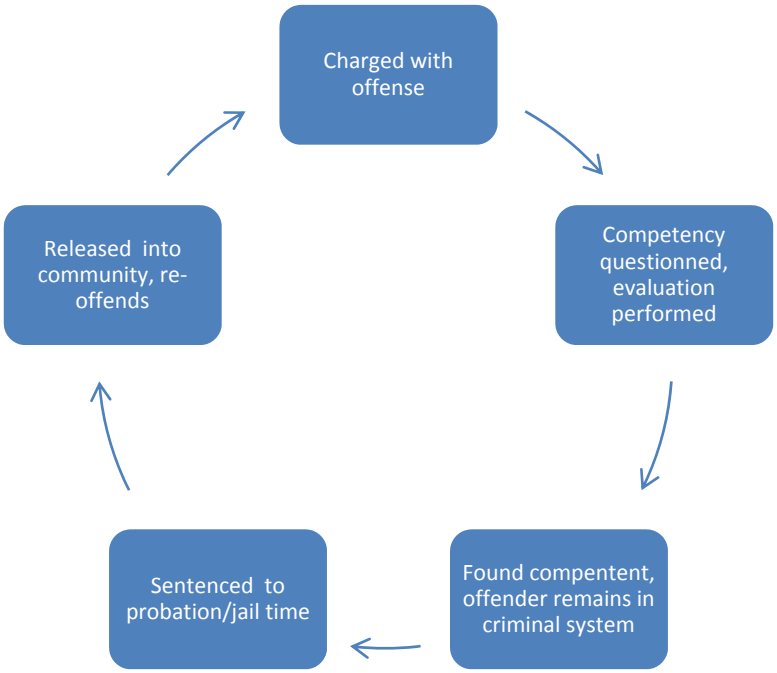


Figure 1. Russell's Cycle of Involvement with the Criminal Justice System

Since this outcome requires that Russell continue to be processed by the criminal court, it is important to explore whether the location of the criminal court (rural or urban) has an impact on the resources and services available to someone like Russell. If Russell resided in one of the larger urban courts in Minnesota, would there be a difference in how his case is processed or the programs available to Russell? Is it feasible for the rural court that Russell is in to offer similar programming and services that may address his mental health needs? Those are the research questions that will be explored in this paper.

Courts that lack specialty programming often process this type of clientele through traditional processes. The effect on people, such as Russell, is that he will likely remain mentally unstable and must navigate a system that may be conceptually difficult to grasp. The traditional court experience can be challenging for both individuals with mental illnesses, as well as courts who lack connections to treatment resources and specialized programming. In a 2009 article, Waters, Strickland and Gibson found that "the current criminal justice system often fails to address underlying clinical risk issues- at times exacerbating mental illness with incarceration- and leaves the defendant spinning in a revolving door of crime and punishment, with little or no resolution. Ultimately, public safety is threatened and additional expenses are incurred by tax payers who fund a system that is ill-equipped to serve this population" (p. 1). Mental health courts have been a solution to this problem, offering specialized services to offenders with serious mental illness through programming that can last from one, up to three years. According to Thomspon, Osher and Tomasini-Joshi (2007) of the Bureau of Justice Assistance, the following characteristics are shared by the majority of mental health courts:

- Specialized court docket, which employs a problem-solving approach to court processing for certain defendants with mental illness.
- Judicially supervised, community-based treatment plans, designed and implemented by a team of court staff and mental health professionals.
- Regular status hearings to review treatment plans and other conditions for appropriateness. Incentives are offered for adherence to conditions and sanctions are imposed for non-adherence.
- Criteria which defines graduation requirements.

Typical services include arranging for assessments and treatment services and regular monitoring through both dialogue with the offender and a regimen of court hearings. The goal of

intensified programming is to detour the feeling of being just another number on the docket and address the underlying issues, which will in turn, promote public safety by reducing reoffending.

Changes in mental health laws and policies have brought undefined numbers of persons with serious mental illness into the courts. These people are often living in our communities where they are receiving limited or no care. A significant contributor to the increase in the number of mentally ill entering the courts, jails, and prisons is known as the "deinstitutionalization" of mentally ill persons, which occurred during the 1960's and early 1970's. This massive shift in the treatment of the mentally ill rested on the principal supposition that needed services for the mentally ill would be accessible and available. Unfortunately, this assumption did not prove true (Council of State Governments, 2002). Since then, courts have seen a significant increase in the number of individuals with mental illness, which has posed substantial challenges for judges and other criminal justice professionals. This significant transformation has necessitated the need for dialogue by court leaders and key stakeholders about how the courts should best handle these individuals and whether traditional treatment and sanctions, which may not have the same impact on this population, is still the best route. Consequently, individual court locations began discussions about creating specialty courts that are better equipped to directly address the root of the issue. Mental health courts currently operate in 42 states.

Several courts nationwide have created specialized courts for a variety of issues including alcohol offenses, drug offenses and offenses committed by those with mental illness. Mental health courts may differ in title and structure; however, the basic impetus for the purpose of the court appears to be shared. There is recognition in the literature that contact with the criminal justice system has significant negative consequences for anyone who is subject to arrest, booking

and incarceration; however, it can be doubly traumatic for people with mental illness, and the resulting criminal record can impede their later access to housing and mental health services (Bernstein and Seltzer, 2003).

Mental health courts connect the two worlds of mental health and criminal law in an attempt to reduce recidivism and promote public safety, as is reflected in the following mission statements:

> *San Francisco Behavioral Health Court (BHC), California-*
> *The mission of the Behavioral Health Court of the Superior Court of California County of San Francisco is to enhance public safety and reduce recidivism of criminal defendants who suffer from serious mental illness by connecting these defendants with community treatment services and to find appropriate dispositions to the criminal charges by considering the defendant's mental illness and the seriousness of the offense.*
>
> *Ramsey County Mental Health Court Program, Minnesota-*
> *The mission of the RCMHC is to increase public safety by reducing recidivism among those whose criminal behaviors are attributable to mental illness. Through court supervision and the coordination of mental health and other social services, the Court supports a psychiatrically stable and crime-free lifestyle among its participants.*

Minnesota

In Minnesota, three courts currently provide mental health courts. Those counties are Hennepin County, which is located in Minneapolis and has a population of 1.2 million; Ramsey County, which is located in St. Paul and has a population of 526,714; and St. Louis County, which is located in Duluth and has a population of 200,226. As is evident from the population figures, these three courts are located in populated areas in three urban counties.

Minnesota has a total of 87 counties spread throughout 10 judicial districts. Following Hennepin and Ramsey counties in size are eight counties that each have a total population of over 100,000 people (see Table 1).

Table 1. MN Counties with Populations of 100,000+ (excluding Hennepin and Ramsey Counties).

COUNTY	POPULATION
Dakota	408,509
Anoka	339,534
Washington	246,603
St. Louis	200,540
Stearns	152,092
Olmstead	149,226
Scott	137,232
Wright	128,470

With only ten counties sporting populations of more than 100,000, that leaves 77 counties in Minnesota displaying populations of less than 100,000 people.

To break that down further (see Table 2), 9 counties have populations ranging from 50,001-100,000 people and 16 counties have populations ranging from 30,000-50,000. There are 52 counties remaining and all of these counties have populations under 30,000. It is worth noting that 19 of these counties have total county populations that fall under 10,000 people (Census, 2014).

Table 2. Number of MN Counties by Population

County Population	Number of Minnesota Counties
100,000-1,200,000	10
50,000-100,000	9
30,000-50,000	16
10,000-30,000	33
Under 10,000	19

The significance of these data are noteworthy. Minnesota's rural courts clearly dominate the scales when comparing the number of rural courts to the number of urban courts. Currently, Minnesota is operating 97% of its courts without mental health programs.

For purposes of this research, it is important to establish the criteria which will define the terms urban and rural. St. Louis County Mental Health Court indicated that grant applications utilize the definition from The United States Census Bureau (T. Bobula, personal communication, November 26, 2014). The Bureau identifies urban areas as those representing densely developed territory, encompassing commercial, residential and other non-residential land uses and containing 50,000 or more people. Rural encompasses all areas outside of an urban area.

While this research is intended to identify realities for rural courts across the nation, the author is an employee of a rural Minnesota court. Therefore, this research will focus on Minnesota for certain detailed aspects, including population.

Statistics on the number of mentally ill in a population are often underreported, due in part, to undiagnosed cases. According to Rossman, Willison, Mallik-Kane, Kim, Debus-Sherrill and Downey (2012), reasons for the lack of diagnosis may include a desire to hide symptoms and to avoid the stigma that is often attached to someone living with mental illness. Rossman, et. al (1999) quotes the following statement from the Department of Health and Human Services, (p. 6):

> *"Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severed disorders such as schizophrenia. It reduces…access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness…Nearly two-thirds*

of all people with diagnosable mental disorders do not seek treatment. Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment."

In acknowledging the difficulties with determining exact numbers, it will be necessary to look at national averages. Data on both mentally ill populations and populations with serious mental illness inform this discussion. The National Institute for Mental Health (NIMH) performed a study in 2012, regarding the numbers of mentally ill residents in the United States. Results from the survey reveal that approximately 43.7 million adults were living with some form of mental illness. According to the websites for both NIMH and the Centers for Disease Control and Prevention, the definition for mental illness is a mental, behavioral or emotional disorder, in which impairment of mood thought or behavior occurs. This definition includes almost 19 percent of all adults living in the United States. The distribution of this figure is as shown below (see Figure 2).

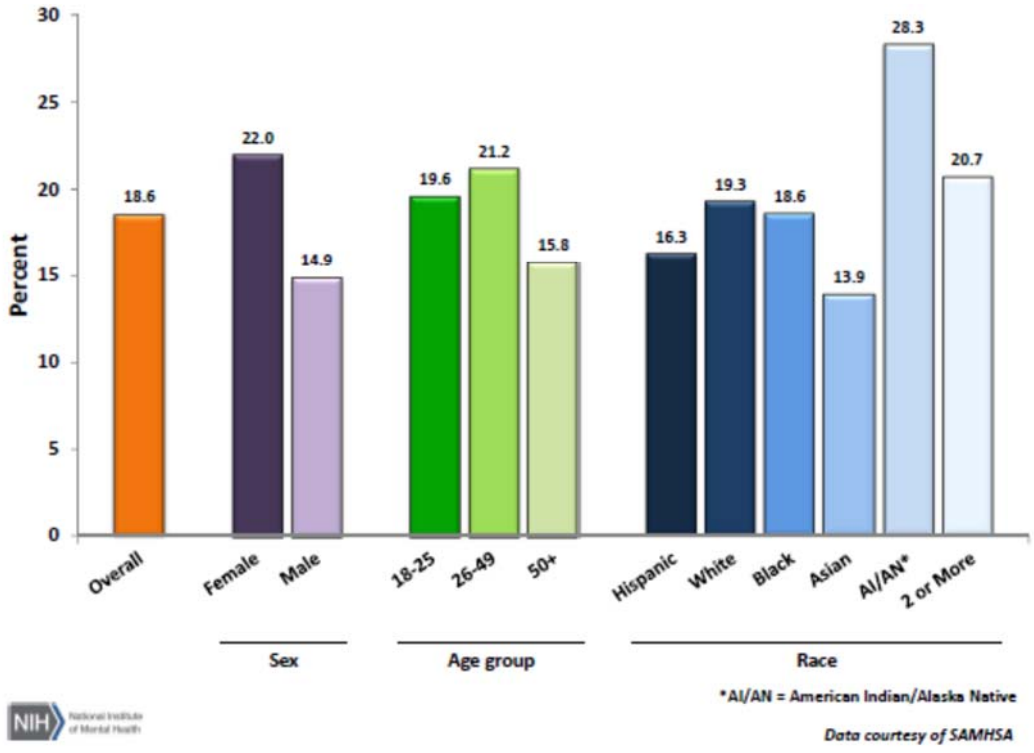


Figure 2. Prevalence of Any Mental Illness among U.S. Adults (2012): Source: SAMHSA, (Retrieved from NIMH website)

NIMH also found that in 2012, approximately 9.6 million adults age 18 and over were diagnosed with a *serious* mental illness in the past year. This represented 4.1 percent of all adults in the United States. In identifying the criteria that constitutes a serious mental illness, NIMH presents the definition used by the National Survey on Drug Use and Health, "a mental, emotional or behavioral disorder diagnosed within the past year, and, of sufficient duration, resulting in acute functional impairment which significantly limits one or more major life activities." It is important to note that the figures for both sets of data were based on populations of civilian, non-institutionalized people living in the United States. Residents included persons living in households, military bases, and such. It did not include persons who were homeless or had no fixed address, were living in institutional group facilities, such as correctional facilities, nursing homes or mental institutions or were active military. In considering the populations not served in the survey, it is reasonable to conclude that the percentages would have fluctuated upward with the participation of these groups.

The chart below provides an illustration of the impact that serious mental illness has on our population. When we concentrate data on those afflicted with serious mental illness, it is evident that every category of population has members who are suffering. Considering that a diagnosis of some form of serious mental illness is a requirement to gain entry into many mental health programs, these data suggest the existence of a population afflicted with mental illness is in all of our communities. As Figure 3 shows, with approximately 4.1 percent of the population affected, even the most rural locations would likely have offenders who would fit this criteria.

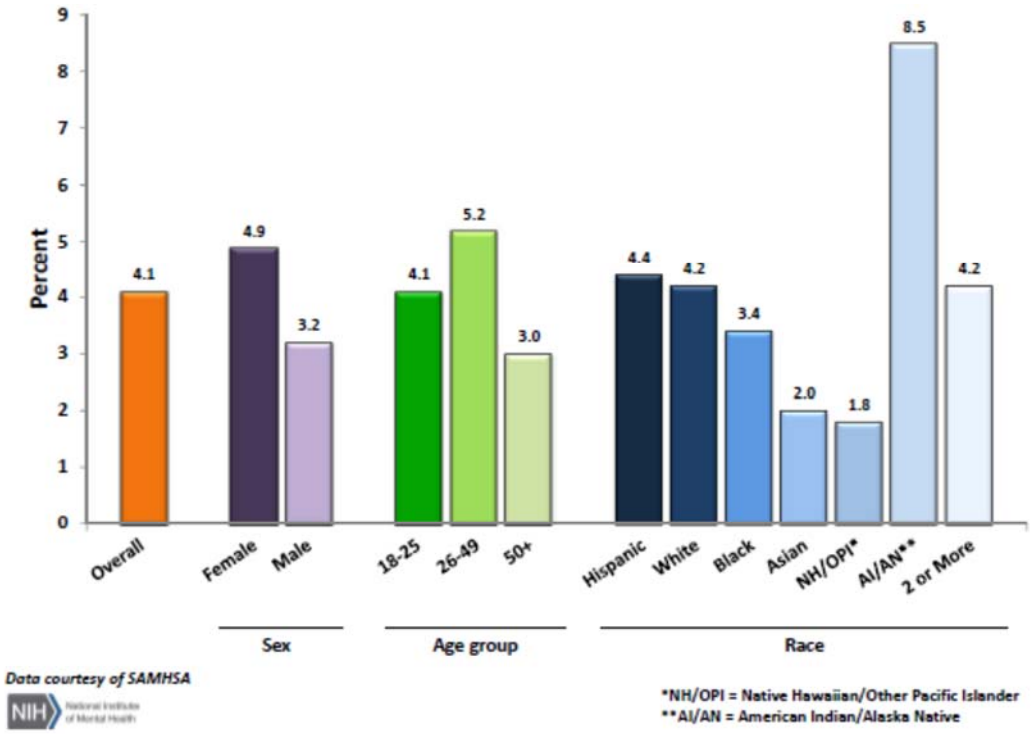


Figure 3. Prevalence of Serious Mental Illness among US Adults (2012): Source: SAMHSA retrieved from NIMH website.

Reflecting on the mission statements above by two mental health courts, we are reminded that connecting participants with appropriate treatment services is a fundamental role of mental health courts. Participants enter specialty courts with either a single or dual diagnosis. According to the National Alliance on Mental Illness, dual diagnosis services are provided for people who suffer from co-occurring disorders; mental illness and substance abuse. Statistics show that 25-50% of those living with mental illnesses have dual diagnosis (The Sentencing Project, 2002), therefore, it is imperative that treatment providers for both mental health issues, as well as chemical dependency issues, are available. Realizing that assessment and treatment processes require attendance at numerous appointments is important.

When courts take steps to provide treatment services and address the underlying issues affecting the offender, they are providing a form of "therapeutic jurisprudence." Therapeutic jurisprudence, as coined by David Wexler, refers to ways in which the law can be used to support and enhance beneficial outcomes within a case and beyond the immediate disposition of the case (Wexler & Winick, 1996). It examines the impact of the legal system on individuals and how it may be helpful or harmful to people's mental health and overall well-being. It also examines what alternatives to traditional processes, if any, exist. One alternative is the creation of mental health courts. Courts strive to provide equal access, which thus presents the question: Is it possible to provide therapeutic jurisprudence in rural courts?

While it is a change in culture for courts to address social issues, and provide therapeutic jurisprudence in such a specialized manner, the growing number of people living with mental illness, and the limitations on traditional courts to properly address these issues is the impetus for this research: is it feasible to establish a specialized court, regardless of location? Can rural courts in Minnesota become part of this proactive process? Intensifying the need for mental health specialty courts is the reality that mental illness is a condition that affects all populations, including: men, women, children, the young and old, the wealthy, and the poor.

Since many courts face challenges and are limited in their ability to address problems associated with defendants who appear to be mentally ill, these defendants are often treated like any other defendant. Revisiting Russell's situation, he is located in a rural part of Minnesota. Therefore, he will be processed in the same manner as other defendants in that system. If Russell resided in one of the large urban counties in Minnesota, he would likely have the services of a mental health court available to him. With these services, his case, as well as his future, could have a considerably improved outcome. Mental health courts are specialty courts

that focus on the psychological well-being of the individual entering the system. "These specialty courts strive to reduce the incarceration and recidivism of people with mental illnesses by linking them to the mental health services and supports that might have prevented their arrest in the first place" (Judge David L. Bazelon Center for Mental Health Law, n.d.,p.1). While they vary in admission criteria and programming content, many have specific processes in place to offer behavioral and mental health services and regularly monitor compliance, with the goal of having an impact on reducing recidivism and improving public safety.

Considering both rural and urban counties have clientele who suffer from mental illness, there are benefits to having these specialty courts located in both urban and rural courts, providing therapeutic justice to all it serves. This research explores what challenges may be posed to rural locations who want to establish a mental health court. In investigating these challenges and the feasibility of establishing such a program, it is important to look to urban mental health courts to see what resources and program criteria were necessary to the inception and existence of their mental health courts. Undoubtedly there will be components and resources identified as critical to the process so it will be important to analyze these, dissect them individually for relevance, and study what options may exist for rural courts that lack resources.

Literature Review

There is a need for courts to look beyond traditional methods of administering justice; to address the needs of defendants living with mental illness. Is it feasible for rural courts to implement mental health courts, similar to those of larger urban courts? There are several factors to consider when answering this question. Courts everywhere, regardless of size, face situations where defendants appearing before them are suffering from some form of mental illness. The number of potential mental health diagnoses and the scope of diagnosis can vary with each defendant. This adds to the intricacy of the issue as there is no one size fits all protocol established. Consequently, individual variation enhances the complexity of the question about whether an urban mental health court model can truly fit well in a rural court.

Adding to the complexities is the number of social issues currently facing our societies, and therefore the courts. There has been a steady increase in the number of people with mental illness who enter the criminal justice system (Denckla & Berman, 2001), and some of our larger, urban courts have developed programs to address this population. In exploring those solutions, and the needs of rural courts in developing solutions, this research explores a variety of topics pertaining to mental illness, the courts, and therapeutic jurisprudence.

A considerable amount of research has been conducted on the topic of mental health courts. Information from national experts and the abundance of valuable information gained from the mental health courts themselves will shed light on this research question. Mental health courts have previously engaged in the process of identifying a structure that works for their court. When attempting to identify structure and potential barriers that rural courts may face, the data gathered from existing courts, was invaluable to this research.

Another reputable resource was the U.S. Department of Justice and some of the agencies that work under their umbrella. These agencies offer a multitude of statistics and data ranging from offenders in the system who suffer from mental health conditions, to studies about the operation of mental health courts.

History of Mental Health

The first thing to do when exploring mental health courts is to better understand the history of mental health itself. What is mental health? How has the definition evolved over time and what definition do we use today to identify those who fall within this category and could potentially qualify for involvement in a mental health court? In answering these questions, we turn to each of these resources: (a) The National Alliance on Mental Illness (NAMI) and (b) Mental Health America.

The National Alliance on Mental Illness (NAMI) was established in 1979 and is considered the largest non-profit mental health advocacy program in the country. NAMI advocates for treatment, support and research, access to services for those with mental illness and is unwavering in its pledge to raise awareness and provide hope to those who suffer. As part of its function, NAMI supports their organizational affiliates that exist at the state level across the country. They have been very successful in their efforts to reduce the stigma behind mental illness. NAMI's work undoubtedly contributes to the courts' ability to identify specific mental illness diagnosis and to create and offer programming that is appropriate for the diagnosis.

Mental Health America (MHA) is the country's largest and oldest nonprofit organization. They focus on all characteristics of mental health and mental illness. They have 240 affiliates

nationwide and work stridently to improve the mental health of all Americans, in particular the 54 million known to live with some form of mental illness.

The historical perspective provides value when it comes to understanding the complexities of mental illness, as well as changing perceptions about those who suffer from it. Established in 1909 by a former psychiatric patient named Clifford W. Beers, the MHA foundation has tackled deplorable subjects, such as abuse of patients, which Mr. Beers experienced firsthand when he was a patient in both public and private institutions. It was these experiences that drove him to lead a reform movement that became Mental Health America (Hansan, n.d.). This work reveals how much reform movements, such as Mr. Beers', has transformed the mental health system and the social perspective on it.

In the 18th and 19th centuries, mental illness was perceived as having a demonic possession or as a punishment for someone who needed more religion in their life. This stigma often caused the mentally ill to be shunned and kept in deplorable confinement conditions. According to the website massmonents.org, another reformer, Dorthea Dix, was instrumental in changing the stigma attached to mental illness and worked hard to improve living conditions for the mentally ill. Dorthea's work in the 1840's lead to the improved processes and conditions that exist in our present mental health system for working with the mentally ill.

As has been noted, the stigma historically attached to mental illness has evolved over time. Realizing that we have gone from a culture that once viewed the mentally ill as demonic, to a culture where specialty courts have been created to more suitably address the mentally ill population, confirms the evolution. In the mid-19th century, "mental hygiene" was the term devised to refer to someone's mental or emotional stability. That term has since evolved into what we now refer to as "mental health."

This change in perception is also noted by NAMI. The NAMI website currently identifies mental illness as "a medical condition that disrupts a person's thinking, mood, ability to relate to others and daily functioning." The current definition allows for diagnosis of conditions that were once coined as something other than mental illness. Currently, there are over 300 different manifestations of mental illness that both NAMI and Mental Health America assist with. This lays the foundation for understanding the complexities that are facing our courts today, as many of these manifestations appear in the defendants who enter our courtrooms.

History of Mental Health and the Courts

Mental health courts, as a fairly new phenomenon for addressing mental illness, has a history dating back to only 1997. Since the inception of the first mental health court in 1997, several states have created courts that specialize in clients who live with mental illness. For information on the history of mental health courts in the United States, we will turn to information from four key sources: (a) the National Center for State Courts (b) Broward County, Florida (c) the U.S. Department of Justice and (d) the Council of State Governments.

As mental health courts spread throughout the United States, the National Center for State Courts realized the growing need to develop measures that relate directly to the performance of those courts. Waters and Cheesman (2010) identified 14 measures for administrators to use as a tool for monitoring the performance of their own mental health court. The measures are:

Measure 1: In-Program Reoffending

Measure 2: Attendance At Scheduled Judicial Status Hearings

Measure 3: Attendance At Scheduled Therapeutic Session

Measure 4: Living Arrangement

Measure 5: Retention

Measure 6: Time From Arrest To Referral

Measure 7: Time From Referral To Admission

Measure 8: Total Time In Program

Measure 9: Team Collaboration

Measure 10: Agency Collaboration

Measure 11: Need-Based Supervision and Treatment

Measure 12: Participant Level Satisfaction

Measure 13: Participant Preparation for Transition

Measure 14: Post Program Recidivism

Since these measures were developed in 2010, they were not available at the inception of early adopter courts, such as Broward County, Florida. Broward County established the first mental health court in 1997. Their website (www.cga.ct.gov) provides information on the inception of its mental health court. This court operates as a special division of the county criminal court and allows nonviolent, misdemeanor defendants to participate, who are identified as developmentally disabled or mentally ill. According to Spigel, (2001), their court is taking this approach in an attempt to avoid criminalizing mental health problems. Spigel (2001) further defines the history of the Broward County Mental Health Court in the following manner:

> "The Broward County, Florida (which encompasses the Fort Lauderdale vicinity) mental health court was established in June 1997. It was the first court of its kind in the nation. It grew out of (1) the findings of a county grand jury that was formed to investigate a series of incidents in 1994 involving mentally ill offenders, including several jail suicides, and (2) the subsequent recommendations of a multiagency task force that a county Circuit Court judge convened in response to the grand jury's probe. The grand jury found serious shortages of services for this population, particularly a lack of affordable housing. These factors led to a "revolving door" for mentally ill petty offenders." (p. 2-3)

The Broward County Mental Health Court has been a leader in the development of mental health courts and is one of four courts that the U.S. Department of Justice looked at in its report on "Emerging Judicial Strategies for the Mentally Ill in Criminal Caseloads," published in 2000.

The U.S. Department of Justice is comprised of many agencies that has disseminated valuable research on mental health courts, including the Bureau of Justice Assistance (BJA). This organization assists states by providing information to agencies working in the criminal justice arena. Together with the Substance Abuse and Mental Health Services Administration (SAMHSA), BJA administers technical assistance to the Mental Health Courts Program. This program funds projects that work to decrease the number of contacts that non-violent offenders have with the criminal justice system by supplying them with resources needed to improve their social functioning and connect them with support services, such as employment, housing and treatment services (BJA Mental Health Courts Program).

SAMHSA is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. According to SAMHSA's website, their mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMSHA provides resources on a variety of mental health topics, including mental health disorders and the prevention of, as well as SAMSHA initiatives at different intercept points within the process. These intercept points were created by Mark R. Munetz, MD, Northeastern Ohio Universities College of Medicine and Patricia A. Griffin, PhD., Philadelphia Department of BH/MR Services. They refer to the problem of "criminalization of people with mental illness" and how to attack the problem from multiple angles (SAMHSA, n.d.). The notion is to identify an individual with mental illness throughout various identified

stages of the process, with the hope being early detection. Examples would be the point of involvement with either law enforcement or emergency services agencies, initial stages of detention, initial court hearings, jail/prison, evaluations, and court involvement (SAMHSA).

The Council of State Governments (CSG) is the only organization in the nation serving all three branches of state government. Founded in 1933, CSG works collaboratively to be a trusted resource for the creation of policies and best practices within governmental organizations. The CSG authored a report for the BJA, titled *Improving Responses to People with Mental Illness- The Essential Elements of a Mental Health Court (*Thompson, Osher, & Tomasini-Joshi, 2007) that identified the following essential elements:

- Planning and Administration
- Target Population
- Timely Participant Identification and Linkage to Services
- Terms of Participation
- Informed Choice
- Treatment Supports and Services
- Confidentiality
- Court Team
- Monitoring Adherence to Court Requirements
- Sustainability

Urban Mental Health Courts

The majority of mental health courts nationwide are located in urban areas (Waters, 2014). Urban locations support larger, more diverse populations and often have a plethora of resources available. Some of the common resources utilized by mental health courts are treatment providers, public housing, employment opportunities and public transportation. Currently, there are 42 states nationwide that operate mental health courts, three of which are located in Minnesota (Waters, 2014).

Rural Mental Health Courts

Rural mental health court locations are non-existent in Minnesota; therefore, the scope was widened to select rural mental health court locations from other states to study. Since each location had already put the time and resources into planning their specialized court, it is worthwhile to investigate their processes and structure. Specific information gained from these courts provides context for the differences that exist between urban and rural mental health court locations. That information includes the criteria that went into establishing their mental health court, which stakeholders participate in the planning and ongoing activities of the court, and what financial and community resources are needed to keep the court operational.

Therapeutic Jurisprudence

One goal of mental health courts is to affect the behaviors, emotions, and overall mental health of people. Therapeutic jurisprudence is a fairly new multidisciplinary field which focuses on the law's impact on emotional life and psychological well-being (Wexler, n.d.). Therapeutic jurisprudence uses a balanced approach in considering the rights perspective, with an "ethic of care perspective" and directs the judge's attention beyond the charges or dispute before the court and towards the needs and circumstances of the individual(s) involved (Rottman & Casey, 1999).

The International Network on Therapeutic Jurisprudence and the National Center for State Courts has conducted key research on therapeutic jurisprudence. The International Network on Therapeutic Jurisprudence is led by David B. Wexler, Director. His organization consists of both national and international members who study and educate people and other organizations on the effects of therapeutic jurisprudence. The International Network on Therapeutic Jurisprudence, through an international project, aims to infuse therapeutic jurisprudence into everyday courts, instead of creating specialty courts, such as mental health or drug treatment courts. This mainstream project is called "Integrating the Healing Approach to Criminal Law" and is part of the Innovating Justice platform of HiiL, or the Hauge Institute for the Internationalisation of Law (www.law.arizona.edu/depts/upr-intj). The organization believes in the ability of the legal system to affect emotional life and psychological well-being.

In understanding the relatively new concept of therapeutic jurisprudence, and the acute differences in perspective on punishing criminals, it is important to reflect on the four philosophical reasons for imposing sanctions. Retribution, deterrence, rehabilitation and incapacitation are the four primary historical reasons for sanctioning criminal offenders (Frase, 2005). These sanctions align with traditional courts. Since many specialized courts, such as mental health courts, have practices that vary from traditional courts, the philosophies of addressing social or well-being issues of the offender, align with this non-traditional practice of therapeutic jurisprudence. When discussing consequences in the realm of therapeutic jurisprudence, Rottman and Casey (1999), identify the "fundamental principle underlying therapeutic jurisprudence is the selection of a therapeutic option- an option that promotes health without conflicting with the other normative values of the legal system" (p. 14). They refer to a writing from Wexler and Winnick (1996) which indicates "legal rules, legal procedures and the

roles of actors (such as lawyers and judges) constitute social forces that, like it or not, often produce therapeutic or antitherapeutic consequences. Therapeutic jurisprudence proposes that we be sensitive to those consequences, and that we ask whether the law's antitherapeutic consequences can be reduced, and its therapeutic consequences enhanced, without subordinating due process and other justice values" (p.14).

An evaluation of applicable literature reveals several important considerations when evaluating mental health court structure, as well as feasibility in creating them within rural areas. Significant points to develop the research questions and appropriate inquiry to answer those questions include:

- Review of NCSC data on individual court locations that have established mental health courts nationwide.
- Determine whether population figures and statistics regarding the number of mentally ill appropriately identify the need for establishing a mental health court.
- Consider funding options, as it is critical for robust programming. A lack of funding requires creativity in determining how to do more with less.
- Identify what resources are viewed as critical and what are viewed as optional.
- Identify barriers that may exist for rural locations that lack funding and identified resources. Explore collaboration and creativity as ways to overcome these barriers.
- Determine the variety of programming options utilized by current MHCs to provide therapeutic jurisprudence.
- Identify what therapeutic jurisprudence can offer to courts that lack resources to establish mental health courts.

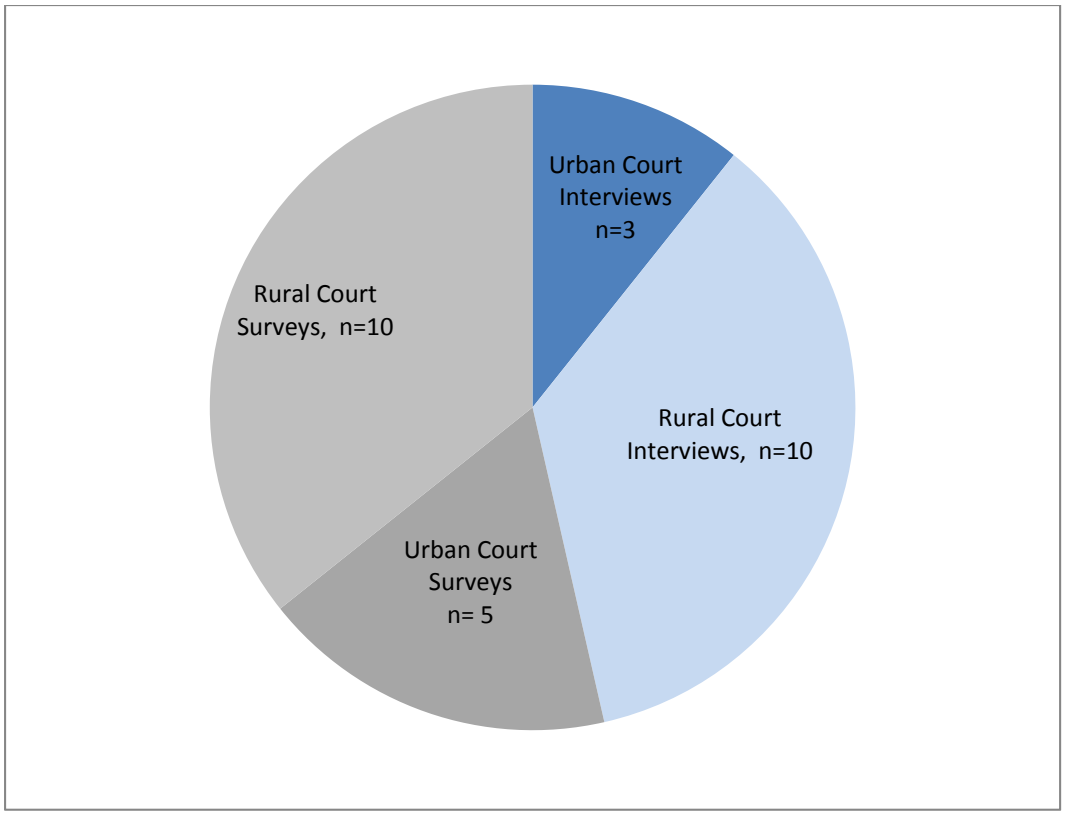
- Identify how stakeholders can impact the process when considering their role and level of involvement.
- Mental health courts attempt to address underlying issues in the participants/defendants. Determine the support, structure, and resources that are critical components to effectively serving this population.
- Identify variations in programming requirements with respect to obtaining employment and housing.

The literature review provides insight into key areas of exploration for this project. As noted, there is a need for courts to become proactive and address the needs of defendants with mental illness. These efforts need to extend beyond urban areas. If rural courts are going be part of this process, it is important that they consider key areas identified in this research, which will be explored in the following sections.

Methods

The focus of this paper is on the feasibility of establishing mental health courts in rural locations, using Minnesota's structure and geography as the primary focus. There is value to be gained from learning about the courts currently operating in Minnesota. Minnesota is a unified court system, and while there are differences that exist between court locations, there are also similarities when comparing systems within a unified setting. Since Minnesota is largely a rural state, it was important to look closely at some of the current court locations to attempt to determine if it's possible for a location to be considered "too rural," meaning it simply would not have adequate numbers of participants or resources available or within a reasonable geographic distance to support a mental health court. Based upon the county population ranges previously provided, there are locations in Minnesota where total county populations are under 10,000 people. These facts were considered in determining the methodology used to gather data.

A variety of data collection methods were used in this research project. Data was collected through survey instruments and interviews from 29 different contacts with court locations, broken down in the following manner:



Note: n=29 contacts made

Figure 4. Number of Contacts Made, Resulting in Responses, During Data Collection Process.

To respond to the research questions, data was collected from both urban and rural mental health courts. There was a structured sequence in which the data was collected, allowing each section of data gathered to be factored into future collection measures. All locations were assigned as either operating in an urban or rural setting. Recall, the criteria applied was from the United States Census Bureau, which states urban areas are those representing densely developed territory, encompassing commercial, residential and other non-residential land uses and containing 50,000 or more people. Rural locations are those that fall outside of the urban criteria.

The approach used in collecting data was to survey urban mental health courts to learn about their operations and inquire about challenges they feel rural locations may face when establishing mental health courts. Next, telephone interviews were conducted with both urban and rural mental health court locations to inquire about operations, challenges and further expand on information previously learned. The third inquiry was a survey sent to rural court administrators in Minnesota. This survey was intended to gather information regarding availability of resources within their county, opinions regarding stakeholder interest and ability to contribute to a mental health court, and overall perceived ability to establish a MHC. Specifics on each method are detailed next.

Data Collection Steps

First, conversations ensued with colleagues from Minnesota as well as from other states to determine jurisdictions that operate urban mental health courts. In an attempt to collect data from a diverse group regarding their structure, resource requirements, and challenges, the number of participants in each mental health court was identified. A list of diverse courts nationwide was created and a survey was submitted to a selected respondent from each court.

Next, telephone interviews were held. In an attempt to identify the same information as gleaned from the urban courts regarding structure, resource requirements, and challenges, one round of interviews involved a group of rural mental health court locations nationwide. This group of courts was selected after inquiring with colleagues from other states and verifying that they had rural mental health court locations in their jurisdictions. The second round of telephone interviews were with the three Minnesota urban mental health courts.

After gathering these data components, and comparing them for similarities and differences, a survey was sent to Court Administrators working in rural counties in each quadrant

of Minnesota, to attempt to identify whether it may be feasible for their rural court locations to implement a mental health court. This survey questioned the Court Administrators regarding topical areas previously investigated in the first survey, as well as from the interviews.

A vast amount of research was conducted on mental health courts, mental illness, and therapeutic jurisprudence. It was necessary to identify critical terms, define them and apply them when performing our comparison of feasibility in establishing in rural court locations, versus urban locations. As surveys and interviews were conducted, new concepts and ideas were revealed that sometimes led to the quest for further research. As a result, the three methods of data collection were pursued, at times in a blended and intermingled fashion.

Survey Instruments-Urban Mental Health Courts

The first step was to create an initial survey to garner information from urban mental health courts (see Appendix A). The intention was to learn about the courts' structure, requirements, and challenges they face with their programming, and then build the foundation for further data collection. The comparative nature of this research requires questions to better understand the structure and requirements under which the urban courts function as compared to the rural courts. The results of this comparative analysis provide a template of sorts, to determine feasibility for rural courts to offer similar programming. Prior to administering the surveys, the researcher contacted court staff in urban locations in six states, including: Alaska, Georgia, Minnesota, New York, Ohio, and Pennsylvania. The purpose was to identify the appropriate contact person and their willingness to complete the survey. After making contact, a list of seven locations, within six states, was compiled and the survey was emailed out on September 9, 2014. Responses were received from six persons representing five courts. Since two respondents were from the same court, the completion rate was calculated at five out of the

seven court locations responding to the survey, providing for a 71% response rate. Follow up telephone messages were left for the other two locations; however, the respondents did not reply.

The survey was administered online survey through SurveyMonkey. The first question was intended to verify that the court is operating, or has operated, a mental health court, and that was affirmed by all respondents. After indicating the number of years that their court was, or has been, in operation, they were asked a series of questions pertaining to their structure and program content. The questions addressed:

- Stakeholder involvement at inception
- Stakeholder involvement in program operations
- Financial resources required and where funds were obtained
- Proximity to mental health treatment facilities
- Proximity to public housing
- Availability of public transportation
- Criteria used to determine eligibility with potential participants
- Lessons learned throughout the program
- Opinions or experiences helpful to a rural court attempting to establish a MHC

Finally, participants in the survey were asked to indicate the name of their court, including the state location, as well as their role in that court.

All of the surveys were pretested by three court managers from various locations in Minnesota. All testers had basic familiarity with specialty courts. Testers were asked to review the questions for applicability to the research topic, as well as clarity and ease in responding. The testers provided feedback and the survey was refined accordingly.

The responses received came from courts located in four states (Minnesota, Ohio, Georgia, and Alaska). Respondents included a Mental Health Coordinator, Specialized Docket Coordinator, Court Coordinator, Project Coordinator and Corrections Unit Supervisor.

The data gathered was used to compare and contrast court structures, identify resource and financial requirements, and identify barriers or challenges in implementing mental health courts.

Interviews-Urban Mental Health Courts

Telephone interviews were held with the three Minnesota urban mental health court locations: Hennepin County, Ramsey County, and St. Louis County. Questions for the interview were developed in hybrid form; utilizing questions from the urban mental health court survey, as well as additional questions that were intended to further explore their programs. The complete list of questions was utilized for these interviews is listed in Appendix B and covered the following topics:

- Required financial resources
- Required non-financial resources (i.e., treatment facilities)
- Challenges with locating the necessary resources
- Entrance criteria
- Stakeholder involvement
- Challenges facing their program
- Calendar time requirements
- Number of participants in program
- Duration of program
- Concerns and advice for rural courts establishing mental health courts

The interviews were conducted after the urban location survey results were received, and, before the rural location survey was disseminated.

The telephone interviews lasted between 30 and 45 minutes and were held with the coordinators (or supervisors) of each mental health court. Ultimately, the information was used to identify potential needs for rural court locations. This information led to the questions that were posed to rural court locations.

Interviews-Rural Mental Health Courts

Minnesota currently lacks mental health courts in rural locations, so contact was made with rural MHC's in other states. A number of contacts were made in an attempt to locate courts in remote regions that are not connected to urban or suburban areas. A list of locations was compiled based on courts who fit this criteria. Challenges likely exist for courts who are geographically challenged in regards to availability to treatment and transportation resources. Several of Minnesota's rural courts are located in remote regions, so information from these courts would likely prove useful to rural Minnesota courts. Telephone interviews were conducted with three representatives from ten rural courts located in Michigan, Idaho, and Utah.

These interviews occurred during the data collection period and coincided with the telephone interviews of urban courts. The conversations were between 30-45 minutes in length and were held with persons qualified to respond to the questions, including a Mental Health Court Coordinator, a Manager of Mental Health Court Coordinators and a Deputy State Court Administrator (see interview script in Appendix C). The following areas were discussed:

- Funding received
- Resources required to operate
- Proximity to treatment facilities and challenges with remoteness

- Availability of public transportation
- Other transportation services utilized
- Entrance criteria
- Stakeholder involvement
- Challenges facing their program
- Calendar time requirements
- Number of participants in program
- Duration of program
- Concerns and advice for other rural courts establishing mental health courts
- Miscellaneous areas identified through responses

The data collected was compared to the data collected in the previous survey and telephone interviews with urban courts, and was ultimately compiled along with the previous data, so questions could be compiled for the final survey. The final survey consisted of questions posed to rural court administrators in Minnesota.

Survey-Rural Court Administrators in Minnesota

The final survey was administered to a sampling of rural court administrators in Minnesota. This survey was the final component in the data collection process. The survey list of questions was compiled in an attempt to draw conclusions about the feasibility of rural courts to implement mental health programming (see Appendix D). The respondents were asked:

- To identify any mental health programming currently implemented in their court
- Whether discussions have occurred about establishing programming
- Identify processes currently used regarding mentally ill defendants
- Types of specialty courts in operation

- Proximity to mental health treatment facilities
- Proximity to chemical dependency treatment facilities
- Concerns about stakeholders in their area participating in a MHC
- Calendar availability
- Employment opportunities in their area
- Public housing opportunities in their area
- Concerns about ability to establish a mental health court

The survey was distributed to nine rural court administrators, representing eleven courts, from various locations in each of the four quadrants of the state. The locations were selected based on their geographic location and size of their court. The survey was administered as an online survey through SurveyMonkey and was sent out on December 3, 2014. Respondents were asked to complete the survey within one week of distribution. Eight administrators, representing ten courts, completed the survey, providing an 89% response rate. The data collected was analyzed and then used in a comparison process with data collected from mental health court locations. These data will be used to draw conclusions regarding necessity of resources, as well as challenges rural courts may face when attempting to establish MHCs.

Interview-National Alliance on Mental Illness (NAMI)

During the data collection process, a telephone interview was also conducted with a representative from the National Alliance on Mental Illness, Minnesota. The interview took place on October 20, 2014, lasted approximately 30 minutes, and covered the following topics:

- Services NAMI offers
- Ability of NAMI to partner with mental health courts to provide services
- Availability of transportation services through NAMI

- Funding options available to the mentally ill
- Resources available to the mentally ill
- Suggestions for services courts can provide when not equipped with a mental health court

Interview-Isanti County Family Services

On December 2, 2014, a telephone conversation was held with the Director of Isanti County Family Services regarding county services they offer that may coincide with the needs of a participant in a mental health court. Follow up questions (see Appendix F) were then emailed to the director the same day, so she could check with her mental health unit supervisor and respond accordingly. Inquiries were made regarding the following topics:

- Level of involvement with seriously mentally ill who enter the criminal court system
- Do services begin, or differ, as a result of criminal court activity?
- List of all services available to those who qualify with serious mental illness
- Transportation services available
- Depth of monitoring for clients with serious mental illness

Their responses were received on December 10, 2014. The responses were used to identify resources available through Family Services, as well as any resource collaboration that could occur.

An assessment of all data collected through relevant literature review, surveys and interviews are discussed next.

Findings

The following results are based on surveys of both urban and rural mental health courts nationwide, as well as follow-up discussions. Information was also gathered from rural court locations in Minnesota, who currently lack mental health courts.

Finding 1: Population Figures Are Not a Factor for all Courts in Determining the Need for a Mental Health Court.

When discussing the impact of population on a court's decision to establish a mental health court, urban locations had limited concerns. The three urban locations in Minnesota recognized that their urban status provided them with a larger population base and ample system population to support their program. Two of the three urban court respondents indicated they often had larger populations in need than their system was designed to accommodate.

All rural mental health courts revealed that the decision to establish a mental health court was not arrived at based on population needs alone. There was acknowledgement of the difficulty in collecting exact numbers to determine programmatic need. This inability led to a focus on impact and need, versus need alone. All courts recognized the numbers were fluid and participation numbers will vary over time. Need was identified by one urban program in Minnesota and one rural program in Idaho as a barrier for establishing in neighboring rural courts within their jurisdiction as they felt the numbers did not support the creation of the specialty court. It should be noted that these two courts indicated concerns over access to resources factored in to this decision as well.

When the group of rural court administrators in Minnesota was surveyed, they were asked about concerns regarding ability to establish a mental health court, based on population. Of the rural court administrators surveyed in Minnesota 25% (or 2 of 8) expressed concern over their perceived lack of need within their county.

Finding 2: Treatment Resources Are a Critical Component of a Mental Health Court Program.

When conducting surveys and interviews with the select mental health court locations, 100% identified treatment facilities as a critical resource required for operation. The court respondents indicated that typically participants enter with a serious mental illness (SMI) diagnosis. In addition to the SMI diagnosis, all courts reported that more than half of their participants present with dual diagnosis, or are suffering from co-occurring disorders. According to SAMHSA, co-occurring disorders present when individuals with mental health conditions have substance abuse conditions at the same time, or vice versa. Mental health courts acknowledge this to be a common diagnosis with their participants. Since all 18 mental health courts contacted require participants to participate in treatment programming, they all identified treatment as a critical resource and indicated locating adequate treatment programming was a crucial step in establishing their programming.

There was a large difference in the proximity to treatment resources for urban courts versus rural courts. Based on the interviews and surveys, mental health courts that are established in predominantly rural areas do not have access to the full array of resources that are available to urban mental health courts. Urban courts indicated services are typically available within 1-2 miles of their location, and are typically within reach of public transportation. Rural MHCs indicated that proximity to services was rarely within 20 miles of their court location and access to public transportation is lacking.

All programs reported that stabilizing offenders' mental health and chemical dependency issues is not only a required element of the program, it is also essential to stabilizing other areas of their lives, such as housing, employment or volunteer and social activities.

When addressing other program requirements, such as obtaining housing and employment, there was again a difference between urban and rural courts. All urban courts reported that they work with participants to obtain housing. While it's desirable that they also obtain employment, all 5 court locations suggested that functional ability or other disabilities may prohibit some participants from obtaining or maintaining employment. A few courts indicated participants were required to either volunteer hours, attend community events, or attend educational courses as a way to have structured and positive social experiences. All rural mental health courts reported that obtaining employment and housing was challenging for participants, due to unavailability of these resources in their communities. Two of the ten rural courts indicated they purchased or rented properties that are used as transitional housing to fill that gap in community services.

Minnesota rural administrators were asked about availability of employment and public housing opportunities in their area. Regarding employment opportunities, 6 out of 8, or 75% expressed concerns over unavailability. The other 25% indicated the resources were available, but noted the jobs are minimum wage jobs. Regarding public housing, 50% indicated public housing options were not available within ten miles of their court location.

Finding 3: Transportation Is a Critical Piece of a Mental Health Program.

In addition to treatment-related appointments, there are a number of other appointments that participants must maintain and abide by, so accordingly, transportation was viewed as a critical resource. Participants must appear at regularly scheduled court hearings, random testing appointments, assessment appointments, treatment sessions, or other appointments as ordered by the court. Recognizing that there will be members of this population who are not equipped with a driver's license, a vehicle, or both, is crucial. Taking steps to identify transportation needs

will ensure that they can make these critical appearances. While this can seem like a minor detail, transportation was identified as a critical element to the success of a mental health court program.

Important differences exist between urban courts and rural courts regarding availability of public transportation. Of the five urban courts surveyed, 4 of 5, or 80% indicated that some form of public transportation is available in their area, while one court indicated there were no public transportation options available. Those with options available reported train services, bus lines or taxi cabs being the most common forms utilized. Urban courts realize the value of having public transportation available and several reported assisting participants with rides through public transportation, such as three courts who reported paying for bus tickets for participants to ensure they will make their appointments. Another court indicated it contracts with a specific taxi cab company to transport participants, improving the chances that they make their appearances. The courts that were able to provide these types of transportation services were receiving funding for their program either through grant funds or through funds provided by their state legislature for specialty courts.

When interviewing the ten rural mental health court locations, 20% indicated they have access to public transportation, 40% indicated they did not have access to public transportation, and 40% indicated that they had limited access to bus service in portions of their counties. The lack of public transportation imposes significant constraints on the participants, and therefore, the program. There are many collaborative efforts at play throughout these counties, in an attempt to identify alternate options. All of the locations with limited or no access to public transportation report creativity is a necessity and transportation delivery can vary from day to day in their jurisdictions.

Courts reported family or friends assist with rides when they are able. However, this becomes challenging due to the number of required appointments and length of the program, as there are often occasions where family and friends are not available, or are themselves without vehicles or driver's licenses. Courts identified their mental health court team members or the community officer as ride options. In some situations, rides have also been arranged with peers within the program. These options were not viewed as favorable by some respondents as they lack structure for the participant and may create opportunities where participants considered to be lower level risk for reoffending are exposed to behaviors and choices of higher risk participants. One county reported a situation in which the court linked two participants together for transportation purposes. One was a heavy alcohol user, but had never been a drug user. The other was a drug user. Soon after they began sharing rides, the alcohol user started testing positive for methamphetamine. While some of these options are not viewed as ideal, they are a result of inadequate funding and a lack of viable options.

Finding 4: Mental Health Court Participants Are Required to Manage and Attend Frequent Appointments.

In addition to treatment appointments, participants have frequent appointments that they are responsible for keeping during the duration of their program. Examples of other appointment types include multiple court appearances, assessment appointments, and appointments to satisfy drug or alcohol testing requirements. Feedback received from the interviews with all mental health court locations indicated this can be challenging for many participants. Balancing the number of treatment appointments, much less the other obligations, can prove taxing. Three courts were asked and all three reported having an issue with participants missing appointments due to confusion about date, time, or place of the appointment.

Mental health courts took creative approaches to coordinate with the team and the participants despite location challenges. For example, teleconferencing was offered as one solution. One county reported using this technology for emergency situations in rural areas that lack mental health providers. They report taking the person to a local hospital that is able to teleconference with mental health staff in a separate, larger medical facility. This allows for a consult to occur so the emergency situation can be addressed and medications can be prescribed without delay. Teleconferencing was also being used in the jail facility, for similar situations. If an offender was brought in and there were clear signs of psychiatric need, jail staff would teleconference with a psychiatric facility. This allows for immediate contact with a mental health provider, as well as an opportunity to address medication needs. This particular court purchased, for a reduced price, the appointments previously cancelled by other participants and used them for these emergency situations.

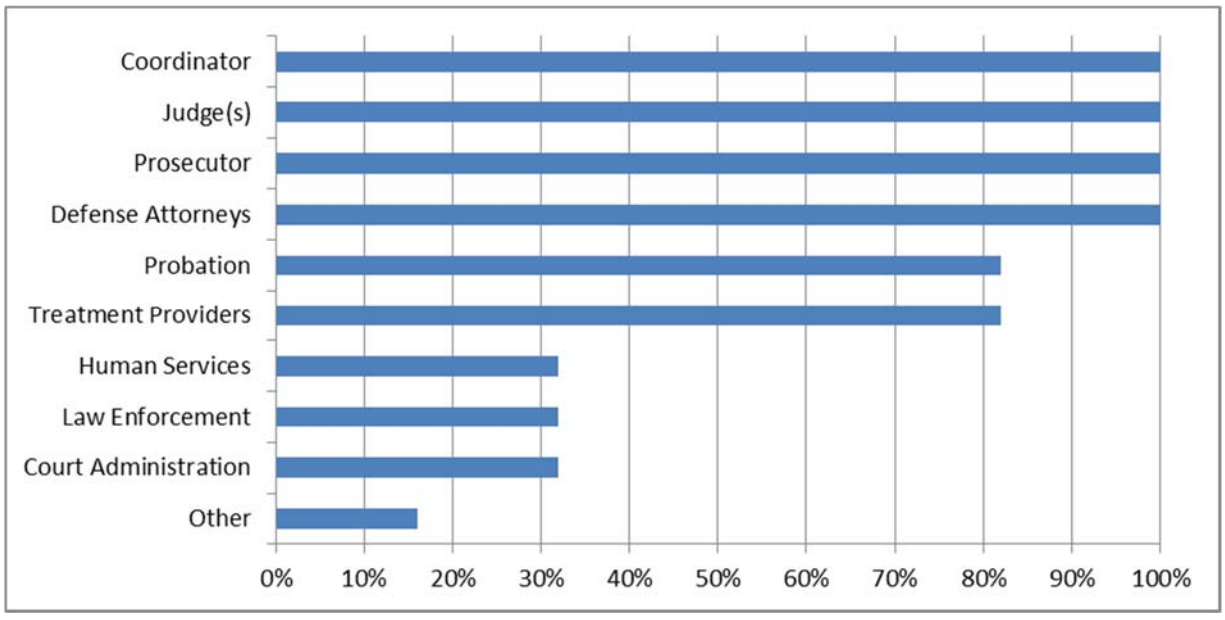
Finding 5: There Is Value to the Process in Having Team Members Regularly Attend Status Review Hearings.

Courts reported that participants feel team members are invested in their success when they see them at the hearings. As was mentioned earlier, there was a court who shared that participants are especially happy to see law enforcement representatives at their hearings supporting them. Typically, defendants' interactions with law enforcement are when they are being arrested, so it is extremely meaningful for participants to see them engaging in a supportive role.

Finding 6: Stakeholder Participation Varies between Mental Health Court Locations and Factors into Ability to Establish a Formal Program.

The role that stakeholders play in rural mental health courts varies and is often magnified when there is a lack of resources available in that area. All of the mental health courts stressed the importance of having strong and involved relationships with stakeholders.

Of the five urban mental health court locations surveyed, 80% utilized the same group of stakeholders in the creation of their program, as they do for operations. And 20% created their program without regular involvement from their prosecutors or public defender group. However, courts indicated attorneys from both sides are active participants in the operation of their program. The urban mental health courts that were surveyed, indicated the following stakeholders participate in the operation of their court (see Figure 5):



Note: The "other" field represents a Court Psychiatric Clinic

Figure 5. Stakeholders Participating in Urban Mental Health Courts Surveyed

There was a difference in the number of stakeholder participants between urban and rural mental health court locations. The rural location respondents revealed that stakeholder

participation was of the utmost value in their programs, especially since their teams contained fewer members than their urban counterparts. Those without coordinators indicated they rely on participating stakeholders to perform program duties, including those performed by a coordinator.

When rural administrators in Minnesota were asked about their stakeholders and whether the court felt the stakeholders would participate in a mental health court, 5 out of 8, or 62% had concerns. Reasons cited were lack of buy-in, time devoted to other projects (including other specialty courts) and lack of willingness to devote the time and resources required.

Finding 7: Lack of Funding Poses Challenges for Mental Health Courts.

Interviews with respondents from mental health courts revealed that lack of funding was an issue for several of their programs, especially at inception. All courts reported that limitations existed without proper funding as it was challenging to implement the robust programming that they desired and felt was most effective. The urban locations receiving funding varied on the types received. Most (80%, or 4 out of 5) receive grant funds, and from that number, 20% or 1 out of 5 reported receiving revenue from another source in addition to grant funding. This in comparison to 20%, (or 1 of 5) who receive funding from their state trust fund.

When interviewing the three rural mental health court representatives, representing ten court locations, one indicated the court is funded by their state legislature, one is funded through a combination of state funding and grant funding, and the third indicated the main source of funding is from grants.

When taking a broader look at funding for mental health courts, information from the National Census of Problem-Solving Courts for adult mental health courts shows that 10% of

courts listed some funding was received from private foundations or private grants. Of those, the courts listed that 53% (on average) of their budgets were from those same sources. Three courts indicated that all (100%) of the funding was from this source (NCSC, 2015).

Conclusions and Recommendations

Courts continually reported the need for creative solutions when overcoming barriers present with establishing and operating a mental health court. These solutions are identified in the following conclusions and recommendations:

Conclusion 1: Courts Should Determine Whether Need Is a Key Factor in the Decision to Establish a Mental Health Court.

The need for mental health courts within a population was viewed differently between urban and rural courts. All of the mental health court locations recognized the variability in determining the number of residents living with a serious mental illness in their county and the number of that population that may appear before them in court.

If courts decide that a minimum number of participants is required to establish or operate a mental health court, they will need to study the population in their county and attempt to draw conclusions. National statistics provide percentages that can be applied to arrive at approximate figures. As the population is lower, it is reasonable to conclude that fewer numbers of persons living with serious mental illness reside in our rural communities. However, as evidenced by the variation in the numbers of participants throughout MHC locations nationwide, which in 2012 ranged from 1 participant up to 1,016 participants, programs can operate without limitations on the number of participants.

Recommendation 1: Impact of Population on Programming Should Be Discussed Early in the Process.

Courts contemplating the establishment of a mental health court should engage in early discussions about the impact that numbers will have on their aspiration to develop a program. If one identified requirement is to maintain a minimum number of participants in the program, measures should be applied to identify need among that county's population. When attempting

to draw numbers on population affected by a serious mental illness, courts should identify its total population, multiplied by the national average of people living with serious mental illness (1 in 17, or 5.8%) (NAMI, 2013). Courts should identify their target population, which is defined as who it is designed to serve (i.e., adults, juvenile cases, or both). Lastly, courts should gain knowledge about the percentages of that population that have been, or are in its criminal or juvenile justice system within a specified date range to assist with capturing an approximate number of expected participants.

Intensification of programming may become necessary if participant figures are presumed to be higher, or increase during the program's operation. Counties should explore the best way to make these projections. Conversations with law enforcement and the local jail will provide information on the number of interactions they have with people who present with mental illness. If these statistics have not previously been captured, cross-agency collaboration will be required to establish the criteria for doing so, even if for a limited period of time. Law enforcement is the preferred agency to track these numbers as they are often the first point of contact with the mentally ill in a community. Keeping data on the number of interactions and whether criminal charges resulted from those interactions will provide insight into potential numbers of participants for a mental health court.

In Minnesota, MNCIS reports (court's case management system) are a potential tool for screening the number of past defendants who have had Rule 20 assessments or other psychological assessments to establish competency that are ordered by the court. These reports include mental health history and diagnostic information; however, it's possible that follow-up will be required to determine if the offender presents with a serious mental illness or qualifying diagnosis.

Courts unable to establish MHC's can practice therapeutic processes regardless of population figures. Courts can exercise therapeutic jurisprudence on an individual case, or by extending the practices towards a larger number of cases operating within specified programming, aimed at a specific group of people. The extensiveness of these parameters allows for a variety of practices that can have therapeutic consequences. Courts should discuss potential numbers to aid in the process of establishing the therapeutic processes to be implemented and how they will be applied.

Conclusion 2: Mental Health Courts Utilize a Variety of Programming.

There are parallels in the resources utilized by mental health court programs, depending on their structure and location. Programs should consider availability of resources in their planning. Two common resources utilized by all courts are mental health and chemical dependency providers. Typically, these resources exist in each county, yet challenges exist in rural areas where facilities are not as plentiful or readily accessible.

There is no single model of mental health court. Variations exist in programming and structure, depending on the location. In addition to requiring treatment programming, various programs require participants to partake in other programming, such as maintaining employment partaking in volunteer opportunities and maintaining proper housing.

Challenges exist for rural locations that lack transportation options. Transportation for the numerous treatment appointments that the court orders participants to attend is a resource identified by mental health courts as critical to operations. Further distinctions between rural and urban communities were found when evaluating uses of public housing and employment opportunities. Rural courts noted two main reasons: proximity to these resources and budgetary

limitations. Rural areas again face challenges when lacking accessibility to public transportation.

When establishing the requirements for a mental health court program, it is important to acknowledge that the more robust the requirements, the more responsibility that is placed on participants to maintain numerous appointments. Two separate concerns were revealed that are related to non-compliance in maintaining appointments. Participants with low-level functioning experienced difficulties with retaining appointment information, resulting in missed appointments. While there are a variety of serious mental illness diagnosis that affect functioning, "persons with schizophrenia, manic depression or major depression are among the most severely disabled mentally ill with respect to their inability to function and the chronicity of their illness" (Barlow & Durland, 1999, as cited in Lurigio & Swartz, n.d.). The second concern noted was the inability to find proper treatment facilities and transportation resources within the community.

Courts suggested that the ability of their participants to successfully monitor the number of appointments that are required throughout the program was difficult as many of their participants struggle without assistance. While maintaining a full schedule of appointments can be challenging, their success in the program is dependent upon compliance.

Courts reported that having personnel from the mental health court team assist with tracking appointments was valuable. Since the role of stakeholders varied, depending on the court, this role was performed by a variety of team members. While there was acknowledgement that participants continued to miss appointments on occasion even with assistance, there was a general feeling among respondents and interviewees that the number of missed appointments was fewer when regular monitoring was provided. Forty percent of the rural courts interviewed

indicated occasions where a team member has driven several miles to a participant's home in a rural area for a scheduled check-in, only to find they had forgotten about the appointment and were not home.

Recommendation 2-1: Assess Appointment Needs and Create Appointment Structure, Whenever Possible.

After assessing the treatment plan and resulting appointment needs during the program, the case manager should create an appointment structure. Typically, appointment requirements are minimal in the beginning of the program then increase in number as the participant establishes compliance. For individuals with mental illnesses, maintaining appearances on the same day, and preferably the same time of the week will be consistent and familiar and will likely result in fewer missed appearances. Each participant processes information differently, so the mental health court team should have conversations to determine which style of organizing appointments best fits the need. A minimal investment in organization resources will prove beneficial. Teams should provide a calendar organizer for members to assist with monitoring appointment dates and times. With proper calendaring, missed appointments can be minimized, including those made by team members to check in with the participant.

Courts unable to establish MHC's, yet desiring to implement therapeutic practices such as regular monitoring of progress with court ordered conditions, can designate a representative from the advisory team to work with participants and facilities to create structured appointment schedules. Courts should create methods to guide participants, especially those who are low functioning, with managing these appointments.

It is recommended that a contact person from each facility be identified and contact be maintained with that person. Explaining the need for structured appointments and regular

contact regarding status of appointments, including missed appointments, will provide the court with valuable information in the absence of a MHC coordinator.

Recommendation 2-2: Courts Should Discuss Delivery Options with Treatment Providers, Including the Option of Bringing the Provider to the Court Location or the Use of Teleconferencing.

Courts that face challenges with proximity to treatment resources should to consider alternative ways to deliver treatment services. Traditional practices of scheduling individual appointments for individual clients and expecting the clients to find transportation to each of these appointments is not always a successful method, particularly for rural communities. With proper coordinating, it's possible to have mental health participants scheduled for court on a select day of the week. If providers are willing to come to the facility, treatment sessions could be held at, or near, the area in which the court is located. This assures participants will be available to participate and requires less coordination of transportation services. Providers may also see the benefits, as they are able to coordinate several appointments at one location and with a lower chance of non-appearance by clients.

Interviewees from two of the courts spoke of experiences using teleconferencing options. Software is available that allows a person with a smart phone, tablet or desktop computer to participate in conferencing with a provider. Courts should consider teleconferencing options and engage in discussions with the facility about receiving reduced rates for appointments previously cancelled by other participants and then use those for emergency situations. Court should use these appointments, especially if the cancellations occurred late enough that the facility would not have been able to fill them otherwise.

Recommendation 2-3: Courts Should Create a Checklist for Identifying Transportation Options and Assess Transportation Needs as Part of the Intake Process.

Depending on the complexity of the treatment needs and levels of functioning, participants may lack the ability to provide their own transportation to appointments. Recognizing that a high number of participants with mental illnesses may be low functioning or disabled and thus are ill equipped to provide their own transportation, courts should make this an early focus in their planning discussions. Transportation options that should be considered and assessed at intake are access to transportation through:

- Family
- Friends
- Other participants from your program
- Other participants from neighboring programs
    - Attempt to schedule appointments near or at the same time
- Community groups that may provide volunteer drivers, including faith-based groups, Kiwanis and Rotary groups
- Veteran status, check with Veteran's Services to see if options exist, including a peer mentor option
- If the participant is receiving services through the local Human Services agency, collaborate with them to determine options available, possibly through their agency/budget
- Discuss the mental health court team's role in assessing whether certain team members, such as probation agents, may be provide transportation. Discuss assigning a peer mentor who may be able to assist with rides. This could be a

previous participant who is now stabilized, or the family member of a participant who wants to give back to the community

- If budgets allow, and public transportation is available, pre-purchase a number of bus passes that can be passed out to participants.
- Contract with a cab company or transportation service.

Conclusion 3: Rural Mental Health Courts Rely Heavily on Stakeholder Involvement.

When assigning stakeholders to the mental health court team, it is imperative to consider duties and past assignments to specialty programs. One half of the rural courts surveyed expressed concerns with stakeholders crossing specialty programs. One example is someone who was involved in a DUI specialty court and who participates on the mental health court team with thoughts and notions based upon the DUI court processes. Mental health courts are typically very different from DUI courts and it is important to have team members who are open to the concepts of a mental health court and its workings.

Stakeholder offices in rural areas face limited numbers of staff compared to urban offices and it is more common that duties may extend into multiple areas in the office or multiple locations. These logistical challenges require courts to compile teams based on availability and willingness to devote resources to specialty programming. Reduced availability should not minimize the importance of stakeholder involvement along with substantive training and sufficient buy-in to the purpose of the program.

Recommendation 3-1: Select Stakeholders that Are Central to your Program and Provide Training on Mental Illness and Mental Health Courts.

Stakeholder involvement may vary depending on your location. Courts in rural areas with logistical challenges to obtaining the appropriate resources should consider including a

member of the local human service agencies mental health team. There may be programming and resource options available to the human service agency that could benefit participants in a mental health court. While just over 30% of urban courts above noted involvement from their local human service agency, data collected from the interviews with human services indicated there are funding and services available that could benefit the program.

Initially, a group of stakeholders is identified as the group that will work to develop the program. Teams should decide if additional stakeholders should be added for operational aspects. Once developed, court calendars should support establishing a regular pattern of hearings to allow the team to monitor compliance. Teams should meet ahead of scheduled court appointments to discuss the participants on the docket and their progress. Some counties reported having the full team appear at hearings, so the participant can see how invested they are in their success. It was noted that participants especially like seeing the law enforcement representative there as they are there in a supportive role and not to arrest them. The court should select law enforcement representatives from as many jurisdictions as possible. Research has emphasized the importance of law enforcements' role in producing effective outcomes (National Drug Court Institute, 2012). Officers often know this population and are the first point of contact when there is an emergency situation. Equipping your law enforcement team with knowledge of available resources will better prepare them to respond to situations involving the mentally ill in the community. Additionally, should criminal involvement occur, officers will be aware of the referral process for your mental health program.

Courts should invite members of organizations that may be able to contribute to the program's mission. If the court accepts Veteran participants, there is a benefit in the involvement of a member of the regional Veteran's Services Office. It is another opportunity to

share in the joining of resources and could be an opportunity to find a Veteran mentor willing to assist the participant through the program.

Acknowledging that teams may be comprised of differing numbers of members, from a variety of organizations, training on mental illness and mental health courts should be provided. Training will ensure that members understand the concepts of mental health courts and the potential complexities of the participants going through the program. Training will also provide the foundational knowledge beneficial when working with persons with mental illnesses and likely assist team members who are crossing over from other specialty courts.

Recommendation 3-2: Incorporate Flexibility and Creativity into the Roles Assigned to Stakeholders.

The structure in urban courts allowed stakeholders to participate in fairly defined roles. Rural courts, however, reported they were tasked with once again applying creativity to an area that required flexibility. If rural programs were absent a coordinator, certain stakeholders took on duties that are traditionally performed by a coordinator. If transportation was needed for a participant, select members of the team were willing to provide rides. Courts should develop programming, then, define who will carry out which role(s) in order to accomplish their goals. Availability of stakeholders should be factored in to decisions about when and where hearings are placed on the court calendar. If you in a rural area where, for example, the public defender travels to more than one county for hearings, the court should select a time where the public defender is available to be at the court hearing.

Courts unable to establish MHCs should develop a committee to discuss individual cases of offenders appearing with concerning mental illness issues. This committee should be comprised of members from involved stakeholder groups and should include the judicial officer.

While this step is consistent with the development of MHCs, it is also a step that can be taken when courts lack the ability to implement full and robust programming. The involvement of an advisory committee to monitor each stage in the process is a way to provide therapeutic jurisprudence to the offender. Review should occur on a case by case basis, with a resulting action plan, including determinations on appropriate release conditions and future hearing structure.

Recommendation 3-3: Designate Specific Blocks of Calendar Time. This Practice Provides Benefits and Encourages Team Members to Attend Hearings Regularly.

Designating separate calendar time allows the judge, and all stakeholders involved, to keep themselves in the same frame of mind and eliminates the need to navigate between differing case types or situations. It is recommended that this time be scheduled at the end of a calendar day, so those involved can truly focus on the cases on this docket and do not need to be thinking ahead to future cases. It also allows consistency for the offender if they know that their hearings will always be held on a Tuesday at 3:00, for example. It is useful to engage stakeholders in this discussion so once the dates and times are established, all interested persons are invested and available. Another advantageous practice is to schedule new participants at the end of the calendar. This provides an opportunity for them to sit and view the earlier cases on that docket, learning about the process and hopefully making their time in the program more valuable. Courts can stage the courtroom in a manner that provides for effective sight lines and communication between involved parties. It is important that all participants, including new ones, are able to hear and be heard during the process.

Conclusion 4: Courts Should Seek Financial Resources through All Available Options.

Mental Health Court locations reported that a variety of measures were used to provide funding to their programs. Locations in two different states reported receiving funding from their state legislatures which allowed them to provide items such as transportation assistance. Other locations reported grant funds supported their program, while others reported a hybrid of funding with some coming from grants and other funds coming from either private donations or funding from the State Department of Human Services office.

Grants were received from both state and federal organizations. Counties receiving grant money indicated the grant funds are certainly helpful; however, they typically do not cover the full costs associated with the program when factoring in all operational costs, including personnel. Many salaries for stakeholder team members are covered by external agencies and not court funds.

Recommendation 4-1: Courts Should Seek Funding through State Legislature and Grant Opportunities.

Courts should perform a cost-benefit analysis of the program, so proper funding channels can be pursued, including collaborating within the organization to seek funding from the state legislature. When seeking funding, legislators respond well to cost-saving statistics and often require education regarding mental health court programs and their effectiveness at improving safety in the community, while also improving participants' quality of life. Programs in their infancy may need to rely on statistics from other programs to demonstrate that the mental health court model is effective and provides cost savings. Research revealed that common forms of cost savings came from reduced jail time (incarceration costs), reduced hospitalization costs, or reduced cost to the community through a reduction in rates of recidivism.

Mental health court programs should seek out appropriate levels of grant funding. Courts should investigate grant options at all levels, including state and federal. There may be the prospect for grant opportunities through local community groups as well, so it is important to investigate all funding opportunities.

Recommendation 4-2: Educate the Community about the Program and Seek Out Opportunities for Private Donations or Resources.

Both urban and rural courts identified creativity as a necessity for rural courts looking to establish a MHC. Community outreach provides multiple benefits. Schedule opportunities to educate your community, and community groups, about the structure and effectiveness of the mental health court program. This is another occasion where keeping statistics has proven useful. Many communities have organizations that do outreach and look for opportunities to donate time or financial resources toward the betterment of the community. One urban mental health court in Minnesota reported that private donations were part of its funding sources. These donations have come from organizations such as: the local bar association, Kiwanis or Rotary groups, and family members of past participants who want to see the program continue to operate. The same court in Minnesota reported that it receives funds from their Sheriff's Department's contingency fund and from its law enforcement municipalities. This court has requested funds from the forfeiture budget controlled by its County Attorney's Office, and expect the court will be receiving some award, although at this point, the respondent was unsure of the amount. A lesson learned from this is that courts should check with these types of groups, as well as stakeholder groups, to see what options for funding may be available in the community.

Funding options will be limited for courts operating therapeutic processes outside of a mental health court as certain financial options require the operation of a structured specialty court. Courts unable to establish MHC's, who implement therapeutic processes, should consider funding options, including reaching out to community organizations, such as those noted above. Depending on processes, there may be financial needs for transportation, incentives or calendars, for example. Funds or services may be available through these organizations. Courts looking to establish volunteer opportunities for participants or engagement in community activities may find these same community resources to be viable options.

Conclusion 5: Therapeutic Jurisprudence (TJ) Can Be Accomplished without a Structured Mental Health Court. Courts Should Create a Planning Committee to Explore Options.

The courts have become the frontline response to many social issues, such as substance abuse and mental illness. As a result, some courts have engaged in a problem-solving approach when confronting how they perform their work. This problem-solving approach has been the impetus behind the variety of specialty courts that exist today. When courts face challenges in establishing formal mental health courts, there are steps that can be taken to provide the vision behind therapeutic jurisprudence, which is to look beyond the reason the offender is before them, in an attempt to identify underlying issues that may lead to recidivism. Judges can practice therapeutic jurisprudence on an organizational level or on a case by case basis.

Therapeutic Jurisprudence looks at how the law can have a therapeutic effect on the offender, often by providing treatment and monitoring services that help to properly address those underlying concerns. If successful, both the offender and the community benefit as the offender is now less likely to reoffend. When looking to address the underlying issues and "fix" the issues that may be the root cause of the criminal behavior, it is necessary to provide some

framework or structure. This can be as robust as a separate specialty court or can be accomplished through independent processes.

Courts should be vigilant in their desire to address mentally ill defendants, absent establishing a formal mental health court. There are practices that support applying the role of the law in a manner that preserve rights and justice, with one that provides an ethic of care. Courts that cannot offer the full array of services provided in some mental health courts may choose to offer concentrated programming that focuses on treatment, medication compliance, or sobriety. It is this flexibility that permits rural areas to establish a level of programming that works for their situation and supports the finding that even minimal levels of therapeutic jurisprudence are achievable in most rural locations. It is important that each court discuss the resources and programming available to them and factor this information in when establishing their programs.

Recommendation 5-1: Create Strong Collaborative Bonds with Law Enforcement. Provide Them with Resource Information and Implement Processes for Early Identification of Potential Participants. Provide Training to All Team Members Involved in the Process.

Courts should establish robust programming for early identification of potential participants. When courts were questioned about the benefit in identifying this clientele early in the process, all agreed benefits existed. The earlier someone is identified as a candidate for the mental health program, the earlier programming can begin.

Courts should work in partnership with law enforcement and should emphasize the role that they play in early detection. Three courts mentioned having a proactive plan in place to equip law enforcement with information on services, as they are often the first person to come into contact

with an offender. The hope is that services can be provided prior to the person coming into contact with the legal system. Two courts reported having a strong connection with their law enforcement personnel and equipping them with knowledge about resources and programming in their area, including the programming offered through the court, if criminal charges were pending. Courts should discuss implementation of the Crisis Intervention Team (CIT) Model, which creates a partnership between police, behavioral health professionals, corrections and peer advocates, to ensure early involvement and referral to appropriate resources (http://citinternational.org/training-overview/163-memphis-model.html). Regardless of the model selected, training should be provided to law enforcement officials, and all others involved in the process. Proper education and training will assist with ensuring processes are properly implemented and maintained.

Recommendation 5-2: Steps Can Be Taken to Provide Specialty Services Outside of a Formal Mental Health Court Setting.

There is no right or wrong way to provide mental health services. When limitations prevent locations from establishing a formal mental health court, there are practices that can be incorporated into cases involving those with mental illness. These steps can be reserved for those with serious mental illness, or can be expanded to cover a larger group of people with various diagnoses. Recalling that the majority of mental health courts share four characteristics, including specialized dockets, judicially supervised treatment plans, regular status hearings and criteria which define graduation, it is possible for courts to implement any number of these processes and provide therapeutic justice to offenders. Courts should establish a planning committee to investigate these, and other options, and bring these discussions to the table. One priority of the committee should be proper research and planning of any processes implemented,

so as to avoid the need for time consuming, and potentially ineffective workarounds. This team operates in the same manner as a mental health court team; albeit theoretically on a smaller scale. After selecting team members and determining the structure, roles should be assigned. It's conceivable that some roles and processes will align with that of a mental health court team. Literature supporting this notion suggests the potential for courts to apply problem-solving court practices to the traditional court setting using the following methods (Farole & Puffett, 2004):

- Judicial role is proactive, asking more questions, seeking further information about each case and exploring a greater range of possible solutions.
- Direct interaction with defendant, which is deemed as a prerequisite for effective behavior modification.
- Requiring offenders to attend regular hearings to report back.
- Integration of social services/service coordination/treatment.
- Team based, non-adversarial approach.

Information collected through the data collection process revealed other processes that are utilized by courts and that counties should consider in the planning process:

- Collaborate with providers and establish services to be performed. Identify options for bringing providers to participants or for teleconferencing. Attempt to coordinate dates and times of appointments based on availability of transportation or in conjunction with court hearings if services are brought to the same location.
- Work with offender to ensure any financial benefits from Social Security continue. Inquire about veteran status so appropriate connections can be made if the offender is a veteran.

- Perform intake with potential participant. Identify if an evaluation was recently performed and if it was, obtain a copy. If not, schedule the appointment. Establish a process to ensure automatic appointment of a public defender. Inquire about transportation availability and complete a checklist noting options.
- Set team meetings and coordinating calendar time specifically for these cases with the schedules of your team members.
- Make contact by telephone, in person or through video conferencing on a regular basis to monitor. Perform random urinalysis tests.
- Provide training to jail staff and collaborate to ensure that mental health concerns are reported immediately. Establish processes to ensure that psychiatric needs are addressed with urgency. Offenders often arrive without necessary medications, so an emergency appointment with a psychiatric specialist may be warranted. An exit consultation should be performed with offenders prior to release from jail and written materials provided highlighting available resources for mental illness, chemical dependency, housing and medical services. Counties should discuss creating a video containing the same resource information that can be viewed by offenders prior to release.
- Create a diversion program. There are a variety of models, so courts should discuss which model best fits their structure. For courts wanting to ensure the court has judicial authority over the program and therefore the ability to compel compliance, charges should be filed and diversion determinations made at the first appearance.

Recommendation 5-3: Rural Court Locations with Limited Access to Resources Can Combine Services with Other Counties.

When resources are limited in areas, counties should collaborate with neighboring counties, to determine which resources can be combined. Since programs vary in content, examples of possibilities vary. One common example is treatment providers. Determining the location of providers will allow for discussion about proximity to other court locations. Providers may be located near the border of a specific county, or multiple counties, and may be willing to service multiple locations. Recalling that for this population, compliance is improved with consistency in appointment dates, times and location, inquire about scheduling and location options. Courts should also investigate options for transporting participants.

Another example of a service that can be provided to participants in the program through collaboration is random drug and alcohol testing. Depending on where participants reside, they may be closer in proximity to a neighboring county's law enforcement agency, probation department, or community officer. Courts should collaborate with these agencies to explore options for improving drug and alcohol testing requirements.

Concluding Remarks

Rural courts face unique obstacles as compared to their urban counterparts when it comes to establishing mental health courts. Rural areas face lower need among their population and are often challenged by the distance and availability of critical resources. Rural courts have responded to the challenges by implementing creative solutions, including the use of teleconferencing options for contact with mental health providers and coordinating transportation

through a variety of options. When locations lack the ability to establish a mental health court, they should consider alternative approaches when addressing the mentally ill population. Examples of these approaches occur through collaboration of programming with law enforcement agencies or by practicing therapeutic principles on an individual basis.

Courts have varying ability to establish mental health courts. Courts should form a planning committee to begin discussions about programming. Once determinations have been made about the targeted population and availability of resources, decisions can ensue regarding the structure of the program. For some communities, the decision will be to establish a mental health court; for others, it will be the creation of special processes that assist courts in providing therapeutic jurisprudence, absent a formal mental health court.

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APPENDIX A
Survey for Urban Mental Health Courts

1. Has your court ever operated a mental health court?

____Yes ____No
(If no, it will take them to the end of the survey)

2. If your mental health court is no longer operating, what was the reason for its expiration?
_____

3. How long was/has your mental health court been in operation? _____ (in years)

4. Please identify the stakeholders that worked to create your mental health court.
____Mental Health Court/Specialty Courts Coordinator
____Judge(s)
____Prosecutor
____Defense Attorneys
____Probation
____Human Services
____Treatment Providers
____Law Enforcement Representative
____Court Administration
____Housing Specialist
____Peer Mentor
____Other _____

5. Please identify the stakeholders that regularly participate(d) in your mental health court program.
____Mental Health Court/Specialty Courts Coordinator
____Judge(s)
____Prosecutor
____Defense Attorneys
____Probation
____Human Services
____Treatment Providers
____Law Enforcement Representative
____Court Administration
____Housing Specialist
____Other _____

6. Please identify the financial resources required to operate your mental health court (amount of money needed to operate and whether funded through local budgets and/or grant funds). _____

7. This question is intended to identify resources and their geographic proximity to your mental health program.

Resource	Located w/in 30 miles of MHC?		Accessible by Public Transportation	
Mental health treatment facilities	____Yes	____No	___Yes	___No
Public housing	____Yes	____No	___Yes	___No

8. Is public transportation available for people coming to your mental health court? ___Yes ___No

9. When people enter your general court system, what process is used to identify if they are an appropriate candidate for your mental health court? _____

10. Based upon your role in your mental health court, what have been the lessons learned regarding the creation/operation of your mental health court?_____

11. Do you have any opinions or experiences that would be helpful to a rural court in establishing a mental health court? _____

APPENDIX B

Telephone interviews with Minnesota Urban Mental Health Court Locations

Person Interviewed:_____ Date Interviewed:_____
Position:_____

1. What financial resources do you feel are imperative to the operation of your mental health court?

2. What non-financial resources do you feel are imperative to the operation of your mental health court?

3. Do you face any challenges with finding adequate treatment resources?

4. Do you face any challenges with finding adequate transportation services?

5. What are the criteria that must apply to a participant to enter the program?

6. Which stakeholders are involved with your program?

7. Are there challenges with your program that you cannot find a way to overcome?

8. How often do you schedule calendars for your mental health court?

9. What is the duration of your program?

10. How many participants are in your mental health program at one time?

11. Can you share any concerns that you feel rural court locations may face when establishing mental health courts?

12. Is there any advice you would give to a rural court attempting to establish a mental health court?

APPENDIX C

Telephone interviews with Rural Mental Health Court Locations

Location City/State:_____
Person Interviewed:_____ Date Interviewed:_____
Position:_____

1. What financial resources do you feel are imperative to the operation of your mental health court?

2. What non-financial resources do you feel are imperative to the operation of your mental health court?

3. Do you only include people from specific case types in your referrals to your mental health court?

   Which case types are these?

4. Are there challenges with your process that you cannot find a way to overcome?

5. Is it a challenge to find transportation for participants?

6. How often do you schedule calendars for your mental health court?

7. What is the range of members typically participating in your mental health court?

8. Are there any volunteer or community services that you utilize for your program? (Transportation, employment, mental health services etc…)

9. Is there any advice you would give to other rural courts attempting to establish a mental health court?

APPENDIX D

Survey for Rural Minnesota Court Administrators

1. What court location are you from (county name and city)?
2. What is your job title?
3. Do you currently have a mental health court established in your location?
4. Has your court ever discussed establishing a mental health court?
5. If no, do you have any special processes that you use when you have a criminal offender in court, who is diagnosed with a serious mental illness?
6. Participants in a mental health court often need to make regular court appearances as part of the program. Do you feel your calendars would allow for designated time to hear these cases on a weekly basis (assume the amount of time needed is approximately 30 minutes per week)?
7. Stakeholders, such as the Judge, Prosecutor, Public Defender, Probation Officer, Family Services, member of Law Enforcement and Court Administration have been identified as the primary stakeholders that urban courts rely on to run their programs. Do you have any concerns about the ability of these stakeholders to participate, should your court decide to pursue a mental health court?
8. Is there a mental health treatment facility within 10, 20, 30 miles of your courthouse?
9. Is there a chemical dependency treatment facility within 10, 20, 30 miles of your courthouse?
10. Is public transportation available in your area?
11. Do you have any concerns (logistics or otherwise) about your ability to establish a mental health court, should your court decide to do so?
12. Do you have public housing available within 10 miles of your court?
13. Do you consider your geographic location to be one that offers considerable employment opportunities, meaning if participants in a mental health court program were required to obtain employment, would there be ample employment opportunities available within 10 miles of your location?
14. Does your court operate any form of specialty court? If so, which type of court?

APPENDIX E

Interview Questions With the National Alliance on Mental Illness (NAMI)

1. What services does NAMI offer?
2. Does NAMI collaborate with mental health courts to provide services?
3. Are there any services that NAMI would bring to a MHC location?
4. Does NAMI have resources available to provide transportation to MHC participants?
5. Are there any services available through NAMI, to assist a rural court with implementing a MHC?
6. Are there any funding options available through NAMI, for MHC's or participants?

APPENDIX F

Interview Questions for Isanti County Family Services

1. Does your office get involved when clients with mental illness enter the criminal court arena?
    a. If so, how? Do you provide services as a result of their charges (so is there any correlation), or does the criminal process remain separate from what you were working with them on?

2. When thinking about defendants who are charged with criminal activity, that have a serious mental illness diagnosis, what can you tell me about services that may be available to them through your agency? A list of all services would be great as there may be some available that I haven't considered. I'm interested in public housing, employment assistance, assessment and treatment services and any others.

3. Please tell me about any transportation services that may be available through Family Services. Please include volunteer driver connections. Are there any civic groups in the community that provide these services for you?

4. What kind of monitoring occurs through your office when someone is a client receiving assistance or services for mental illness? Is there regular contact with a social worker? How long do they remain a client?