

# **Methodology for Evaluating Court-Based Mental Health Interventions in Maryland**



**Maryland Judiciary Research Consortium**

**Maryland Judiciary,  
Administrative Office of the Courts**

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### **THE MARYLAND JUDICIARY RESEARCH CONSORTIUM**

This report is a product of the Maryland Judiciary Research Consortium (MJRC). The Consortium comprises units of Maryland's public universities, which collaborate under memoranda of understanding with the Maryland Judiciary, Administrative Office of the Courts. The units responsible for the production of this report, University of Maryland, Institute for Governmental Service and Research and Morgan State University, School of Community Health and Policy, are members of MJRC. The contact representative for the Consortium is C. David Crumpton, Administrative Office of the Courts, Court Research and Development Department. He can be reached at 410-260-1274 and [david.crumpton@mdcourts.gov](mailto:david.crumpton@mdcourts.gov).

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## **Introduction**

In November 2007, the Maryland Judiciary, Administrative Office of the Courts (AOC), was awarded grant number BJAG-2005-1076 by the Governor's Office on Crime Control and Prevention to design an evaluation methodology to be used for evaluations of mental health courts in Maryland and to conduct process evaluations of mental health courts in Baltimore City and Harford County. Through memoranda of understanding, the AOC subcontracted with the Institute for Governmental Service and Research (IGSR) at the University of Maryland and the School of Community Health and Policy at Morgan State University (MSU) to collaborate with the AOC on this project. This document describes the methodology developed by the project team. Reports of the process evaluations in Baltimore City and Harford County are contained in separate documents.

Given the complex systems in which these courts operate and the resulting nonstandard nature of the intervention, Wolff and Pogorzelski (2005) note that what mental health courts do, who is involved, how they work, and what resources are available are subject to external pressures and internal dynamics. They argue that evaluations of mental health courts must capture the internal and external processes acting on and within the intervention as well as measure broadly defined individual and system outcomes.

One product of the current study is a conclusion by the researchers that the term "mental health court" is problematic. A review of the national discourse regarding mental health courts and empirical work involved in the current study lead the researchers to argue that there may not be a

clearly delineated set of structures, processes, and resources that can or should be described as a “mental health court.” Rather, it may be much more useful to conceptualize courts as being involved in a dynamic set of court-based interventions. To varying degrees these interventions represent the following characteristics:

- They are responses to challenges in their particularized systems of local criminal justice. Specifically, they respond to the needs of individuals with mental health problems who have been engaged by the criminal justice system and, without intervention of the court, may receive no mental health services or inadequate mental health services or receive only such services as may be available through “business as usual” criminal justice system supervision or incarceration.
- They are products of their local social, political and economic environments. The individual and community needs to which court-based mental health interventions respond will vary according to the particular historic social/political/economic system trajectory of the community in which they are located. As such it is essential for evaluation researchers to understand the community context in which subject interventions emerged. This understanding will be evidenced in detailed descriptions of individual local criminal justice and community services systems. Inevitably, substantial variation will be found among communities in the contextual factors identified by researchers. This contextual variation should be expected to be among the core drivers for variations in the form of court-based mental health interventions from community to community.

- They are organizationally complex interventions. This complexity is represented in the dedication of pre-existing purposes, structures and resources among multiple jurisdictions, agencies and private for-profit and nonprofit organizations. In blending the characteristics of multiple pre-existing organizations, court-based mental health interventions effectively create hybrid organizational characteristics that meet the requirements – both explicit and inferred – of courts and judges.
- Rather than being assessed according to the terms of a rigid “mental health court” model, court-based mental health interventions should be viewed as dynamic sets of practices. Furthermore, these practices should be viewed as deployed by courts and judges in response to pre-existing contextual factors and through the application of pre-existing public and private organizational purposes, structures and resources.
- Finally, assessed in terms of the preceding assumptions and understandings, court-based mental health interventions can be located on a variety of dimensions of analysis of interest to the public and to judicial, legislative, state, local, public and private policy makers and managers. The analytic framework for understanding court-based mental health interventions represented in this report facilitates identification of meaningful process and post-intervention outcomes that will in turn support assessment of appropriateness, efficiency and effectiveness of subject interventions.

In short, the analytic framework represented in this report is a response to the concerns expressed by Wolff and Pogorzelski (2005). To do this the IGSR-MSU team has developed an evaluation methodology that addresses the following core research questions:

- 1) What constitutes the court-based mental health intervention in [insert name of jurisdiction] and how was it designed to function?
- 2) How does the court-based mental health intervention in [insert name of jurisdiction] operate and whom does it serve?
- 3) What services are provided through the court-based mental health intervention?
- 4) How and by which organizations are services provided?
- 5) How effective is the intervention in meeting its intended purposes? What unintended outcomes have been identified?

The process evaluation methodology is designed to address research questions 1, 2, 3 and 4. Consistent with the framework proposed by Wolff and Pogorzelski (2005), a major focus of the process evaluation is identifying and describing the dynamic and contextual factors that may affect the emergence, operation, and outcomes of court-based mental health interventions.

The outcome evaluation methodology is designed to address research question 5. To the extent possible, these evaluations should be structured to eliminate or at least reduce internal validity problems – particularly selection bias – that have plagued prior research. In other words, for a program to be deemed successful, the research needs to show that the intervention itself, not other factors such as characteristics of those chosen to participate compared to non-participants, is responsible for successful outcomes. Additionally, they must extend beyond limited conventional outcomes, such as recidivism, to consider quality of life factors, family and peer relations, residential stability, and employment outcomes.



## **Process Evaluation**

The process evaluation documents the goals, structure, operations, and contextual base of the court-based mental health intervention. It provides information on how the intervention evolved, what organizations provide what services to whom, and how closely the participants and activities match what was intended. The description of the process evaluation methodology presented below follows the outline of the process evaluation report. For each section of the report, the purpose of the section, pertinent questions, and the methods to be employed to obtain the needed information are described.

### **I. Background**

#### ***A. Literature Review***

A comprehensive literature review of previously published evaluations and articles on court-based mental health interventions is important to understanding their development and operation on a national basis. This understanding will support researchers' broader understanding of their operating context. The information gleaned from this review helps shape the evaluation. It serves as a guide to:

- 1) identify the existing gaps in knowledge within the discourse regarding court-based mental health interventions; and
- 2) assist in framing questions that need to be answered as the Maryland Judiciary examines policies and practices involved in court-based mental health interventions.

### Pertinent Questions

- What court-based mental health interventions exist within and outside Maryland?
- What are the common characteristics and unique features of existing court-based mental health interventions?
- What is the status of research on court-based mental health interventions?
- What do national literature and published evaluations conclude about court-based mental health interventions? How can such conclusions contribute to court-based mental health intervention typology and model building?

### Methods

Evaluators will conduct a comprehensive literature review to identify descriptions of court-based mental health interventions, process and outcome evaluations, and critical analyses of court-based mental health interventions and the research concerning these interventions.

### ***B. Historical Perspective on the Mental Health Court and Offenders with Mental Illness***

This section addresses the local context within which the subject court-based mental health intervention emerged.

### Pertinent Questions

- What were the precipitating factors that led to the emergence of the subject court-based mental health intervention?

- How many offenders with mental illness were processed through the criminal court system of the jurisdiction within which the intervention is located during the year prior to the development of the court-based mental health intervention?
- How and to what extent did the court respond to the population with mental illness prior to the establishment of the subject intervention?
- What specific community-based and/or court-based interventions provided services to the population of offenders with mental illness prior to implementation of the subject court-based mental health intervention?

## Methods

Methods for examining the historical perspective of the subject court-based mental health intervention include the following:

- 1) interviews and focus groups of knowledgeable informants from the court and/or treatment agencies, and review of administrative artifacts, documentation of the characteristics of the population of offenders with mental illness in the jurisdiction, any prior efforts to work with the subject population, case flow and processing of offenders with mental illness prior to implementation of the court-based mental health intervention, and its associated treatment interventions targeting this population, and
- 2) interviews and focus groups of court planners and administrators, court-based mental health intervention team members, treatment providers, and mental health policy makers external to the court, and review of administrative artifacts, descriptions of the history of past court-based efforts to work with this population.

## **II. Contextual Analysis**

### ***A. Relationship of Court-based Mental Health Intervention to Court System***

This section describes the relationship of the subject court-based mental health intervention to the court system within which the intervention functions.

#### Pertinent Questions

- What is the name of the court-based mental health intervention? What factors influenced the naming of the intervention? What key players were involved in naming the intervention?
- At what juncture in the processing of a criminal case is the subject intervention sited (e.g., pre-trial, post-plea)?
- Is the court-based mental health intervention a separate organizational/administrative entity within the Maryland court system, a separate docket, or a specified process? Or is the identity of the court-based mental health intervention defined in some other way?
- What resources do the Maryland Judiciary and its component organizational units, and other jurisdictions and their component organizational units provide to the court-based mental health intervention?
- What is the nature of intra-organizational relationships among and between the court-based mental health intervention, the Maryland Judiciary and its component organizational units and other jurisdictions and their component organizational units?

- To what challenges in the organizational environment of the local criminal justice system was the court-based mental health intervention intended to respond, and how was the intervention intended to respond to these challenges?

## Methods

Information for this component of the evaluation will be sought through:

- 1) interviews and focus groups with court, treatment providers, and other knowledgeable informants directly involved in the subject intervention;
- 2) interviews with policymakers and administrators in the judicial and mental health systems who are not involved in direct operation of the subject intervention; and,
- 3) review of policy and procedures manuals and other documents associated with the subject intervention.

### ***B. Source Organizations (i.e. organizations contributing resources to support the operation of the court-based mental health intervention)***

This section describes the public agencies and private nonprofit and for-profit organizations that contribute resources that support operation of the court-based mental health intervention. The evaluators should:

- 1) examine the public and private organizations currently contributing to and supporting the mission of the subject court-based mental health intervention;
- 2) describe the levels of resources allocated by source organizations to the court-based mental health intervention, and
- 3) identify potential gaps in service provision among the organizations associated with the court-based mental health intervention.

### Pertinent Questions

- Which organizations are or have been involved in the planning, development, implementation, and on-going operation of the subject court-based mental health intervention and what were their roles?
- For each organization:
  - What is the name of the organization?
  - What type of organization is this? What is the formal relationship of the organization to the local criminal justice, community treatment and/or other local public systems within the environment of the subject intervention?
  - What is the purpose of the organization?
  - What is the relation of the organization's purpose to the purpose of the subject court-based mental health intervention?
  - What is the functional contribution (e.g., case referral, case management, case oversight, intervention program management) of the organization to the court-based mental health intervention? Do formal interagency agreements, memoranda of understanding, or contractual agreements exist and, if so, what form do they take?
  - What resources (staff, facilities, materials and supplies, funds, etc) does the organization contribute to the subject intervention's operations?
  - What methods are involved in the interactions between the court-based mental health intervention and the organization? Are these methods formally structured and have they been documented in formal terms?

- What organizations or types of organizations in the environment of the subject intervention could be of value to the operation of the intervention but are not associated with it? Do knowledgeable informants articulate why these gaps in organizational linkage exist?

## Methods

Information for this component of the evaluation can be sought through:

- 1) interviews with staff members most closely associated with the operation of the court-based mental health intervention to identify source organizations;
- 2) review of administrative artifacts such as memoranda of understanding and websites of source organizations;
- 3) surveys, interviews and focus groups of knowledgeable representatives of each source organization; and,
- 4) review of source organization key administrative artifacts, including mission statements, policy manuals, operating budgets, etc.

### ***C. Relationship of Court-based Mental Health Interventions to Source Organizations***

This section describes the:

- 1) interactions, relationships and level of communication between source organizations and the court-based mental health intervention;
- 2) process components of the subject intervention ;
- 3) extent to which the court-based mental health intervention exercises control over its operational resources; and,

- 4) ways in which the subject intervention impacts the local criminal justice, community treatment and other associated systems at large.

### Pertinent Questions

- To what organizational entity is the court-based mental health intervention accountable? Is the subject intervention accountable to any of its source organizations and, if so, in what way?
- What are the sources of authority for the court-based mental health intervention?
- What are the boundaries of the subject intervention's decision-making authority in terms of function (authority over what behaviors), legal (authority over what offenses and dispositions), and structure (e.g., authority over location, staffing, budget)?
- Over what resources does the subject intervention have direct control?
- What resources does the intervention have access to but not direct control over?
- From what organizations does the court-based mental health intervention draw resources, and what are those resources? How does the intervention utilize these resources?
- What is the nature of the relationship (e.g., referral, case management, case oversight, intervention program management) and methods of interaction between relevant source organizations and the court-based mental health intervention? Do formal inter-agency agreements, memoranda of understanding, or other forms of contractual agreement exist?
- To what extent are resources provided by source organizations controlled or transformed by the subject intervention to fit its needs and how is this done?



- How do the court-based mental health intervention's goals, policies and procedures, strategic plans and indicators of performance align with/differ from those of its source organizations?

## Methods

The methods used to understand the relationship of the subject court-based mental health intervention with other organizations include:

- 1) surveys of and interviews with court staff, treatment providers, and other knowledgeable informants directly involved in the subject intervention;
- 2) review of memoranda of understanding and/or other forms of contractual agreement between and among the subject court-based intervention and its source organizations;
- 3) review of procedure manuals and other administrative artifacts of the subject intervention;
- 4) observation of court and other organizational processes;
- 5) review of planning notes/minutes; and,
- 6) interviews with policymakers and administrators associated with source organizations and, possibly, their superordinate agencies or jurisdictions.

## **III. Design of the Court-based Mental Health Intervention**

### ***A. Development and Description of Goals and Objectives***

The intended goals and objectives of the court-based mental health intervention form the comparative basis of the process and outcome evaluations. This section should describe the goals and objectives articulated for the subject intervention, including goals related to participant

progress and goals related to systems change. Evaluators should assess whether any of the goals are conflicting, whether the goals are measurable, and the extent to which the goals coincide with goals identified in the literature concerning court-based mental health interventions.

### Pertinent Questions

- What are the goals and objectives of the court-based mental health intervention?
- How were the goals and objectives established?
- Are the goals and objectives documented? To what extent are they communicated to the court-based mental health intervention operation team members? To policymakers and the public? How are they articulated and disseminated?
- Are goals and objectives specifically treatment-oriented?
- Are there goals and objectives designed to expedite the time frames by which cases are processed through the court system?
- When considering competency, is the goal to address competency differently in the court-based mental health intervention as compared to “business as usual” court processes?

### Methods

Information for this component of the evaluation can be sought through:

- 1) court-based mental health intervention team member and treatment provider surveys, interviews and focus groups,
- 2) interviews with policymakers and administrators in the criminal justice and community treatment service systems; and,

- 3) review of policy and procedures manuals and other administrative artifacts from the subject intervention.

***B. Roles of Court-based Mental Health Intervention Team Members and Others Associated with the Subject Intervention***

Because the operations of court-based mental health interventions cross organizational boundaries, it is important for evaluators to identify the individuals that form the core mental health intervention team as well as other individuals that routinely interact with the intervention. This section should describe the intended role of each team member and others associated with the intervention and how the interactions among these individuals were intended to work.

Pertinent Questions

- Who was intended to comprise the court-based mental health intervention team?  
What other public agency or private organization staff members were expected to be involved in the subject intervention's activities?
- What were the roles of team members and other public agency or private organization staff members? Were these roles clearly documented? How do team members' roles differ from the roles of other local court staff dealing with the same population?
- Were there memoranda of understanding and/or other contractual agreements that established how the court-based mental health intervention team members and public agency or private organization staff members will work together?
- Were processes developed for flow of information among team members and other public agency or private organization staff members involved in the intervention? If

so, what were the documented methods by which information would be shared among these staff members associated with the intervention? Was a policy established for when progress/compliance information will be shared?

- How was participant confidentiality addressed? Was a consent process developed that allowed providers and members of the court-based mental health intervention team (e.g., judge, clinical staff, prosecutor, defense attorney, coordinator) to share treatment related information?
- What, if any, processes were planned for resolving conflicts among team members?
- Which member of the intervention team was to chair meetings?
- For what reasons was the intervention team expected to meet (e.g., case progress review, other reasons)?

### Methods

Evaluators will address these questions through surveys, interviews, and focus groups with court-based mental health intervention team members and public agency or private organization staff members associated with the intervention and review of the following documentation:

- 1) descriptions of the roles and responsibilities of each court-based mental health intervention team member and public agency or private organization staff member associated with the intervention;
- 2) policies and procedures for information sharing;
- 3) consent forms and consent procedures; and

- 4) plans for the resolution of conflicts among court-based mental health intervention team members and public agency or private organization staff members associated with the intervention.

### ***C. Case Eligibility, Participant Flow, and Admission***

Who the intervention was intended to serve and how potential participants were to be assessed and accepted versus screened out for participation in the subject intervention are important parts of baseline information for the process evaluation.

#### Pertinent Questions

- What is the target population of the court-based mental health intervention?
- How many participants is the intervention designed to serve? Is there a target number identified? How and by whom was the target number established?
- Is this a felony or misdemeanor population?
- What were the reasons for selecting the population?
- Was the availability of resources, particularly treatment resources, taken into account before selecting the target population?
- How does the intervention define mental illness (e.g., serious and persistent mental illness)?
- Were eligibility criteria developed? If yes, what are the criteria and how are they to be applied? Who makes the intervention eligibility decisions?
- What were the planned sources of participant referrals to the intervention?

- What were the intended roles of intervention team members in case/participant flow and admission? Were these roles documented and disseminated?
- Was prospective participant motivation intended to be a selection criterion? If so, how was it to be assessed and used in the selection process? Was motivation expected to take precedence over other inclusion criteria?

### Methods

Information for this component of the evaluation can be obtained through review of intervention procedures documenting the referral and intake process and interviews with individuals involved in the design of the referral and admissions process.

#### ***D. Intervention Services***

This section describes the overall intervention design, including types of services to be offered within the various intervention components (e.g., assessment and evaluation, treatment and psychosocial activities, housing, case management, family involvement, drug testing of participants with co-occurring disorders, employment training/referral, and other life skill development activities) and mechanisms and procedures by which participants' compliance and progress will be tracked.

### Pertinent Questions

- Was a policy and procedures manual developed for intervention selection and progress management?

- What efforts were made (if any) to assess the treatment capacity needs of the court-based mental health intervention and to ensure ready access to treatment for intervention participants?
- Was there a plan to administer psychosocial assessments and psychiatric evaluations? If so, what agency will provide these services to participants?
- Was a continuum of treatment services planned for the participants that will include inpatient, partial hospitalization, and different outpatient treatment modalities and/or psychosocial groups?
- Were housing options and life skill development program opportunities considered as part of the continuum of services? Were any other community resources included in the plan?
- Was case management part of the planned continuum of services?
- What types of treatment activities have been considered for participants (e.g., monthly appointments with psychiatrist or psychiatric nurse practitioner, psychosocial education for managing diagnosis, medication and co-occurring disorders)?
- Were there plans to involve participant families in the intervention and associated treatment?
- Were schedules for treatment contacts developed? If so, who will be responsible for tracking appointments, attendance and reporting compliance and progress to the intervention team and how is this done and documented?

- Were schedules for supervision and court progress review sessions established? If so, who will be responsible for tracking appointments, attendance and reporting compliance and progress to the court and how will this be done and documented?
- Were compliance/progress incentives established? Were they to be graduated?
- Were participants with co-occurring disorders to be tested for drug use? If so, were schedules for drug tests established? Who will be responsible for administering the tests, for what types of drugs will participants be tested, and were there standard methods by which participants will be tested (e.g., urinalysis, hair sample)?

## Methods

Multiple methods will be employed to address questions regarding the design of the intervention's services and other components. These include review of:

- 1) planning documentation (e.g., meeting agendas and minutes, letters, dates for intervention start-up);
- 2) intervention policy and procedures manuals;
- 3) supporting documents such as memoranda of understanding and/or contractual agreements with public and private organizations associated with the intervention;
- 4) grant proposals, if applicable.

Additional information will be gathered through structured interviews and focus groups of individuals involved in the development of the court-based mental health intervention.



### ***E. Intervention Completion and Non-Completion***

This section describes the plan for assessing participant performance, criteria to be used to judge successful completion and non-completion, and what will happen when a participant does not succeed in completing the intervention.

#### Pertinent Questions

- What are the criteria for successful completion of the intervention? Are the criteria written and accessible to participants?
- Who makes the determination of when participants are unsuccessful or successfully complete the intervention?
- Is there an anticipated length of intervention participation?
- If a participant decides to opt out of the intervention after admission, what happens to him/her? Does the case revert back to “business as usual” case processing?

#### Methods

The information to be reviewed to determine if there are established intervention completion criteria include:

- 1) documented intervention completion criteria;
- 2) documentation of the type of case dispositions available; and,
- 3) responses from interviews and focus groups of intervention team members and public agency or private organization staff members.

## **V. Implementation of the Court-based Mental Health Intervention**

### ***A. Intervention Goals***

This section addresses the alignment between subject intervention operations and stated goals. It also considers progress in achieving goals and objectives for the intervention, including participant-focused and criminal justice and community treatment system-focused goals.

#### Pertinent Questions

- Was there an effective process for developing and communicating the goals and objectives of the subject court-based mental health intervention?
- Do policies and procedures for the intervention reflect the articulated goals?
- Do team members' priorities coincide with the goals?
- What is the status of the intervention's progress toward achieving the goals?
- What evidence is there that goals are or are not being achieved?
- What impediments to achieving goals of the intervention have been identified?

#### Methods

Multiple methods outlined throughout this section will be employed to assess the progress of the subject court-based mental health intervention in achieving its goals and objectives. Goals will be compared with the intervention's policies, procedures, and practices through review of documents; surveys, interviews and focus groups of intervention team members, public agency or private organization staff members, and other stakeholders in the intervention; and court observations.

***B. Court-based Mental Health Intervention Team Members and Public Agency or Private Organization Staff Members***

This section discusses the extent to which roles and responsibilities of court-based mental health intervention team members and public agency or private organization staff members involved in the intervention are consistent with what was envisioned when the intervention emerged.

Understanding whether team members are operating the intervention as intended and the reasons for any deviations will help in assessing success of the intervention.

Pertinent Questions

- What are the staffing complement and configuration of the court-based mental health intervention?
- Was adequate and appropriate training offered to all team members?
- Are the team members and other public agency or private organization staff members involved in the subject intervention functioning as their roles were intended?
- Do these intra- and extra-intervention staff members work well together? How are conflicts resolved?
- Are some intra- and extra-intervention staff members given more credibility/power than others on the team?
- What are the methods by which information is shared among team members? Have procedures for confidentiality and consent been followed?
- Is there a timely and effective flow of information among team members regarding participant compliance and progress?

- How do court-based mental health intervention team members interact with other court staff and staff from other organizations dealing with similar populations through “business as usual” processing of cases?

## Methods

To assess the quality and functioning of communication and working relationships among team members and other persons involved in the court-based mental health intervention, structured interviews and surveys of these individuals will include items (and where appropriate, scales and subscales) to address these issues. Supplemental methods will also be used to explore roles, relationships, and communication, including:

- 1) review of intervention documents that delineate the number and quality of contacts among team members and others;
- 2) observation of court, team meetings, and other meetings; and,
- 3) review of staff training and conference agenda and attendance.

### ***C. Case Eligibility, Participant Flow, and Admission***

A key question addressed by the process evaluation is whether the court-based mental health intervention is reaching the intended population. This section describes who is participating in the intervention and the source of referrals. It also describes how selection criteria are being applied in practice and whether the referral and admission process results in timely service to participants.

## Pertinent Questions

- Is the target population appropriately defined and communicated to relevant team members and stakeholders?
- How many participants are referred by each of the potential referral sources?
- Does the intervention collect and monitor information about who is screened out and who is admitted? If so, what does that information show?
- How well does the actual participant population served match the target population?
- Have the selection criteria and screening process ever been suspended or inconsistently applied so technically ineligible participants become eligible for the court?
- Is the intervention accepting and providing services to the number of participants intended by the intervention's planners?
- How long does it take for participants to enter the court-based mental health intervention after arrest? Is this time frame considered acceptable?
- Is the intervention achieving goals/objectives related to expedited case processing (if such goals are identified)?

## Methods

Evaluators will determine how the intake process is operating from interviews and focus groups of team members and through review of policy and procedures manuals. Evaluators will obtain information on participant referral and acceptance and the timing of services from data aggregated by intervention staff or, if aggregated data are not available, from review of referral and intake forms and other documentation in case files.

#### *D. Intervention Services*

Another key question addressed by the process evaluation is whether the intervention is operating as it was designed. This section describes how participants receive assessments and evaluations, treatment, and other services in comparison with what was planned for the intervention. Mechanisms through which participant compliance and progress are tracked and shared are also discussed.

#### Pertinent Questions

- Are valid and reliable psychosocial assessments and psychiatric evaluations administered and are these used to link participants to appropriate treatment services? Who provides the assessment services to the participants and are these conducted and documented appropriately?
- What is the actual length of time it takes a participant to enter into treatment after admission into the subject intervention?
- Is a full continuum of treatment services offered and readily accessible to participants (e.g., inpatient, partial hospitalization, multiple outpatient modalities, psychosocial groups)?
- What types of treatment activities are offered and actually provided to participants (e.g., monthly appointments with psychiatrist or psychiatric nurse practitioner, psychosocial education for managing diagnosis, medication and co-occurring disorders)? Do these meet the individual needs and diagnoses of participants?

- Are housing options offered and accessible to participants as part of the continuum of services? Are any other community resources made available on a regular basis to participants?
- To what extent are participants' families involved in the subject intervention or treatment that is provided through the court?
- What case management services are provided to participants as part of the continuum of services? How are schedules for treatment sessions monitored? How are appointments, attendance, and reporting compliance monitored and documented and who is responsible for this? How is participant progress or non-compliance reported to the intervention team and judge? Is this information valid, reliable, and up-to-date?
- How successful are participants in adhering to court-mandated supervision and treatment conditions?
- Are incentives given to intervention participants? If so, what types of incentives have been given?
- Are participants with co-occurring disorders tested for drug use during the intervention participation period? If so, how often and who administers the tests? What types of drugs are the participants tested for? What methods are used to test the participants (e.g., urinalysis, hair sample)?

## Methods

The methods used to determine if the court-based mental health intervention services have been implemented according to the original design include:

- 1) review of treatment, case management, court reporting, and incentive schedules in case files and available electronic data sources;
- 2) observation of court progress review sessions, team meetings, and other meetings;  
and
- 3) surveys, interviews and focus groups of the following team members and other public agency or private organization staff members: intervention coordinator; judge(s); assistant public defender; assistant state's attorney; parole and probation agents; pre-trial services agency (if applicable); community-based mental health treatment providers; community-based substance abuse treatment providers that serve participants with co-occurring disorders; and other individuals and/or organizations involved in the court-based mental health intervention.

### ***E. Intervention Completion and Non-Completion***

This section describes how participants' performance in the court-based mental health intervention is assessed in practice and how this compares to the original design for the intervention. Data on participant retention and completion should be provided.

#### Pertinent Questions

- Are the criteria for intervention completion and non-completion being implemented as designed?
- Are the individuals who were identified as being responsible for determining when participants complete the intervention or fail to meet the criteria for successful completion actually making those decisions?



- How long are participants staying in the intervention? Is this consistent with the planned or anticipated length of stay?
- What portion of participants successfully completes the intervention?
- What are the characteristics of participants who complete the intervention compared to those who do not?

### Methods

Evaluators will determine how the process for assessing participant performance is operating from surveys, interviews, and focus groups of the court-based mental health intervention team members. Evaluators will obtain information on intervention completion criteria, participant completion rates, disposition types, reasons for non-completion, and participant length of stay from data aggregated by the mental health court or, if aggregated data are not available, from review of case files.

## **Outcome Evaluation**

Although process evaluations focus on the context, design, content, and implementation of interventions or programs, outcome evaluations typically focus on the impacts of the intervention on its participants or target population. Constructing investigations that allow the evaluator to attribute positive change in participant outcomes to the intervention is widely regarded as the central challenge in evaluation, but the strength of any outcome study is also borne in large part by the quality and scope of the process evaluation that preceded it. This is particularly the case with dynamic interventions that can take many diverse forms and may vary substantially from site to site with regard to the factors (e.g., context, design, content) that are the subject of process evaluations. Court-based mental health interventions are examples of these dynamic interventions. In short, outcome evaluations of individual court-based mental health interventions in Maryland will benefit greatly from process evaluations that follow the methodology discussed above, and have articulated the goals, structure, operations, and contextual base of the intervention.

It will be important to address variations on these dimensions within the core set of outcome evaluation components discussed below, including the research design, methods, and statistical analyses. As with the process methodology, Wolff and Pogorzelski's (2005) critical analysis of previous drug court and mental health court research served as a reference for this discussion. In particular, their emphasis on the need to assess more than the standard set of participant recidivism outcomes is incorporated into the proposed methodology. Wolff and Pogorzelski's analysis further suggests that the process-outcome dichotomy is an artificial one that may

hamper presenting the full picture from any evaluation of court-based mental health interventions. Specifically, contextual information obtained in the process evaluation is important to consider in reporting outcome findings, particularly for assessing whether the findings can be generalized to other jurisdictions. Additionally, there are a number of systems-level outcomes that are already covered in the proposed process methodology, or are closely related to process issues, that should be included in reporting results of the outcome evaluation. Contextual factors and systems outcomes, as well as several interim program and participant-level outcomes assessed in the process methodology, are reviewed in the first part of this discussion. The rest of discussion is devoted to the methodology for assessing long-term participant outcomes.

## **I. Contextual Information, Systems Outcomes, and Interim Outcomes**

### ***A. Contextual Findings***

The results of the contextual analysis outlined in the process evaluation methodology provide a framework for interpreting outcome findings beyond the local setting. Each court-based intervention has a unique history, environment, and set of influences; understanding this distinctive context is needed to assess the applicability of the outcome findings to other settings.

Factors important to this contextual understanding include:

- 1) historical circumstances that influenced the emergence of the specialized court-based intervention;
- 2) political and social influences that foster and sustain (or hamper) the intervention;
- 3) the resource environment in which the intervention operates;

- 4) the style, philosophies, and relationships of and among the primary court and service personnel of the intervention; and
- 5) the history and nature of relationships among the organizational units and agencies responsible for the intervention.

### ***B. Systems-Level Outcomes***

Mental health-related systems outcomes are often precursors to achieving favorable participant-level improvements from court-based interventions. Advances in the ways court staff interact with offenders with mental illness, or building connections with community resources that make treatment for this population more accessible are valuable steps in forming effective interventions, and thus are themselves important outcomes. Systems outcomes that can be tracked and reported in outcome evaluations include:<sup>1</sup>

- 1) changes in attitudes of court personnel toward mental illness and populations with mental illness;
- 2) changes in the behavior of court personnel interacting with this population;
- 3) involvement of court personnel in forums and venues outside the court that address mental health issues (e.g., interagency coalitions, legislative or policy councils, advocacy groups);
- 4) development of linkages between the court-based mental health intervention and problem-solving courts (within or outside the jurisdiction) that serve the population with mental illness and/or other populations with special needs;

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<sup>1</sup> System-level outcomes that reflect changes in case processing (e.g., reducing time between arraignment and adjudication) are discussed in a later section.

- 5) increased involvement of existing community-based mental health resources/services in the court system; increased involvement of advocates in court planning and operations; and
- 6) increased involvement of family members in the court-based intervention.

Methods for obtaining data to address these issues, as noted in the process evaluation discussion, primarily involve retrospective interviews (or ideally, pre-implementation of the intervention and after a minimum follow-up period of six months or more) with court personnel and other informants. Surveys with proven psychometric qualities are also available to assess attitudes, as are observational scoring protocols to assess interactive behavior and communication.

### ***C. Program and Participant-Level Interim Outcomes***

There are several short-term program and participant-level outcomes that also serve as necessary, but alone are not sufficient, to achieving favorable long-term changes typically documented in outcome evaluations. These include evidence showing that the intervention:

- 1) serves defendants with serious mental health disorders or co-occurring mental illness and substance abuse disorders;
- 2) does not employ screening criteria that “creams” from the participant pool and limits admission to higher functioning and/or atypically motivated participants;
- 3) serves a sufficient number of participants relative to the size of the jurisdiction as to reasonably lead to some favorable, measurable system-level impact;
- 4) ensures that participants access needed services;

- 5) links participants to services that are of sufficient quality to reasonably lead to improved participant well-being and reduced probability of offending; and
- 6) ensures that participants may continue in treatment so as to obtain a dosage that is likely to achieve desired impacts.

All of these interim outcomes are addressed in the process methodology. They effectively serve as indicators of the desirability/feasibility of a full outcome evaluation of the court-based intervention.

## **II. Evaluation Design**

### ***A. Designs and the Experimental Sample***

Many argue that the preferred outcome evaluation design is a controlled experiment with defendants randomly assigned to either the experimental group (i.e., the court-based intervention) or to a control group that experienced court processing as usual or another experiential pathway. It is the position of the Maryland Judiciary that evaluation designs involving random assignment such that some individuals are systematically denied access to potentially beneficial interventions are ethically questionable and will not be used by the Maryland Judiciary Research Consortium. As a result, outcome evaluations of court-based interventions in Maryland will generally take the form of quasi-experiments, where a comparison sample serves as the control group.

The intervention study group sample pool should be composed of all participants admitted to the court-based intervention over a sufficiently long period of time to be representative of the actual

participant population (e.g., not limited to those admitted during a three-month period in the summer or winter). The sample recruitment period should also be of sufficient length to ensure a sample size that is adequate for conducting the statistical tests needed to assess and detect the impacts of the intervention. Members of the sample pool will then be recruited to participate voluntarily in the evaluation through an Institutional Review Board (IRB)-approved protocol. In a quasi-experimental design, all consenting members of the intervention study group should be retained in the evaluation regardless of their outcome, including early dropout from the intervention. Such “intent to treat” designs control for participant motivation and self-selection bias that is evident in studies that have study groups composed only of participants who complete the program or meet some treatment participation criterion. Evaluations should include comparisons of the outcomes of sub-groups with different completion status and dosage within the study sample. In presenting and interpreting these comparative findings, however, analyses should take into account any differences in pre-treatment characteristics and employ caveats regarding participant motivation to remain in treatment.

### ***B. The Comparison Sample***

A key element of successful quasi-experimental designs is the comparison sample. Comparison subjects should be identified or recruited for the evaluation from a sample pool that is matched (i.e., not significantly different in statistical terms) to the intervention study sample on screening and selection factors, and any other variables that have been shown to be related to targeted outcomes on the basis of past research. Detailed information about the process by which defendants are considered eligible, screened, and approved for the mental health intervention, any changes to the selection process that occur during the intervention study sample recruitment

period, and data on those who did and did not consent to take part in the study should be taken into account in identifying persons to include in the comparison pool. Additional factors to consider in identifying a matched comparison pool for mental health interventions include: demographics; DSM-IV diagnosis and severity of mental health disorder, and proportion with co-occurring disorder; behavioral health service history; type and seriousness of the proximate qualifying offense; and criminal history. Other covariates to consider in selecting a matched comparison sample include housing/residential stability; family functioning; and employment history. Ideally, the groups will also be matched on motivation and readiness for treatment; however motivational measures or indicators are rarely available on comparison group subjects, although prior participation in behavioral health services might be viewed as a rough proxy for motivation.

It is best if the comparison sample is drawn from the same jurisdiction and communities served by the court-based intervention, and sample participants are processed as defendants during the same period during which the experimental sample is drawn. The ideal scenario for obtaining a comparison group is an intervention operating in a large jurisdiction that serves only a portion of a large eligible target population and where case flow to and through the screening and admission process is not biased by selection factors that cannot be measured and therefore matched. In smaller jurisdictions that likely serve the entire eligible population, the comparison group may have to be drawn from a comparable defendant pool identified prior to implementation of the intervention. Alternatively, the comparison group could be drawn from a defendant pool from another, nearby jurisdiction that closely resembles that served by the intervention and does not provide a court-based mental health intervention. Due to jurisdictional



idiosyncrasies in case processing and mental health service delivery systems, the latter option will likely be feasible only in small, very similar jurisdictions in the rural areas of western or southern Maryland, the Eastern Shore, or possibly medium-sized suburban counties such as Howard, Carroll, and Harford.

### **III. Method: Data Collection, Measures, and Analysis**

#### ***A. Baseline and Follow-Up***

The strongest quasi-experiments include (1) collecting the same measures at baseline on both the intervention study and comparison samples at the same point in case processing just prior to the intervention study group's initial exposure to the intervention, and (2) obtaining the same follow-up measures on both groups at a pre-determined point (e.g., two years post-baseline) following the projected completion of the intervention by intervention study subjects. Both the baseline and follow-up data ideally include information from multiple sources to permit the findings to be triangulated. Useful sources include interviews with study subjects in both groups, court and program records, and other secondary data repositories (see measures section, below).

The baseline measures permit tests of the level of match between the two groups, and provide data for statistical controls if needed. Baseline data are also important for constructing and reporting descriptive profiles of program participants and all study participants, and, in combination with in-treatment and follow-up data, supplementing and enriching presentation of more rigorous multivariate results (see below) through pre-post comparisons within each of the samples. Report audiences, for example, will be interested in learning how defendant participation in treatment differs for the two groups pre- and post-baseline, or how the numbers

or rates of arrest differ for the two groups over the pre- and post-baseline periods. Baseline data are also valuable for testing effects of interactions between participant characteristics and the intervention on outcome measures; examples include assessing if the intervention is more effective in achieving desired outcomes with higher functioning participants or those of a particular gender or age group.

Due to resource constraints or other practical considerations, it is common for baseline data on the comparison sample to be limited to secondary data available from court records or other official criminal justice information systems. The key variables to include in the secondary data are the same as those listed in the discussion above on matching factors. If any of these variables is absent (e.g., mental health assessments), there is an increased risk of sample bias and as a result, qualifications regarding interpretative limitations in data analysis should be clearly indicated in reports.

If resources permit, follow-up data collection should be performed at a pre-determined point in time post-baseline for both samples. The timing of the follow-up data collection should be determined by the length of the expected or standard stay in the intervention (e.g., 12 months post-baseline for program regimens that are 6 or 9 months long) and consideration of the anticipated attrition for persons in the comparison group and intervention study subjects who terminate early from the intervention. For instance, setting the follow-up point at 18 months or more may result in unacceptably low rates of participation in the follow-up interview. In addition to data collected in interviews, outcome information should be gathered from court and treatment records and other secondary data sources, particularly criminal record systems, throughout the

follow-up period (see below). Because subject attrition is generally not an issue with secondary data, the follow-up period applied to these data can be longer, and should be at least one year beyond the participants' standard length of stay.

### ***B. Baseline Measures***

Important data that should be gathered at baseline correspond to the matching variables listed earlier. One source of baseline data will be information obtained in assessments typically conducted as part of screening and admission processes. These include widely-used, psychometrically sound mental health and substance abuse assessments (including DSM-IV diagnosis, behavioral health service participation over the lifetime and in the past year, and current medications), a quality of life measure, and multi-domain instruments that yield interval-level scores in such areas as somatic health, homelessness and residential stability, vocational history, family functioning and peer relations, and criminal history. The same set of assessment information will also ideally be collected on comparison subjects.

Key secondary data to be collected at baseline on both samples include the proximate qualifying offense (i.e., the highest charge at arraignment for the offense which triggers the intervention study subjects' consideration for the intervention and serves as a matching factor for the comparison group) and criminal history. Minimally, history data include number of prior arrests and convictions separately for misdemeanors and felonies; prior arrests and convictions for violent offenses; and time spent in prison. Lifetime time in jail and number of incarcerations over the two years prior to baseline are desirable if available.

### *C. In-Treatment Measures*

Measures of the putative “active ingredients” of the court-based intervention can be used to explore the relative contributions of these program elements on the outcomes of participants. Obtaining treatment data on comparison subjects during the follow-up period is also desirable.

These fall into three general categories:

- 1) interactions with the court, including number and frequency of hearings, sanctions, and incentives;
- 2) participation in behavioral health services, including number of hours and frequency, modality (e.g., outpatient individual, outpatient group, inpatient), and type (e.g., mental health, substance abuse, family), and use of prescribed medications; and
- 3) participation in case management and/or formal community supervision (i.e., probation, parole), drug testing, medications monitoring, and other ancillary services, including number and frequency of case management or supervision sessions, drug tests, housing or financial assistance, supported employment or attendance in vocational programs, GED, school or college.

These data are routinely collected as part of the process evaluation to assess level of implementation and consistency with court goals. In outcome analyses, these data can be used to explore their association with outcomes such as recidivism and quality of life at follow-up.

Although the absence of controls limits the ability to draw firm conclusions from such analyses (e.g., a significant inverse association between number of treatment sessions and recidivism may be attributable to any number of factors besides the treatment itself), they can be of interest in showing patterns among results and suggesting further study.

#### *D. Outcomes*

Outcome measures are applied to data collected throughout the follow-up period and information obtained in a follow-up interview with study subjects. Outcome data that are tracked during follow-up typically involve information maintained by secondary sources such as the court, case managers, treatment providers and criminal justice system organizations. These include:

- 1) drug test results, including proportion of positive tests, by drug type if available;
- 2) hospitalizations, housing and homelessness, victimizations, emergency room admissions;
- 3) compliance with court orders to appear in hearings, case management and/or community supervision sessions, take prescribed medications, attend treatment, or attend other services;
- 4) date of termination and reasons for termination (e.g., completion of court requirements, failure to comply, dropout); and
- 5) criminal recidivism, including dates, number, frequency, and charge type of arrests and violations; conviction charge types; sentences; dates and reasons for jail admissions; total days in jail or prison.

Outcome data obtained in interviews are for the most part the same data collected in the baseline interview, including standardized measures addressing mental health, substance abuse, quality of life, and the other domains listed above in the baseline measures discussion. Self-report information on behavioral health service access and attendance, and participation in case management and other services during the follow-up period will also be included in the interview

to permit comparisons between the two groups in terms of these data. Additional assessment areas unique to the follow-up interview with intervention study group members include measures of satisfaction with the judge, other court and case management staff, treatment counselors, and generally with participation in the intervention.

### *E. Analyses*

Initial statistical analyses involve assessing differences between the two study groups on key baseline factors to assess comparability of the groups and to identify variables that must be included in subsequent analyses as control factors. Descriptive analyses will also be performed on the two study groups. As noted above, descriptive analyses will also be performed to provide detailed portraits of persons taking part in the intervention and differences in their treatment and service participation, while preliminary bivariate analyses will be executed to assess differences in outcomes (e.g., hospitalizations, housing, jail time) before and after admission to the intervention. Prior to conducting comparative analyses of follow-up results, subject attrition and missing data in each of the study groups will be assessed for potential bias; this will be particularly important in analyses of interview data obtained at follow-up.

Multivariate statistical models will be used to test hypotheses about the impacts of the intervention, with the choice of statistics determined by the type of outcome measure. The principal method for assessing recidivism impacts will likely be event hazard survival models, which take both the arrest event and time to first arrest during the follow-up period into account. Logistic regression models will be employed to assess arrest versus no arrest, and ordinary least squares (OLS) regression will be used to assess rates of arrest and days in jail during follow up.

Again, depending upon the outcome variable, different statistical techniques will be employed to assess group differences on measures assessed in the follow-up interview, such as mental health and substance abuse severity and quality of life indicators. Analyses involving long follow-up periods, during which some subjects may accumulate lengthy jail stays, will adjust for time at risk in assessing outcomes such as drug test results, homelessness, hospitalizations, and further recidivism.

#### **IV. Specialized Designs and Measures**

The outcome evaluation design should be driven by the goals of the court-based intervention. Some goals may require studies or sub-studies that depart from a two-group design, or require additional or unique data. Perhaps the most common example is when the specialized court aims to decrease processing time for targeted cases, typically reducing the period between arraignment and either the first adjudication hearing (for pre-plea programs) or sentencing hearing (for post-plea programs). To assess this outcome, case processing date information must be gathered on the intervention study and comparison groups. Analyses will involve comparisons of processing times for the two groups, controlling for baseline measures, particularly proximate qualifying offense, criminal history, and demographics.

Another goal of many court-based interventions is to serve as a diversion from a jail or prison sanction for the offense that led to the defendant's consideration for the court intervention. Detention, conviction, and sentencing outcomes associated with the proximate qualifying offense for the comparison group can be tracked to determine if the target population is truly bound for jail or prison. Another method used to assess diversion impacts is to develop statistical models

that employ proximate qualifying offense and criminal record data as predictors of a detention stay, or of a jail or prison sanction. The model predictors can then be compared to corresponding information from the intervention study group to assess if this group is likely to receive custodial sanctions.

## **V. Competency Case Outcomes**

### ***A. Competency Cases as a Subgroup of Offenders with Mental Illness***

In addition to community supervision of defendants with mental illness, court-based mental health interventions may also process cases in which the competency of the defendant to stand trial is at issue. Due to the unique nature of these cases, it is important to distinguish the characteristics of the “competency track” from processing that occurs with cases in which the defendant is regarded as mentally competent. In the few court-based mental health interventions that include competency cases, the court provides centralized processing on a single docket of all defendants who are awaiting competency evaluations, are found incompetent to stand trial (IST) and undergo treatment to restore competence, or are found IST without a substantial likelihood of regaining competence in the near future.

Scholarly discourse offers little guidance on evaluating specialized competency dockets within the context of court-based mental health interventions, and no example was found by the researchers of an evaluation of a competency docket in the context of a court-based mental health intervention. Similar to court-based mental health interventions operating in both Baltimore City and Prince George’s County, Maryland, the mental health court in King County, Washington, has a community supervision track and a competency track that handles all



competency-related issues in the jurisdiction. The process and outcome evaluations of this court, however, focus exclusively on the community supervision track.

### ***B. Research Design***

Outcome evaluation of the competency track associated with court-based mental health interventions will assess whether centralized processing of competency cases improves criminal justice system efficiency and defendant outcomes. Because competency tracks encompass all competency cases in the two Maryland jurisdictions in which these specialized dockets are associated with court-based mental health interventions, evaluation designs involving control or contemporaneous comparison groups are not feasible. Instead, the evaluation must compare processing and outcomes of cases prior to the implementation of the competency track with those cases processed after implementation. Further assessment will compare processing and outcomes of cases processed early (e.g., the first six months after the specialized docket is initiated) and later in implementation, given that it might take some time for the new processes to stabilize.

The evaluations will address the following research questions:

- Does centralized processing of all competency cases provided by the court-based mental health intervention affect adherence to Maryland statutes regarding competency and restoration of competency (Annotated Code of Maryland (ACM) 3-104, 3-105 and 3-106)?

- Does centralized processing increase the likelihood that defendants found IST are scheduled for annual (or more frequent) court hearings subsequent to their commitment date as per ACM 3-106?

To answer this question, researchers will obtain the competency evaluation date and hearing dates from case files. Researchers will also review court procedures and policies before and after implementation of the court-based mental health intervention and conduct focus groups and/or individual interviews with court staff and treatment providers.

- Does centralized processing increase the likelihood that defendants found IST are scheduled for a hearing within 30 days after the filing of a motion from the State's Attorney or defense counsel, or a report from the health department presenting new evidence pertaining to the determination of competence as per ACM 3-106?

To answer this question, researchers will obtain motion filing dates, health department report dates, and hearing dates from case files. Researchers will also review court procedures and policies before and after implementation of the court-based mental health intervention and conduct focus group and/or individual interviews with court staff and treatment providers.

- Does centralized processing increase the likelihood that defendants formerly found IST and whose competence to stand trial is restored after treatment are assigned a court date as soon as practicable as per ACM 3-104?

To answer this question, researchers will obtain arrest dates, competency evaluation dates, and trial dates from the case files of defendants whose competency was restored.

- Does centralized processing of all competency-related cases in a jurisdiction affect the frequency with which competency evaluations are ordered? Does the competency track reduce time defendants spend in jail while awaiting competency evaluations? Is processing time from arrest to disposition of competency-related cases affected?

To answer this question, researchers will obtain the following information from the case files: arrest date, bail review/arraignment date, date the court ordered competency evaluation, place where defendant is held, location of competency evaluation, date of competency evaluation, and date of any transfer/release from jail. Researchers will also conduct focus groups and/or individual interviews with court staff and treatment providers.

- Does centralized processing affect communication and service coordination between court personnel, assessors, and treatment providers?

To answer this question, researchers will conduct focus groups and/or individual interviews with court staff and treatment providers.

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