



the Essential Elements of a Mental Health Court

(THIRD EDITION, DRAFT)

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This draft document was prepared by the Council of State Governments (CSG), which coordinates the Criminal Justice / Mental Health Consensus Project. CSG serves as technical assistance provider for the Bureau of Justice Assistance (BJA) Mental Health Courts Program.

This draft is the third edition of the *Essential Elements*. The first edition was presented at a national conference of BJA's Mental Health Court Program grantees in Cincinnati in January 2004.

The second edition was made available online (on the Mental Health Courts Program Web site) beginning April 21, 2005. Visitors were able to provide comments on this draft until June 10, 2005.

CSG anticipates completing the third edition of the *Essential Elements*, making it available online, and allowing users to download and print the document before the end of the year.

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Introduction

Mental health courts are a recent and rapidly expanding phenomenon. In the late 1990s only a few such courts were accepting cases. Since then, more than 100 others have been established, and dozens more are being planned. While early commentary on these courts emphasized their differences—and their diversity is undeniable—the similarities across mental health courts are becoming increasingly apparent. In fact, the vast majority of mental health courts share the following characteristics:

- A specialized court docket, which employs a problem-solving approach to court processing in lieu of traditional court processing for certain defendants with a mental illness
- Judicially supervised, community-based treatment plans for each defendant participating in the court, which a team of court staff and mental health professionals design and implement
- Regular status hearings at which treatment plans and other conditions are periodically reviewed for appropriateness, incentives are offered to reward adherence to court conditions, and sanctions are imposed on participants who do not adhere to the conditions of participation
- Criteria defining a participant's completion (sometimes called graduation) of the program

The reasons communities give for establishing mental health courts are also remarkably consistent: increase public safety, facilitate participation in effective mental health and substance abuse treatment, improve quality of life for people with mental illness charged with crimes, and make more

effective use of limited criminal justice and mental health resources.

As the commonalities among mental health courts begin to emerge, practitioners, policymakers, researchers, and others have become interested in developing consensus not only on what a mental health court *is*, but on what a mental health court *should be*. The purpose of this document is to articulate such consensus in the form of ten essential elements.

About the Elements

This document identifies ten essential elements of mental health court design and implementation. Each element contains a short statement describing criteria mental health courts should meet, followed by several paragraphs explaining why the element is important and how courts can adhere to it. Ultimately, benchmarks will be added, enabling courts to assess their fidelity to each element.

The *Essential Elements* are part of the technical assistance provided by the Council of State Governments (CSG) through the Bureau of Justice Assistance Mental Health Courts Program.¹ While said program focuses on both adults and juveniles with mental illness, this document pertains only to adult mental health courts. There are two primary reasons for this focus. First, at the time of this writing there are only a handful of mental health courts targeting juveniles. Second, the significant differences between the provision of mental health and criminal justice services for juveniles and adults makes it difficult to develop a document that encompasses both populations.

1. The BJA Mental Health Courts Program, which was authorized by “America’s Law Enforcement and Mental Health Project” (Public Law 106-515), provided grants to support the development of mental health courts in 23 jurisdictions in FY 2002 and 14 jurisdictions in FY 2003. The Council of State Governments (CSG) is the technical assistance provider for this program.

Just as the success of local drug courts prompted the development of many mental health courts, *Defining Drug Courts: The Key Components*, a 1997 publication of the U.S. Department of Justice, inspired this document. Although there are significant differences between drug courts and mental health courts, the *Key Components* document provided the foundation in format and content for these *Essential Elements*.

There are two key principles that underlie the essential elements that should be mentioned. First, at the heart of each element is collaboration among the criminal justice, mental health, substance abuse treatment, and related systems. True cross-systems collaboration is necessary to realize any of these elements and, for that matter, to successfully operate a mental health court. It is generally accepted that achieving this type of collaboration is difficult, particularly in regards to breaking down institutional barriers and eschewing the adversarial process. Second, the elements reflect, both explicitly and implicitly, that mental health courts are not a panacea. Reversing the overrepresentation of people with mental illness in the criminal justice system requires a comprehensive strategy of which mental health courts should be just one piece.

Lastly, though these elements are drawn in large part from the experience of existing courts, they are not research-based. Some studies are underway, and more are being planned, to better understand the operation and impact of mental health courts. Mental health court proponents hope that these investigations will substantiate the relative importance of different elements for court functioning and client outcomes. In the meantime, these elements should prove useful for communities interested in developing a mental health court or reviewing the organization and functions of an existing court program.

The elements described in this document will not be present in every mental health court. When the elements are present, they will manifest differently across jurisdictions. In addition, some mental health court practitioners may disagree with some of the statements below, identify elements that may be missing, or argue that some of these elements are unrealistic.

For these reasons, and because mental health courts will continue to mature and new research will become available, changes to this document are inevitable. Furthermore, subsequent editions will include benchmarks that mental health court administrators can use to measure fidelity to the essential elements in their courts.

Methodology

The essential elements are culled from a variety of sources, including interviews with BJA Mental Health Courts Program (MHCP) grantees, on-site visits to grantee and non-grantee mental health courts, and a review of scholarly literature.² An original draft of the elements was prepared for the 2004 BJA MHCP conference. Comments from the conference attendees were incorporated into a second draft, which served as source material for the *Guide to Mental Health Court Design and Implementation*, a BJA-sponsored publication that was released on July 1, 2005.

This current—third—draft was informed by comments from the field transmitted through a well-publicized Web-based discussion forum. A group of practitioners and experts reviewed and discussed these comments and suggested revisions to the draft. This version incorporates those suggestions.

2. The first major investigation of mental health courts was “Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino, and Anchorage,” by John Goldkamp and Cheryl Irons-Guynn. Since then, several studies about specific mental health courts have been published, including the BJA-sponsored report entitled a *Guide to Mental Health Court Design and Implementation*, released on July 1, 2005. Readers interested in these and other resources related to mental health courts should visit <http://www.consensusproject.org/mhcourts>.

1

PLANNING AND ADMINISTRATION

A broad-based group of stakeholders representing the community, the criminal justice, mental health, substance abuse treatment, and related systems guides the planning and administration of the court.

Mental health courts are situated at the intersection of the criminal justice, mental health, substance abuse treatment, and other social service systems. Their planning and administration should reflect extensive collaboration among practitioners and policymakers from those systems, as well as community members. Along with determining eligibility criteria, monitoring mechanisms, and other court processes, a mental health court planning group should articulate clear, specific, and realizable goals that reflect agreement on the court's purposes and provide a foundation for measuring the court's impact (see Element 10: Sustainability).

Ideally, the development of a mental health court takes place in the context of broader efforts to improve the response to people with mental illness involved in, or at risk of involvement in, all components of the criminal justice system, including law enforcement, the courts, and corrections. Such discussions should include police and sheriffs' officials, judges, prosecutors, defense counsel, court administrators, pretrial services staff, and corrections officials;

mental health, substance abuse treatment, housing, and other service providers; and mental health advocates, crime victims, consumers, and family and community members.

The mental health court planning committee (or a similarly constituted group) should monitor the court's adherence to its original goals and its coordination with relevant activities across the criminal justice and mental health systems, and should suggest revisions to court policies and procedures when appropriate. Along with providing a forum to address issues of policy and practice that the court's operation raises, an ongoing advisory group keeps high-level policymakers abreast of the court's successes and failures and thus promotes sustainability (see Element 10: Sustainability). Additionally, the group should complement and support the small team of professionals who will administer the court on a daily basis through activities that include facilitating ongoing training and education opportunities (see Element 8: Court Team).

2

TARGET POPULATION

Eligibility criteria address public safety, consider the availability of other alternatives for defendants with mental illness, and appreciate a community's treatment capacity. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.

Because mental health courts are, by definition, specialized interventions that can serve only a portion of defendants with mental illness, careful attention should be paid to determining their target populations.

Mental health courts should be conceptualized as part of a continuum of community-based options to improve outcomes for people with mental illness involved with the criminal justice system. These options should vary in their intensity of supervision, with law enforcement-based initiatives used to divert before arrest and mental health courts reserved for individuals in need of intensive supervision. Communities should avoid having mental health courts as the only available intervention for defendants with mental illness. Mental health courts should also be closely coordinated with other specialty/problem-solving court-based interventions, including drug

courts and community courts, as target populations are likely to overlap.

Clinical eligibility criteria should be well-defined and should be developed with an understanding of treatment capacity in each community. Mental health court personnel should explore ways to improve the accessibility of community-based care when treatment capacity is limited, and explore ways to improve quality of care when services appear ineffective (see Element 6: Treatment Supports and Services).

Mental health courts should also focus on defendants whose mental illness is related to their current offenses. To that end, mental health court representatives should develop a process or a mechanism, informed by mental health professionals, to enable staff charged with identifying mental health court participants to make this determination.

3

TIMELY PARTICIPANT IDENTIFICATION AND LINKAGE TO SERVICES

Participants are identified, referred, and accepted into mental health court, and linked to community-based service providers, as quickly as possible.

Providing safe and effective treatment and supervision to eligible defendants in the community, as opposed to in jail or prison, is one of the principal purposes of mental health courts. Prompt participant identification accelerates their return to the community and engagement in long-term treatment, and decreases the burden on the criminal justice system for incarceration and treatment.

Mental health courts should identify potential participants early in the criminal justice process by welcoming referrals from an array of sources such as law enforcement officers, jail and pretrial services staff, defense counsel, judges, and family members. To ensure accurate referrals, mental health courts must advertise eligibility criteria and actively educate referral sources. In addition to creating a broad network for possible referrals, mental health courts should select one or two agencies to be primary referral sources that are especially well-versed in referral procedures and criteria.

The prosecutor, defense counsel, and a licensed

clinician should quickly review referrals for eligibility. When competency determination is necessary, it should be expedited, especially for defendants charged with misdemeanors. The time required to accept someone into the program should not exceed the length of the sentence that the defendant would have received had he or she pursued the traditional court process. Final determination of eligibility should be a team decision.

The time needed to identify appropriate services, the availability of which may be beyond the court's control, may constrain efforts to identify participants rapidly (see Element 6: Treatment Supports and Services). This is likely to be an issue especially in felony cases, when the court may seek services of a particular intensity to maximize public safety. Accordingly, along with connecting mental health court participants to existing treatment, criminal justice, mental health, and substance abuse treatment officials should work together to improve the quality and expand the quantity of services available.

4

TERMS OF PARTICIPATION

Terms of participation promote public safety, and are clear, individualized, and the least restrictive necessary to ensure treatment engagement. They also strive to minimize the impact of the charges on the participants' criminal records, and they support a positive legal outcome for participants who successfully complete the program.

Mental health courts need general program parameters for plea agreements, program duration, supervision conditions, and the impact of program completion. Within these parameters, the terms of participation should be individualized to each defendant, and should be put in writing prior to their decision to enter the program.

The terms of participation should not be confused with the treatment plan. While the terms of participation developed for each participant will remain constant, treatment plans are expected to evolve throughout participants' progress in the program (see Element 6: Treatment Supports and Services).

Practices in mental health courts, including plea requirements, should be tailored to local factors including statutory requirements. Whenever plea agreements are employed, mental health courts should apply them consistently and make their implications clear to potential participants. Such implications may include limiting accessibility to some treatment programs, housing options, and some areas of employment. These consequences should be given particular weight when the participant is charged with a misdemeanor, ordinance offense, or other non-violent crime.

The length of mental health court participation

should not extend beyond the maximum period of incarceration or probation a defendant could have received if found guilty in the traditional court process. In addition, program duration should vary depending on defendants' program progress. Program completion should be tied to adherence to court conditions and the strength of participants' connection to community treatment.

Least restrictive supervision conditions should be considered for all participants, especially those charged with misdemeanors. Highly restrictive conditions increase the likelihood that minor violations will occur, which can intensify the involvement of participants in the criminal justice system as compared to the normal court process.

Successful completion of a mental health court program should result in some positive legal repercussion. When the court operates on a pre-plea model, a significant reduction, or dismissal of charges, can be considered. When the court operates in a post-plea model, a reduction in probationary period might be a reward. Conversely, mental health court participants should have the option to withdraw from the program at any point without having their prior participation and subsequent withdrawal from the mental health court reflect negatively on their criminal case.

5

INFORMED CHOICE

Defendants fully understand the program requirements before agreeing to participate in the mental health court. They are provided legal counsel to inform this decision, and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.

Defendants' participation in mental health courts is voluntary. But ensuring that participants' choices are informed, both before and during the program, requires more than simply offering the court as an option to certain defendants.

Mental health courts should be confident that prospective participants are competent to participate. Normal competency determination procedures can be lengthy, which raises challenges for timely participant identification. This is especially important for courts that focus on defendants charged with misdemeanors (see Element 3: Timely Participant Identification and Linkage to Services). For these reasons, as part of the planning process described in Element 1, courts should develop guidelines for the identification and expeditious resolution of competency concerns.

Even when competency is not an issue, mental health courts should ensure that defendants fully understand the terms of participation, including the legal repercussions of not adhering to program conditions (see Element 4: Terms of Participation). The

specific terms that apply to each defendant should be spelled out in writing. Defendants should have the opportunity to review these terms, with the advice of counsel, before opting into the court.

Defense attorneys play an integral role in ensuring that defendants' choices are informed throughout their involvement in the mental health court. Admittedly, the availability of defense counsel varies from one jurisdiction to another. In some communities, defendants' access to counsel depends on the crime with which they were charged or the purpose of the hearing. Recognizing these constraints, courts should strive to make defense counsel available to advise defendants about their decision to enter the court, and to be present at status hearings. It is particularly important to ensure the presence of counsel when there is a risk of sanctions and/or dismissal from the mental health court. Defense counsel participating in mental health courts—like all other criminal justice staff assigned to the court—should receive special training in mental health issues. (see Element 8: Court Team).

6

TREATMENT SUPPORTS AND SERVICES

Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use—and increase the availability of—treatment and services that are evidence-based.

Mental health court participants require an array of services, including medications, counseling, substance abuse treatment, benefits, housing, crisis services, peer supports, and case management. Mental health courts should anticipate the treatment needs of their target population and work with providers to ensure that services will be made available to court participants (see Element 2: Target Population).

When a participant is identified and linked to a treatment provider (see Element 3: Timely Participant Identification and Linkage to Services), the mental health court team should design a treatment plan that takes into account the results of a complete mental health and substance abuse assessment, individual consumer needs, and public safety concerns. Participants should also have input into their treatment plans.

Mental health court participants typically have co-occurring substance abuse disorders. The treatment

of these co-occurring disorders is most effective when delivered by programs in which treatment for mental health and substance abuse disorders is integrated. Accordingly, mental health courts should connect participants with co-occurring disorders to integrated treatment whenever possible and advocate for the expanded availability of integrated treatment and other *Evidence-Based Practices (EBPs)*.³ Mental health courts should also pay special attention to the service needs of women and ethnic minorities, and should make gender-sensitive and culturally competent services available.

Treatment providers should remain in regular communication with court staff concerning the appropriateness of the treatment plan and should suggest adjustments to the plan when appropriate. Criminal justice staff should work with treatment providers to ensure their mutual comfort in working with court-involved clients with mental illness.

3. Evidence-Based practices (EBPs) are mental health service interventions for which consistent scientific evidence demonstrates their ability to improve consumer outcomes. Drake, R. E., H.H. Goldman, H.S. Leff, A.F. Lehman, L. Dixon, K.T. Mueser, and W.C. Torrey. "Implementing Evidence-Based Practices in Routine Mental Health Service Settings." *Psychiatric Services* 52 (2001): 179–182. Other EBPs include: Assertive Community Treatment, psychotropic medications, supported employment, family psychoeducation, and illness self-management.

Case management⁴ is essential to connecting participants to services and monitoring their compliance with court conditions. Case managers—whether they are employees of the court, treatment providers, or community corrections officers—should have caseloads that are sufficiently manageable to ensure implementation and monitoring of the treatment plan. They should serve as the conduits of information for the court about the status of treatment.

Case managers also help participants prepare for their transition out of the court program by ensuring that needed treatment and services will remain available and accessible to the participant once the period of court supervision concludes. The mental health court may also provide post-program assistance, such as graduate support groups, to prevent relapse.

4. The term case management can have multiple definitions. According to the Substance Abuse and Mental Health Service Administration (SAMHSA) “the term case management has appeared in social services literature more than 600 times in the last 30 years, referring to everything from the routing of court dockets through the judicial system to the medical management of a hospitalized patient’s care.” See SAMHSA’s Treatment Improvement Protocol (TIP) # 27 on Case Management for Substance Abuse Treatment. Moreover, “Any definition of case management today is inevitably contextual, based on the needs of a particular organizational structure, environmental reality, and prior training of the individuals who are implementing it, whether they are social workers, nurses, or case management specialists.” Additionally, certain specific types of intervention such as Assertive Community Treatment (ACT) and Intensive Case Management (ICM) are themselves models of case management.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice (DOJ) in its publication *Drug Identification and Testing in the Juvenile Justice System*, defines case management as “an individualized plan for securing, coordinating, and monitoring the appropriate treatment interventions and ancillary services necessary to treat each offender successfully for optimal justice system outcomes.”

SAMHSA’s TIP # 27 recommends reconciling the different definitions of case management by looking at functions instead of definitions: “there is a high degree of consensus about a core group of functions. One widely accepted set of functions comprises (1) assessment, (2) planning, (3) linkage, (4) monitoring, and (5) advocacy (Joint Commission on Accreditation of Healthcare Organizations, 1979). The National Association of Social Workers’ standards for social work case management include assessing, arranging, coordinating, monitoring, evaluating, and advocacy (National Association of Social Workers, 1992).”

7

CONFIDENTIALITY

Health and legal information should be shared in a way that protects potential participants' confidentiality rights as consumers and their constitutional rights as defendants. Information gathered as part of the participants' court mandated program should be safeguarded in the event that participants are returned to traditional court processing.

To identify and supervise participants, mental health courts require information about their mental illness and treatment plan. The sharing of this information between treatment providers and criminal justice staff should respect the wishes of defendants and adhere to federal and state laws that protect the confidentiality of medical, mental health, and substance abuse treatment records.

A well-designed procedure governing the release and exchange of information is essential to facilitating appropriate communication among members of the mental health court team and to protect confidentiality. Release forms should be part of this procedure. They should be developed in consultation with legal counsel, adhere to federal and state laws, and specify what information will be released and to whom.⁵ Potential participants should be able to review the form with the advice of defense counsel and treatment providers. Defendants should not be asked to sign release of information forms until competency issues have been resolved (see Element 5: Informed Choice).

Information that a defendant has been referred to a mental health court should also be closely guarded—especially considering that many of these defendants may end up not participating in the mental health court. Public statements, or indications, about their illness are inappropriate and stigmatizing. To minimize the likelihood that information about defendants' mental illness negatively affects their criminal cases, courts whenever possible should maintain clinical documents separate from the criminal justice files and take other precautions to prevent medical information from becoming part of the public record.

Mental health courts should also take steps to maintain the privacy of treatment information during the court process. Clinical information provided to criminal justice staff should be limited to whatever they need to make decisions. Furthermore, such information should be provided in closed staff meetings; discussion of clinical information in open court should be avoided.

5. For information on complying with the Health Insurance Portability and Accountability Act (HIPAA) please visit SAMHSA's Web site at: <http://www.hipaa.samhsa.gov/hipaa.html>.

8

COURT TEAM

A team of criminal justice staff, mental health staff, and service and treatment providers, which receives special, ongoing training, helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.

The mental health court team works collaboratively to help participants achieve treatment goals by bringing together staff from the agencies with a direct role in the participants' entrance into, and progress through, the court program. The composition of this court team differs across jurisdictions. These variations notwithstanding, it typically should comprise the following: a judicial officer; a treatment provider or case manager; a prosecutor; a defense attorney; and, in some cases, a court supervision agent such as a probation officer. Many courts also employ a court coordinator responsible for overall administration of the court, which can help promote communication, efficiency, and sustainability. Team members should collaborate on each participant's case and contribute to the court's administration to ensure its smooth functioning.

Mental health court planners should carefully select team members who are willing to adapt to a non-traditional setting and rethink core aspects of their professional training. Planners should seek criminal justice personnel with expertise or interest

in mental health issues and mental health staff with criminal justice experience.

Team members should take part in cross-training before the court is launched and during its operation. Mental health professionals must familiarize themselves with legal terminology and the workings of the criminal justice system, just as criminal justice personnel must learn about treatment practices and protocols. Team members should also be offered the opportunity to attend regional or national training sessions and view the operations of other mental health courts. New team members should go through a period of training and orientation before working with the court full time.

Periodic review and revision of court processes must be a core responsibility of the court team. Using data, participant feedback, observations of team members, and advice from a multi-disciplinary group that guides the court's planning and administration (see Element 1: Planning and Administration), the court team should routinely make improvements to the court's operation.

9

MONITORING ADHERENCE TO COURT REQUIREMENTS

Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.

Whether a mental health court assigns responsibility for monitoring compliance with court conditions to a criminal justice agency, a mental health agency or a combination of these organizations, collaboration and communication are essential. The court must have up-to-date information on whether participants are taking medications, attending treatment sessions, abstaining from drugs and alcohol, and adhering to other supervision conditions. This information will come from a variety of sources and must be integrated routinely into one coherent presentation or report to keep all court staff abreast of participants' progress. Case staffing meetings provide such an opportunity to share information and determine responses to positive and negative behaviors. These meetings should happen regularly and include key members of a team, including, when appropriate, representatives from the prosecution, defense, treatment providers, court supervision agency, and the judiciary.

Status hearings allow mental health courts publicly to reward adherence to conditions of participation, to sanction non-adherence, and to ensure ongoing interaction between the participant and the court team members. These hearings should be frequent at the outset of the program and should decrease as participants progress positively.

All responses to participants' behavior, whether positive or negative, should be individualized. Incentives, sanctions, and treatment modifications have clinical implications. They should be imposed

with great care and with input from mental health professionals.

Relapse is a common aspect of recovery; non-adherence to conditions of participation in the court is common. Non-adherence should never be ignored. The first response to it should often be to review treatment plans, including medications, living situations, and other treatment needs. For minor violations the most appropriate response may be a modification of the treatment plan.

In some cases, sanctions are necessary. Mental health courts should apply sanctions in a consistent and graduated fashion, with subsequent instances of non-adherence receiving more significant sanctions. Specific protocols should govern the use of jail as a sanction. All potential sanctions should be made clear to participants prior to their entry into the program.

Mental health courts should use incentives to recognize good behavior and to encourage recovery through further behavior modification. Ad hoc praise and rewards are helpful and important incentives. Equally important are systematic incentives, which divide the court program into phases that reflect defendants' progress. As these phases are completed, defendants receive public recognition.

Courts should have at their disposal a menu of incentives that is at least as broad as the menu of available sanctions; incentives for sustained adherence to court conditions, or for situations in which the defendant exceeds the expectation of the court team are particularly important.

10

SUSTAINABILITY

Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded.

Mental health courts must take steps early in their planning processes and throughout their existence to ensure long-term sustainability. To this end, performance measures and outcome data will be essential. Data describing the court's impact on individuals and systems should be collected and analyzed. Such data should include the court's outputs, such as number of defendants screened and accepted into the mental health court, as well as outcomes, such as the number of defendants who graduate from the program. Setting output and outcome measures are a key function of the court's planning and administration (see Element 1: Planning and Administration).⁶ Quantitative data should be complemented with qualitative evaluations of the program from staff and participants.

Formalizing court policies and procedures is also an important component of maintaining mental health court operations. Compiling information about a court's history, goals, eligibility criteria, information sharing protocols, referral and screening procedures, treatment resources, sanctions and incentives, and other program components helps ensure consistency and lessens the impact when key team members depart. Developing plans for the court's

transition in preparation for staff turnover helps safeguard the integrity of the court's operation.

Sustaining a mental health court without funding is, of course, impossible. Court planners should identify and cultivate long-term funding sources early on. Requests for long-term funding should be based on clear articulations of what the mental health court plans to accomplish. Along with compiling empirical evidence of program successes, mental health courts should invite key county officials, state legislators, foundation program officers, and other relevant parties to witness the mental health court firsthand.

Outreach to the community, the press, and key criminal justice and mental health officials also promotes sustainability. To that end, mental health court teams should make community members aware of the existence and impact of the mental health court and progress it has made. More importantly, administrators should be prepared to respond to notable program failures, such as when a participant commits a serious crime. Ongoing guidance from, and reporting to, key criminal justice and mental health officials helps to maintain interest in, and support for, the mental health court (see Element 1: Planning and Administration).

6. The next version of this document will include benchmarks that will help courts determine whether this is taking place in their jurisdictions. For guidance on collecting outcome data please see *A Guide to Collecting Mental Health Court Outcome Data*, Henry J. Steadman, Ph.D., published by the CSG and available at: <http://www.consensusproject.org/mhcourts/MHC-Outcome-Data.pdf>.