FOURTH JUDICIAL DISTRICT

Evaluation of the Hennepin County Mental Health Court

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Executive Summary

- The Fourth Judicial District's Criminal Mental Health Court began in 2003, in order to meet the needs of a traditionally underserved population: mentally ill criminal defendants.

- Most defendants are from the district's Community Court calendar, often having a criminal history that consists of repeated low-level crimes that are a nuisance to the community. The Mental Health Court calendar also includes clients from the district's felony Property Court calendar.

- Similar to most other Mental Health Courts around the country, the court relies on a collaborative arrangement between the judge, defense and prosecuting attorneys, probation, and mental health systems representatives.

- Participation in the court is voluntary, and is typically suggested by the defendant's defense attorney.

- The goals of the Mental Health Court are:

    - Reduce recidivism
    - Increase compliance with outpatient treatment (and other court-ordered conditions)
    - Reduce emergency room visits
    - Reduce hospital time

- We collected data on 272 defendants who were seen on the Mental Health Court calendar between October 1, 2004 and October 31, 2005.

- Defendants were primarily white males, although there was a high proportion of females in the evaluation population. The majority of defendants were misdemeanants, and the most common psychiatric diagnoses were depression, bipolar disorder, schizophrenia, and chemical dependency. Defendants typically had more than one diagnosis (e.g., schizophrenia and chemical dependency).

- Defendants were charged with approximately half as many new offenses during the four months after they began with Mental Health Court, as compared with the four months prior to their start date. They also had approximately half as many new convictions after their involvement with Mental Health Court began.

- Defendants had more visits to the emergency room after they started with Mental Health Court. However, this is a reflection of the process which requires them to visit the emergency room to have their medications dispensed.

- Future plans for Mental Health Court include the development of a reporting center which houses wraparound services for Mental Health Court defendants.

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Introduction

Criminal court defendants with mental illness have traditionally been underserved by the criminal justice system (Council of State Governments, 2002). Not ill enough for civil commitment, but often lacking the medication or other resources necessary to remain mentally stable, these defendants repeatedly commit low-level offenses that negatively impact the community. In addition, without appropriately managed treatment, mentally ill defendants end up in jail or in crisis at the county hospital and create an enormous drain on resources for both the county's criminal justice system as well as its medical center. In the past, Mental Health Court defendants have not received the appropriate and consistent services that could help them avoid criminal involvement, and typical sanctions for them would be incarceration at the county workhouse and/or traditional probation, neither of which effectively addressed the mental health issues that often led to their criminal activities in the first place.

Recognizing the gap in services for this population, the Fourth Judicial District Court of Minnesota (Hennepin County) applied for and received a planning grant in September 2001 from the State Justice Institute. This initial grant helped the Fourth Judicial District to begin the process of creating a criminal Mental Health Court under the leadership of then Chief Judge the Honorable Kevin Burke, and spearheaded by the Honorable H. Richard Hopper. Judge Hopper had, up to the point of planning the Mental Health Court, been presiding over the Fourth Judicial District's Community Court, within which he witnessed the relationship between untreated mental illness and criminal involvement among many of the defendants that appeared before him. The final report from that planning grant recommended implementation of a special Mental Health Court calendar.

In September of 2003, the Bureau of Justice Assistance (BJA)/Office of Justice Programs (OJP) provided the Fourth Judicial District with a two year grant to implement a Mental Health Court Calendar.[1] The mission of this court is to increase public safety by addressing the mental health needs of defendants. The goals of Mental Health Court are:

- ✓ *Reduce recidivism*
- ✓ *Increase compliance with outpatient treatment (and other court-ordered conditions)*
- ✓ *Reduce emergency room visits*
- ✓ *Reduce hospital time*

One of the grant requirements was to conduct a quantitative evaluation of Mental Health Court which would assess outcomes for some or all of the above goals. This report summarizes the results of that evaluation. The structure of this report is as follows. We begin by describing the background of Mental Health Court, both in the Fourth District as well as nationwide. We then explain our research design for the evaluation, the data collection process, and the results of statistical analysis. Finally, we conclude with recommendations for Mental Health Court and for future evaluations of this type of initiative.

[1] Grant #2004-DD-BX-1116. The grant originally was due to end on 8/31/2005, but was extended to 1/31/2006.

Background

The first Mental Health Courts in the United States began hearing cases in 1998. At that time, there were less than a dozen Mental Health Courts, and now there are more than 80 (Redlich and Steadman, Monahan, Petrila, and Griffin, 2005). Most of these courts share similar characteristics, including a specialized docket or calendar, restriction to non-violent offenders, diversion into judicially supervised community treatment plans as an alternative to jail, and post-disposition review hearings with the judge (Redlich and Steadman et al, 2005).

In addition, most Mental Health Courts operate under a collaborative agreement between the judge, prosecuting attorney, defense attorney, and a mental health systems representative (Wolff and Pogorzelski, 2005). In the Fourth Judicial District of Minnesota (Hennepin County), the collaborative committee that planned the Mental Health Court was transformed into an oversight committee once the court was operational. This oversight committee, which meets monthly, includes the aforementioned system players, as well as representatives from Hennepin County probation, District Court Administration, Hennepin County Medical Center Acute Psychiatric Services, the Hennepin County Sheriff's Office, and local community mental health groups. The court has two full-time staff members: the mental health screener and the probation officer. The presiding judge and his judicial clerk work part time on the Mental Health Court calendar.

The Mental Health Court operates daily. Under the guidance of their defense attorneys, defendants may apply to participate in the Mental Health Court. The targeted population consists of all Minneapolis misdemeanor defendants (except for driving offenses) and non-violent property felony offenders who have serious mental illnesses. Participation is voluntary and predicated on the defendant's willingness to plead guilty or the defendant having been found guilty of an offense.

Criminal Mental Health Court Process[2]

In the Fourth Judicial District, the process for Mental Health Court is as follows:

Pre-Disposition

1. A case is referred to Mental Health Court upon agreement of both the prosecuting and defense attorney, as well as the defendant.
2. The Mental Health Court screener completes a preliminary assessment. She does this by:
    a. Interviewing the defendant
    b. Researching whether or not the defendant is receiving or has received mental health services from Hennepin County
    c. Advising the judge and attorneys on the mental state of the defendant
    d. Completing a conditional release plan
3. Defendant is placed on conditional release by the judge and is supervised by the Mental Health Court Screener or the Mental Health Court Probation Officer.
4. If the defendant has a case manager, he or she is notified about the court proceedings and invited to attend all subsequent court hearings to provide input.

[2] The information in the following section, as well as much of the preceding section, was written by the Honorable H. Richard Hopper, Mental Health Court Presiding Judge.

5. If the defendant is eligible for services in Hennepin County he or she is directly referred by the Mental Health Court Screener.
6. The defendant appears for a series of conditional release judicial reviews to monitor compliance until the attorneys and judge feel that the case is ready for disposition.

Disposition

7. The disposition of a case depends on the nature of the case and the performance of the defendant.
    a. Fully compliant defendants with minimal criminal histories receive diversion. The case is continued for at least a year and then dismissed if the defendant complies with Mental Health Court conditions and has no additional criminal charges.
    b. Less compliant defendants with greater criminal histories plead guilty. The plea is vacated and the charge dismissed after at least one year if the Mental Health Court conditions have been followed and there have been no additional criminal charges.
    c. Some defendants have serious behavior problems and lengthy criminal histories. They plead guilty and are placed on supervised probation to the Mental Health Court Probation Officer. Workhouse time and other traditional correctional sanctions are used to gain compliance with Mental Health Court conditions.

Post-Disposition

8. After disposition defendants continue to appear in court for judicial reviews to monitor compliance with Mental Health Court conditions.

Design of Research Evaluation

Guided by the stated goals of Mental Health Court (see page 6), we designed a research evaluation to measure recidivism (new charges and convictions) and visits to the mental health crisis center at Hennepin County Medical Center (HCMC).[3] Because participation in Mental Health Court is voluntary and open to anyone who meets the criteria, we did not have a suitable comparison group for an experimental or quasi-experimental research design. In other words, were we to compare outcomes for Mental Health Court defendants with those defendants who were eligible but chose not to participate in Mental Health Court, we would have an automatic selection bias. If, on the other hand, we were to compare Mental Health Court defendant outcomes with those defendants who were ineligible (based on offense type, degree of mental illness, etc.), we would not be comparing apples to apples. Finally, an experimental design whereby half of the eligible defendants are randomly assigned to Mental Health Court and half are not would leave us with too small of a sample to do any meaningful data analysis. Our only option, therefore, was to compare the criminal history and crisis center visits both before and after involvement with Mental Health Court, and only for defendants involved in Mental Health Court.

[3] HCMC is located in downtown Minneapolis, a few blocks away from the courthouse, and is the mental health facility most frequented for emergencies by our Mental Health Court defendants. While there are several other hospitals in the vicinity of downtown Minneapolis, we were unable to obtain clearance for access to patient data from anywhere except HCMC.

We collected demographic, disposition, appearance, and termination data on all Mental Health Court defendants that came through the court between October 1, 2004 and October 31, 2005. We identified these individuals two ways: (1) from forms (see below) completed by Mental Health Court staff, and (2) from Hennepin County Criminal Court's Subject in Process (SIP) database.[4] We then analyzed outcomes from SIP, as well as from data received from HCMC staff regarding crisis center visits.

Data Collection Process

In order to have a consistent method of tracking defendants, we created four scannable forms for the Mental Health Court judge and staff to complete. These forms were:

1. Clinical Profile: includes all demographic data, diagnosis, offense specific data, typically completed by the mental health screener (See Appendix A)
2. Terms and Conditions of Sentence (disposition) form: includes all terms and conditions of sentence, typically completed by the judge (See Appendix B)
3. Appearance form: completed by the judge each time a defendant comes before the judge for a review hearing (See Appendix C)
4. Termination form: completed by the judge for those defendants found unsuitable for Mental Health Court (pre-disposition) (See Appendix D)

At the end of each week, the Mental Health Court clerk would bring the forms that had been completed by the judge and mental health screener to the Research Division. Research staff would scan the forms into the computer so that the data would be ready for analysis. Once the data collection period ended, research staff worked closely with Mental Health Court staff to ensure that all forms had been completed on all defendants who had entered Mental Health Court during the evaluation period.

Defendant Profile Data

We collected data on a total of 272 Mental Health Court defendants, 191 of whom whose cases were disposed, and the remaining 81 of whom were terminated before disposition. Mental Health Court defendants who were terminated were generally deemed unsuitable for Mental Health Court, or were found mentally incompetent and referred to civil Mental Health Court for psychiatric commitment.

The ratio between men and women was closer than for many other court calendars, most likely because of the high number of female prostitutes handled on the calendar. There were no significant gender differences between defendants who were terminated and those disposed, although there were significant race and age differences, with non-white defendants and younger defendants terminated significantly more frequently than whites. Table 1 displays all the demographic data for disposed and terminated Mental Health Court defendants.

[4] In cases where we lacked forms on defendants found in SIP, we worked with Mental Health Court staff to determine whether or not these were actual Mental Health Court clients (i.e., not miscoded in SIP) and, if so, to ensure that forms were completed on them.

Table 1. Defendant Demographic Profile

		Disposed in Mental Health Court	**Terminated from Mental Health Court (pre-disposition)**
		(N=191)	**(N=81)**
Gender	**Male**	113 59.2%	53 65.4%
	Female	78 40.8%	28 35.6%
	TOTAL	191 100%	81 100%
Race[5] marginally significant difference between terminated and disposed defendants (p<.10)[6]	**White**	101 54.9%	53 67.9%
	Non-white	83 45.1%	25 32.1%
	TOTAL	184 100%	78 100%
Hispanic[7]	**Yes**	4 3.3%	2 4.4%
	No	118 96.7%	43 95.6%
	TOTAL	122 100%	45 100%
Average Age Significant difference between terminated and disposed defendants (p<.05)		36.8 years old	32.1 years old

Most of the cases that brought defendants into Mental Health Court were misdemeanors (61%); however, cases were typically handled in a fashion similar to other specialty courts whereby all of a defendant's open cases were handled at the same time by the Mental Health Court judge. The most common offenses for Mental Health Court defendants were property offenses (45%) followed by conduct and community offenses (20%) and prostitution (16%).

The psychiatric diagnoses for Mental Health Court defendants were most frequently schizophrenia (23%), depressive disorder (20%), bipolar disorder (20%), and chemical dependency (52%). It is important to note that many defendants had more than one diagnosed

[5] We did not have race data for ten of the defendants.
[6] The p value tells us the statistical significance of the relationship between the variables. P<.10 means that there is less than a 10% chance that the observed relationship occurred by accident, p<.05 means there is less than a 5% chance of the relationship occurring by accident, and p<.01 means there is less than a one percent chance. In short, the smaller the p value, the greater chance that the observed relationship is valid statistically.
[7] We did not have Hispanic ethnicity data for 105 of the defendants.

illness; for example, all of the chemical dependency diagnoses were in addition to a diagnosis of a separate mental illness.[8] As of the time that the defendants' clinical profiles were completed, 30% of Mental Health Court defendants were currently in treatment, 53% had been in treatment in the past, and 40% were currently on medication for a mental illness.[9]

Table 2. Mental Health Court Defendants' Offense Level and Type

	Felony	Gross Misdemeanor	Common Misdemeanor	Total
Assault	4 3.7%	15 18.1%	16 20.0%	35 12.9%
Conduct/Community	2 1.8%	13 15.7%	37 46.3%	52 19.1%
Property Crimes	95 89.0%	12 14.4%	17 21.3%	126 46.3%
Prostitution	2 1.8%	34 41.0%	8 10.0%	44 16.2%
Other	4 3.7%	9 10.8%	2 2.5%	15 5.5%
Total	109 100%	83 100%	80 100%	272 100%

Disposition Data

While one of the primary goals of Mental Health Court is to stabilize defendants and keep them out of correctional facilities if possible, there are still defendants that clearly need to be incarcerated for some period of time. Out of the 191 defendants that were disposed in Mental Health Court (i.e., not terminated), nearly half (42%) were sentenced to some time in the Hennepin County workhouse, although most (78%) of those sentences were for stayed (i.e., not yet executed) time.

A variety of court ordered conditions accompanied each sentence for Mental Health Court defendants. While many of these conditions are typical for the types of offenses seen on this calendar (e.g., commit no new offenses, follow recommendations of probation, no use of alcohol or non-prescribed drugs), other conditions are specific to Mental Health Court defendants. For

[8] According to Judge Hopper, many Mental Health Court defendants suffer from brain injuries and abuse alcohol and drugs to cope with the pain stemming from those injuries.

[9] It should be noted here that 30% of the diagnostic information came from client self-reports. However, the Mental Health Court Screener has, wherever possible, also validated self-reported information with other county departments and treatment providers.

example, 76% of those sentenced are ordered to take all prescribed medications, as this is a critical piece in the rehabilitation of these offenders. Court orders for disposed cases are listed in Table 4.

Table 4. Conditions of Sentence for Mental Health Court Defendants

Commit no new offenses	97%
Take all prescribed medications	76%
Follow recommendations of probation	57%
No alcoholic beverages or non-prescribed drugs	45%
Participate in psychiatric treatment	37%
Participate in chemical dependency treatment	30%
Participate in county case management	29%
Participate in non-county case management	17%
Undergo psychiatric evaluation	17%
Serve workhouse time as ordered	16%
Undergo chemical dependency evaluation	12%
No contact with_____	12%
Attend day treatment/drop-in center	8%
Participate in vocational assistance program	7%
Participate in community support program	3%
Participate in financial assistance program	1%

Judicial Review Appearances

We analyzed data on each post-disposition appearance that defendants made before the judge. As mentioned at the beginning of this report, post-disposition review hearings with the judge are a critical component of Mental Health Courts throughout the country (Redlich and Steadman et al, 2005). Such appearances serve to increase accountability in that offenders know that they need to appear before the judge for progress reports.

Of the 191 disposed defendants, we had data on at least one appearance for 100 of them, and for a handful of defendants we had data on more than four judicial review appearances. During these appearances, the Mental Health Court judge completed a data form on each defendant in order to indicate how well s/he had been complying with Mental Health Court sanctions and conditions, which (if any) conditions were not being complied with, and what action was being taken on non-compliance issues.

We found that two-thirds (66%) of defendants were in full compliance with court ordered conditions at their first review hearing, or had already completed all of their conditions. Of the 34% that were not in compliance at the first review hearing, 65% of those were compliant by the second hearing, another 21% were in compliance by their third hearing, and another 8% were in compliance by their fourth hearing. There were only three defendants still not in compliance by their fourth post-disposition review hearing with the judge. Two of those three defendants have been terminated from Mental Health Court, and one is still under Mental Health Court supervision but has recently absconded from a sober housing facility.

The most frequent sanctions for non-compliance are executed workhouse time (21%) and increased frequency of judicial review hearings (15%). In about 22% of the cases, the judge modifies the court ordered conditions based on information gathered at review hearings. The most frequent modification, however, is the cessation of judicial reviews, typically because the defendant is doing well and "graduating" from Mental Health Court. Other modifications are defendant specific, such as changes in living arrangements, or modifications to treatment or medication.

Recidivism Analysis

Analysis of recidivism is complicated, and routinely elicits conflicting opinions of how "recidivism" should be defined. Some will argue that arrest or charging data are inaccurate, as defendants are innocent until proven guilty, and an arrest may be more indicative of police practices than defendants' criminal activity.[10] Conversely, others will argue that conviction data are incomplete, because many cases may be dismissed for lack of evidence even when there are clear indications that some criminal activity has occurred. In either case, the window of time within which we measure criminal activity must be standardized for each defendant. Otherwise, someone who began Mental Health Court at the beginning of the evaluation would have significantly more time and, conceivably, opportunities to commit new crimes than someone who began Mental Health Court at the end of the evaluation period. In addition, it is important to look back at prior criminal activity of defendants, as this is often predictive of future criminal activity.

With these caveats in mind, we chose to analyze recidivism of Mental Health Court defendants as follows. We analyzed data on new charges and new convictions for each defendant for the maximum period of time that we could standardize among defendants, which ended up being

[10] While we do not have access to police arrest data, charging data is a good approximation, especially for misdemeanors. Misdemeanors are typically tab charged by police, meaning that every tab charged arrest is equivalent to a new charged offense. Approximately 35% of Mental Health Court cases are tab charged.

four months. We identified the beginning of the four month window of time as of the start date identified by the Mental Health Court judge. This was typically the date that Mental Health Court staff began working with the defendant.

At the same time, we also analyzed data on charges and convictions for each defendant for the four months immediately preceding the start date, to serve as a comparison. We also analyzed results for disposed and terminated defendants separately, as it made theoretical sense that terminated defendants would have worse outcomes than those disposed and tracked in Mental Health Court.

We found that the 191 defendants who were disposed in mental health court had approximately half as many new convictions after they started with Mental Health Court, as compared to the period of time just before their Mental Health Court start date. Sixteen defendants had at least one new conviction within four months of their Mental Health Court start date (8%) as compared with 35 defendants who had at least one conviction (not including the case that brought them to Mental Health Court) during the four months prior to their start date (18%). This is a statistically significant difference ($p<.01$). There is a strong (.25) and significant ($p<.01$) correlation between prior convictions and new convictions; in other words those who had prior offenses were significantly more likely to re-offend. This is true of most studies of criminal recidivism.

For these same defendants, there was a significant correlation ($p<.05$) between race and prior convictions, with non-whites having more priors. There was also a significant correlation between bipolar disorder and priors, with bipolar defendants having more prior convictions, and the same was true of those defendants identified as being chemically dependent. There was a marginally significant correlation between chemical dependency and new convictions, but in the opposite direction of the correlation between chemical dependency and priors. Chemically dependent defendants had significantly fewer new convictions in the four month period of time after they started with Mental Health Court. The difference in correlations for chemically dependent defendants may be attributed to the difference between managed and unmanaged chemical dependency. Prior to starting with Mental Health Court, these defendants were not likely to be engaged in treatment, residential or otherwise. Once involved with Mental Health Court, however, all were receiving some form of treatment, and many may have been in a residential treatment facility, limiting their opportunities to commit new crimes.

With regard to charging data, 44 (23%) out of 191 disposed defendants had a new charge in 4 months, compared with 70 (37%) who had at least one prior charge in the 4 months preceding their start date. There were also strong (24%) and significant ($p<.001$) correlations between having prior and new charges, which is as we would expect.[11]

As for correlations with demographic variables, the same correlations held as with convictions (i.e., race, bipolar disorder and chemical dependency) except for an additional marginally significant ($p<.10$) correlation between personality disorder and new charges. There was also no significant correlation between new charges and chemical dependency, but a significant ($p<.01$) correlation between prior charges and chemical dependency.

[11] No one had more than two new charges in the four months after their Mental Health Court start date, and no one had more than four prior charges.

Defendants who were terminated in mental health court prior to disposition had similar conviction results as compared with non-terminated defendants, but had worse outcomes with regard to new charges. Of the 81 terminated defendants, 22 (27%) had at least one prior conviction, and only 9 (11%) had a new conviction within four months of their mental health court start date. It seems plausible that this low rate of new convictions is related to a primary reason that defendants are terminated from Mental Health Court, which is that they are civilly committed. If defendants are found mentally incompetent, there would most likely not be a criminal conviction in the data.

On the other hand, 41 (50%) of terminated defendants had at least one prior charge, and 26 (32%) had at least one new charge in four months. In short, the difference between prior and new charges was much smaller than the difference for those who were not terminated from Mental Health Court, and the difference was only marginally significant ($p<.10$). While this may be an indicator of the more difficult nature of these individuals – i.e., the reason they were terminated from Mental Health Court in the first place – it also suggests that a full experience with Mental Health court, including disposition, intensive probation monitoring, and judicial review appearances, may in fact keep mentally ill defendants from committing more crime.

Table 5. Prior and New Charges and Convictions: 4 month window of time

	Disposed in Mental Health Court **N=191**	**Terminated from Mental Health Court (pre-disposition)** **N=81**
Prior Convictions	35 (18%)	22 (27%)
New Convictions	16 (8%)	9 (11%)
Prior Charges	70 (37%)	41 (50%)
New Charges	44 (23%)	26 (32%)

Emergency Room Data

One of the goals of Mental Health Court was to reduce the number of times mentally ill defendants need to visit local hospitals on an emergency basis for a mental health crisis. From the beginning of the data collection period, this piece was somewhat problematic. First, we were only able to retrieve data from the Hennepin County Medical Center (HCMC) which, while it is likely the most frequently used, is one of three hospitals in or near downtown Minneapolis where Mental Health Court defendants spend most of their time. In addition, we were unable to collect hospital length of stay, even at HCMC, due to data privacy restrictions.

Perhaps most relevant to the lack of good emergency room data, though, was the fact that the HCMC crisis center became the only place for most Mental Health Court defendants to get their medications. Doctors working with the jail and Hennepin County workhouse have been unable to dispense medications upon defendants' release, for civil liability reasons. This issue has been a continuing problem for Mental Health Court, as the more obstacles that are in the way of mentally ill defendants' treatment plans, the less likely they are to comply. Requiring mentally ill defendants who need to obtain medication to walk several blocks and wait for Emergency Room staff to be available to assist them (i.e., not tending to medical emergencies) may be all it takes for Mental Health Court defendants to lapse in taking their medications and ultimately cause problems for themselves and/or the community.

This latter issue is something the Mental Heath Court judge and staff have been working to change. As of the writing of this report, they are currently in the process of starting a Mental Health Court "reporting center", currently referred to as the Project to Integrate Services to the Mentally Ill (PRISM). This is an on-site "service hotel" where all the social service needs, including medication disbursement and medication compliance monitoring, can be met at the same time. In addition, there will be on-site services from agencies that provide benefit/eligibility determination, "Rule 25" assessments for chemical dependency, housing assistance, employment and vocational services, outpatient addiction treatment, psychiatric assessment and medical triage.

The above are caveats within which to interpret the following findings. Mental Health Court defendants are frequenting the HCMC crisis center about as often in the four months prior to their Mental Health Court start date as in the four months after. There were 27 Mental Health Court defendants with at least one crisis center visit in the four months prior to their start date, compared with 23 Mental Health Court defendants with at least one crisis center visit in the four months after their start date. After beginning with Mental Health Court, however, defendants who need to go to HCMC go more frequently (a maximum of six times in four months) than they did before (a maximum of three times in four months).

In short, the data we currently have on the medical center visits are certainly contributing to our knowledge of the experience of Mental Health Court defendants, and highlighting an important change that needs to be made. However, the current data do not provide valid information about the mental stability of these defendants and need for emergency mental health services once involved with this court.

Conclusions and Recommendations

The preliminary data suggest that Mental Health Court is solving problems for this population of defendants. The fact that the number of new offenses for these defendants is half of what it was prior to the start of Mental Health Court tells us that we are meeting one of our goals. In addition, the fact that two-thirds of Mental Health Court defendants are currently in compliance with court orders is also a promising finding.

There is a clearly a need for more data on emergency mental health services and hospitalizations. Although the outcomes regarding recidivism are promising, without better hospital data we are only seeing one piece of the puzzle.

Still, while the emergency mental health services data cannot yet provide the answers we seek, we have learned from these data that changes need to be made with regard to how Mental Health Court defendants obtain their medications. These data provide support for the need for wraparound services, as are in process with the PRISM initiative (see above).

Finally, we recommend that Mental Health Court staff consider ongoing forms of data collection, so that at any given time they can view a snapshot of the work they are doing. District Court Research is in the process of helping the Mental Health Court judge and his staff begin to use online forms they have created for the purpose of ongoing data collection.

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Appendix A

CLINICAL PROFILE

Q1 **Today's Date**
MM/DD/YY

|__|__|__|__|__|__|

Q2 **SSN:**

|__|__|__|__|__|__|__|__|__|

Q3 **Client's Name:**

Q4 **SIP Numbers**

	SIP #
Person	
Case 1 (primary)	
Case 2	
Case 3	
Case 4	
Case 5	

Q5 **Contact information (Address, Telephone Number, etc.)**

Q6 **Date of Birth**
MM/DD/YY

|__|__|__|__|__|__|

Q7 **Sex**
SELECT ONE ANSWER ONLY.

❑ Male ❑ Female

Q8 **Race**

SELECT ALL ANSWERS THAT APPLY.

- ❑ White
- ❑ Black/African American
- ❑ East African
- ❑ American Indian/Native American
- ❑ Hispanic
- ❑ Asian
- Other (Please write in)
- ❑ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋

Q9 **Instant Offense Level (Primary Case)**

SELECT ONE ANSWER ONLY.

❑ Felony ❑ Gross Misdemeanor ❑ Misdemeanor ❑ Petty Misdemeanor

Q10 **Instant Offense Type**

SELECT ALL ANSWERS THAT APPLY.

- ❑ Assault
- ❑ Community Violation
- ❑ Conduct
- ❑ Drugs/Alcohol
- ❑ Property Damage
- ❑ Sex Crimes
- ❑ Prostitution
- ❑ Theft
- Other (Please write in)
- ❑ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋ ⌊ ⌋

Q11 **Current Diagnosis(es)**
SELECT ALL ANSWERS THAT APPLY.

- ❑ Schizophrenia
- ❑ Anxiety Disorder
- ❑ Bipolar Disorder
- ❑ Depression
- ❑ Chemical Dependency
- ❑ Other Psychosis
- ❑ Dementia
- ❑ Adjustment Disorder
- ❑ Mental Retardation/Developmental Delay
- ❑ Traumatic Brain Injury
- Other (Please write in)
- ❑ |___|___|___|___|___|___|___|___|___|___|

Q12 **Primary Source of Diagnosis**
SELECT ONE ANSWER ONLY.

- ❑ Client Self-Report
- ❑ HC Adult Services
- ❑ MH Court Personnel
- ❑ DC Psych Services
- ❑ HCMC
- Other (Please write in)
- ❑ |___|___|___|___|___|___|___|___|___|___|

Q13 **Is client currently in treatment?**
SELECT ALL ANSWERS THAT APPLY.

❑ Mental Health Treatment ❑ Chemical Dependency Treatment ❑ Not in treatment

Q14 **Where is the client receiving this treatment (name of hospital or clinic)?**
WRITE IN ANSWER.

Q15 **Is client currently prescribed psychotropic medication?**
SELECT ONE ANSWER ONLY.

❑ Yes ❑ No ❑ Don't know

Q16 **Is client currently taking medication as prescribed?**
SELECT ONE ANSWER ONLY.

❑ Yes ❑ No ❑ Don't know

Q17 **Please list prescribed psychotropic medications.**

Q18 **Where has the client received treatment?**

Q19 **Has the client received treatment in the past?**
SELECT ALL ANSWERS THAT APPLY.

❑ Mental Health Treatment ❑ Chemical Dependency Treatment ❑ No Treatment ❑ Unknown

Q20 **Has client had a prior case manager?**
SELECT ONE ANSWER ONLY.

❑ Yes ❑ No ❑ Don't know

Q21 **Source of case management**
SELECT ONE ANSWER ONLY.

❑ Hennepin County ❑ Non-Hennepin County ❑ Unknown

Q22 **Who filled out this profile?**
SELECT ONE ANSWER ONLY.

❑ Chuck Decker

❑ Cynthia Arkema-O'Harra

Other (Please write in)

❑ |___|___|___|___|___|___|___|___|___|___|

Appendix B

TERMS & CONDITIONS OF SENTENCE

Q1 **Today's date**
MM/DD/YY

|__|__|__|__|__|__|

Q2 **Defendant Name**

Q5 **SIP numbers**

	SIP number
Person	
Case 1 (primary)	
Case 2	
Case 3	
Case 4	

Q4 **Defendant is sentenced to following term**

	Years	**Months**	**Days**
Workhouse			
Prison			
Credit for time served			
Amount to be stayed			
Amount to be served			
Length of stay			

Q6 **Continuance for dismissal**

	Year(s)
Charges are continued for	

Q7 Conditions of Sentence

SELECT ALL ANSWERS THAT APPLY.

- ❑ Serve all workhouse time as ordered
- ❑ No new offenses
- ❑ Stay in contact with case manager and/or MHC staff
- ❑ Take all prescribed medications
- ❑ No alcoholic beverages, or non-prescribed drugs
- ❑ No contact in person, by phone, by mail, or through a third party with a certain person or entity
- ❑ Case management (county)
- ❑ Case management (non-county)
- ❑ Psychiatric evaluation
- ❑ Psychiatric treatment
- ❑ Day treatment/drop-in center
- ❑ Vocational assistance program
- ❑ Rule 25 chemical dependency evaluation
- ❑ Participate in chemical dependency treatment

Q8 Other Conditions of Sentence

WRITE IN ANSWER.

Q9 Judge's Name

SELECT ONE ANSWER ONLY.

- ❑ Hopper
- ❑ Other (Please write in)

Appendix C

APPEARANCE FORM

Q1 **Today's Date**
MM/DD/YY

|__|__|__|__|__|__|

Q2 **Next Court Date (if applicable)**
MM/DD/YY

|__|__|__|__|__|__|

Q3 **Defendant's Name**

Q4 **SIP Numbers**

	SIP Number
Person	
Case 1 (primary)	
Case 2	
Case 3	
Case 4	

Q5 **Judge's Name**

- ❑ Hopper
- Other (Please write in)
- ❑

|__|__|__|__|__|__|__|__|__|__|

Q6 **How well has the defendant been complying with sanctions and conditions?**
SELECT **ONE** ANSWER ONLY.

- ❑ Completed all requirements/"graduating"
- ❑ Currently in full compliance
- ❑ Currently in partial compliance
- ❑ Non-compliant

Q7 **Check all sanctions/conditions (if any) with which the defendant is currently NOT in compliance.**
SELECT ALL ANSWERS THAT APPLY.

- ❑ Complete Rule 25
- ❑ Complete Rule 20
- ❑ Mental health treatment
- ❑ No contact with victim
- ❑ Judicial review hearings
- ❑ Chemical dependency treatment
- ❑ Commit no new offenses
- ❑ STS
- ❑ Contact with case manager or court staff
- ❑ Taking prescribed medications
- ❑ Other (Please write in)

|___|___|___|___|___|___|___|___|___|___|

Q8 **What action is the court taking today on any non-compliance issues?**
SELECT ALL ANSWERS THAT APPLY.

- ❑ Increase frequency of review hearings
- ❑ Workhouse time
- ❑ Jail time
- ❑ Terminate from MH calendar
- ❑ Other (Please write in)

|___|___|___|___|___|___|___|___|___|___|

Q9 **Are you modifying any of the defendant's court ordered conditions today?**

- ❑ Yes (Please write in)

|___|___|___|___|___|___|___|___|___|___|

- ❑ No

Q10 **Has there been a significant change in the defendant's diagnosis since the last court appearance?**

- ❑ Yes (Please write in)

|___|___|___|___|___|___|___|___|___|___|

- ❑ No

Appendix D

TERMINATION

Q1 Defendant name:

Q2 Date

MM/DD/YY

|__|__|__|__|__|__|

Q3 SIP numbers

	SIP number
Person	
Case 1 (primary)	
Case 2	
Case 3	
Case 4	

Q4 Reason for termination

SELECT ONE ANSWER ONLY.

- ❑ Found incompetent and referred for civil commitment
- ❑ Dismissed by Court pursuant to Rule 20
- ❑ Dismissed by prosecutor in the interest of justice
- ❑ Dismissed upon establishment of a guardianship
- ❑ Determined unsuitable for Mental Health Court and referred to regular calendar
- ❑ Other (Please write in)

|__|__|__|__|__|__|__|__|__|__|