EVALUATING DIMENSIONS OF MENTAL HEALTH COURTS BY THEIR EFFECT ON JURISDICTIONAL CRIME RATES

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Abstract: Mental health courts are a relatively new phenomenon with limited research or validation of essential elements. This research uses a mixed-methods approach to evaluate dimensions of mental health courts based on their effects on jurisdictional crime rates in eleven Oklahoma mental health courts.

I first divided the courts into two categories: more successful courts and less successful courts. More successful courts showed a statistically significant decrease in jurisdictional crime rate three years preceding and three years subsequent the year of each court's implementation; less successful courts did not. Then through non-participant observation of court proceedings, in-depth interviews of court team members, and historical document analysis, the research process uncovered variances between more and less successful courts.

Results showed more successful courts prioritized monitoring methods like ankle monitors, home visits, probation staff, and frequent random drug testing. More successful courts provided multiple specially-tailored treatment options, transportation provisions, documents of requirements, mentor programs, and court-associated aftercare. Diversely represented court team members collaborated with other court programs to provide proper initial assessments. More successful courts used tangible symbolic incentives personalized to each court and individuals. Last, court dockets visibly divided their non-compliant and compliant participants.

Found differences between more successful and less successful courts validate the use of jurisdictional crime rate in determining success. Some of the indicated successful practices adhere to the Essential Elements of a Mental Health Court and Beccaria's Essay on Crimes and Punishment. Identified more successful court theories may determine future best practices.

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CHAPTER I

INTRODUCTION

People with mental illnesses cannot abstain from their diseases like addicts learn to abstain from drugs. Nonetheless, mental health court evaluations follow the same evaluation structure as drug courts, driving while intoxicated (DWI) courts, and other problem-solving courts. Problem-solving courts are typically evaluated in terms of graduation rates, recidivism rates, and abstinence from drugs and alcohol. Participants in mental health courts differ from other problem-solving court participants' in their core issues and ultimate goals. The differences between these distinct offender populations must be acknowledged in order to properly discern mental health court success.

The first established mental health court began in Broward County, Florida, in 1997. The court sought to keep mentally ill, non-violent offenders out of jail and in specialized treatment programs. By 2012, nearly 350 courts existed across the nation (GAINS Center, 2013). Research struggled to keep pace with the rapid expansion of mental health courts. Most early research was descriptive in nature. Studies of individual courts determined allowances for types of criminal charges, what sanctions were used, and what methods were implemented to ensure compliance (Griffin, Steadman, & Petrila, 2002). Over time, courts changed their methods, sanctions, and

restrictions for program entry (Redlich, Steadman, Monahan, Petrila, & Griffin, 2005). Mental health courts deemed successful regularly see lower rates of recidivism, reduced costs, and improved mental functioning, and abstinence from drugs and alcohol in their participants (Almquist, Dodd, Center, & John, 2009). Courts that saw the best rates of success in the previously listed terms were found to adhere to the Ten Key Elements of Mental Health Courts (Thompson, Osher, Tomasini-Joshi, & Justice Center, 2008) However, no research exists to test or validate those elements used in successful mental health courts.

A study conducted by RAND determined that a small number of offenders commit a large proportion of crimes (Polich, Peterson, & Braiker, 1980). Mentally ill offenders comprise a large number of repeat offenders in the jail and prison population. In fact, nearly 50% of mentally ill federal prisoners become involved in the justice system at least three times or more (Ditton, 1999). Without proper treatment, mentally ill offenders continually cycle through the criminal justice system, but with successful mental health court treatment and resources, the cycle ends. I propose that successful mental health courts noticeably influence the crime rates in the jurisdictions in which the courts are established.

The purpose of this study was to provide an additional method to view and evaluate mental health court success. The study incorporates a mixed methodology of both qualitative and quantitative methods. First, I delineated more successful and less successful courts by analyzing the variance of jurisdictional crime rates before and after county mental health court establishment. Next, I gathered data in order to answer the research question: Do mental health courts deemed successful via community impact on crime rate have common or unique elements that differ from unsuccessful courts? Ethnographic research assists in the development of grounded theories that explain specific reasons for court success. The ethnographic research process includes non-participant observations of mental health courts and dockets, in-depth interviews with court-team members, and document analysis of relevant court data. Derived

theories are analyzed in comparison to the 10 Essential Elements of Mental Health Courts and the classical theory of punishment according to Cesare Beccaria (1819; Thompson et al., 2008).

Evaluation of mental health courts in terms of community impact is an additional method to determine court success. Drug courts and other problem-solving courts place focus on abstinence. While abstinence is a goal of mental health courts, rates of abstinence cannot completely illustrate effective treatment of mentally ill offenders in the courts. The research process allowed for examination of the existing 10 Essential Elements of Mental Health Courts, but since the selected evaluation method differs from normal methods of evaluation, new theories that describe successful elements of mental health courts arose. Practical implications for devoting research to discovery of successful elements in mental health courts include increased positive outcomes for participants, an optimized use of currently available resources, and rational for expansion and funding for mental health courts.

CHAPTER II

REVIEW OF THE LITERATURE

The United States grapples with the overwhelming influx of offenders in jails and prisons. The majority of these offenders are incarcerated for non-violent and drug-related offenses. Since the 1980s, prison and jail populations expanded rapidly due to tough-on-crime legislation as well as underfunding, poor planning, and offender recidivism (D. L. MacKenzie, 1997).

Theory of Punishment

Cesare Beccaria published his philosophical insights on criminal justice in his treatise, entitled *Of Crimes and Punishment,* in 1764. He concisely states that laws represent the will of society and serve to protect individual's liberty. Punishment is necessary to protect society and serves to deter both the offender and others from criminal acts by setting an example and instilling fear. He declares that the most effective punishments are swift, certain and severe (Beccaria, 1819). See figure 1 for a visual representation of Cesare Beccaria's theory of punishment.

Beccaria places the highest emphasis on the swiftness of punishments. The more rapidly punishment is administered after a criminal act, the stronger the correlation between the crime and the punishment in the offenders mind. When the correlation between the punishment and crime is recalled, the potential offender is less likely to commit the act. In addition, a rapid punitive response to bad behavior saves the criminal from the uncertainty with which he is plagued while waiting to discover if he is to be punished (Beccaria, 1819).

Certainty is yet another important aspect of effective punishment and deterrence. As stated previously, if the criminal is uncertain as to whether he is to be punished or not, the criminal becomes tortured by his own worries. Beccaria also places an extreme importance on educating the people in order to reduce crime rate. Criminals need not wonder if what they have done will be met with punishment. Logically, if individuals know the rules and their associated punishments, they are more likely to make a rational decision not to break those laws. All laws and their respective punishments should be clearly written, easily understood, and unbiased. In addition, all people, regardless of class or connections, should hold to the same system of laws and punishments because without certainty of punishment men become idle and unintelligent. He also states that the concrete certainty of small punishments for less severe crimes can be far more effective than intangible fear of punishments for more severe crimes (Beccaria, 1819).

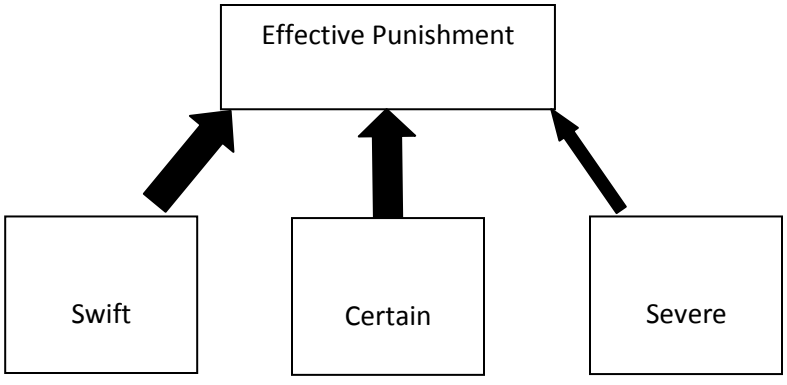
Severity, although less important than swiftness and certainty, is the last factor in effective punishment and deterrence from criminal behavior. Beccaria writes that crimes should be proportional to their punishments. He admits that it is near impossible to find a perfect fit between each crime and punishment, but unequally doling out a severe punishment to a less-than-severe crime is tyrannical. The negative effects of punishment should always outweigh the possible gain from committing the crime, but punishments can only be so terrible. Cruel, unfair punishments never last because the people grow numb to punishment, attempt to overthrow the tyrannical legislators, and/or commit more crimes to avoid punishment from the initial offense. If

the punishment is too severe, it does not prevent crimes and becomes worthless. To be effective, punishment should only be severe enough to make a lasting impression on the offender and others while doing as little harm to the offender as possible (Beccaria, 1819)

Certainly the United States criminal justice system aims to be swift, certain, and severe when it punishes criminal offenders, but does the traditional legal process and subsequent incarceration actually deter crime? Overcrowding of court dockets causes judges to arraign and sentence multitudes of offenders in a rapid mechanical fashion. Chief Justice Kathleen Blatx of the Minnesota Supreme Court alluded to the fact that our criminal justice system functions like a McDonald's food preparation line. Famously quoted, she states, "Sometimes I feel like I work for McJustice– we're not good for you, but we sure are fast!" (Denckla & Berman, 2001). A new method of effectively punishing offenders is necessary in order to deter crime and reduce the prison population.

Figure 1

A Visual model of Beccaria's Theory o f Punishment



Note: Adapted from Thrasher, R. R. (2001). *Serious Crime and the Public Consumption of Alcohol*. New York: LFB Scholarly Publishing LLC.

Therapeutic Jurisprudence

The 1990s marked a paradoxical shift to relocate offenders away from the expensive and overcrowded prison and jail system and back into regular society. The theoretical paradigm behind the reform is called therapeutic jurisprudence (Winick, 1997). This alternative practice of law understands and treats the root cause of an offender's criminality using therapeutic methods. The use of law as a therapeutic agent effectively teaches offenders to learn from their punishments and prevents repetitive cycling through the revolving door of justice (Denckla & Berman, 2001; Winick, 1997). Therapeutic jurisprudence helps remove treatable offenders from the overburdened, expensive legal and prison systems.

Problem Solving Courts

Problem-solving courts put therapeutic jurisprudence to use. Also known as specialty courts, problem-solving courts are broadly defined as "specialized criminal court docket[s] that utilize a designed judicial, legal, and treatment team to divert individuals from the criminal justice system and into community-based treatment in lieu of traditional case processing and sentencing" (Castellano, 2011).

A problem-solving court is the overarching term for a number of different types of courts. These courts vary in form and function to treat a wide variety of offenders. In general, problem-solving courts shed the formality of traditional court proceedings and use a team-centered, judge-focused approach to work directly with their participants. In lieu of incarceration, participants enter into a mandated treatment plan that involves separate court

docket sessions, therapy, drug testing, job training, and a variety of offense-specific treatments. The tiered-step program motivates participants through their treatment plan by use of graduated sanctions and incentives. Program graduation grants the participants a reduced or complete removal of initial charges. Graduates also learn valuable coping and life skills that help reduce chances of later incarceration.

The overall use and variety of problem-solving courts expanded exponentially in the U.S. over the last 24 years. Development of key essential elements for each type of problem-solving court struggled to keep pace with the rapid expansion. However, essential elements are necessary to define and determine best practices for problem-solving courts. Best practices determine what is needed to keep program graduation rates high, recidivism down, and how to do so most cost effectively (Porter, Rempel, & Mansky, 2010). Although each specialty court merits specific needs, common elements exist to describe the overarching group of problem-solving courts. See Table 1 for Common Elements of Problem-Solving Courts.

Table 1

Common Elements of Problem-Solving Courts

- Enhanced information,
- Community engagement
- Collaboration between justice system actors
- Individualized justice
- Offender accountability
- Focus on outcomes.

Note. Adapted from "What Makes a Court Problem Solving? Universal Performance Indicators for Problem-solving Justice," by F. M. Rempel and C. D. Manksy, 2011, *Center for Court Innovation.* p. 8. 2010 by the State Justice Institute.

Drug Courts

The number of people incarcerated for non-violent drug offenses increased tenfold from 1980 to 1996 (Blumstein & Beck, 1999). In response to the ever-growing drug problem, the first type of problem-solving court, drug court, made its debut in 1989 in Dade County, Florida.

The concept was simple: Instead of sending the multitude of low-level, non-violent drug offenders to jail, the judicial system could treat the root cause of the offenders' criminality–addiction. The treatment plan involves the same methods previously listed for use in all problem-solving courts, but with an intensive focus on drug testing, counseling, and rehabilitation. Graduates of the tiered-step program learned the skills to end the cycle of drug abuse, criminal behavior, and incarceration.

By June 30, 2012, there were 2,734 drug courts, at least one in every state in the U.S. A vast number of studies indicating positive outcomes in terms of cost and recidivism validated this rapid expansion. In fact, no other type of problem-solving court received more investigative studies or research. Studies conducted on drug courts came in two forms: participant-level experiences and development of best practices.

Participant-level studies found decreased recidivism rates. A study by the National Institute of Justice estimated that as many as 84% of drug court graduates remained arrest-free from the first year after graduation and 72.5% of participants were arrest-free after two years (Roman, Townsend, & Bhati, 2003). A number of meta-analysis studies indicated that drug courts reduce recidivism between 8 to 40% (Latimer, Morton-Bourgon, & Chrétien, 2006; Lowenkamp, Holsinger, & Latessa, 2005; Shaffer, 2006; D. B. Wilson, 2006)

Participant-level studies also indicated that drug courts were more effective at saving money than traditional court proceedings, incarceration and/or residential treatment plans. Taxpayers make a considerable return on investment when money goes towards treating high-risk drug court participants because decreased recidivism rates of high-risk offenders result in less repeat incarceration costs. Costs associated with decreased victimization and healthcare service utilization also offset initial investment costs (Marlowe, 2010; ONDCP, 2011). Lastly, drug court participants contribute monetarily to their communities as graduates obtain jobs, pay taxes, keep their children within the home, and forgo need of welfare assistance (Logan et al., 2004).

In 1997, the Bureau of Justice Assistance laid out the Ten Key Components of Drug Courts in order to evaluate compliance (SM Carey, Finigan, & Mackin, 2012). Therapeutic programs are not officially considered drug courts if they do not comply with the established components. These components were determined to be the top ten most efficient strategies for a successful drug treatment court. See The Ten Key Components of Drug Courts listed in Table 2.

Best practices research sought to determine which components made the biggest impact on programs and participants in terms of cost-savings and recidivism. A study conducted by Shannon, Cary, Finigan and Pukstas determined that law enforcement officer involvement helped cost savings and recidivism rates (2008). A study by Carey, Finnigan, and Mackin found they could predict success of courts when the court used team engagement, wraparound services, drug testing, incentives/sanctions, drug court hearings and the judge's role, data collection and monitoring, and training of staff. Another important factor related to successful drug courts was the time spent between judges and participant at status review hearings. If the participants spent, on average, three minutes or more with the judge, the court saw an increase in cost savings and a decrease in recidivism rates (2012). Most recently, a study on drug courts discovered that reduced recidivism and drug use were influenced and predictable based on policies of leverage, predictability of sanctions, positive judicial attributes, and the point in the criminal justice process

at which participants enter the program (Zweig, Lindquist, Downey, Roman, & Rossman, 2012). Best practices research continues to assist in policymaking decisions.

Table 2

The Ten Key Components of Drug Courts

- Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- Eligible participants are identified early and promptly placed in the drug court program.
- Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- Abstinence is monitored by frequent alcohol and other drug testing.
- A coordinated strategy governs drug court responses to participants' compliance.
- Ongoing judicial interaction with each drug court participant is essential.
- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective drug court planning, implementation, and operation.
- Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

Note. Adapted from "What Works? The Ten Key Components of Drug Court: Research-Based Best Practices ," by S. M. Carey, J. R. Mackin and M. W. Finigan, 2012, *Drug Court Review*, *volume VIII*, p. 6-32. 2012 by the National Drug Court Institute.

Juvenile Drug Courts

The positive outcomes found in the research on drug courts motivated legislators to begin operating juvenile drug courts. Although these courts follow a similar model used by adult drug courts, alterations specifically suit the needs of juvenile offenders. Outcome data of juvenile drug courts is more limited than that of their adult drug court counterpart. Nevertheless, available studies determined a cost saving of $5,000 per participant by comparing juvenile drug court costs versus the costs accrued by sending drug offending youths to juvenile detention centers. Research also found that parent involvement, engagement in pro-social activities, and limiting anti-social peer interactions help youth succeed in the drug court program. Between 1993 to 2002, the number of youths arrested nationally for drugs decreased by 59 % (Snyder & Sickmund, 2006).

In 2003, the National Council of Juvenile and Family Court Judges and the National Drug Court Institute (NDCI) created 16 strategies for successful juvenile drug courts(2003). These strategies, found in Table 3, help differentiate between the strategies used in juvenile and adult drug courts. Emerging evidence shows that adherence to these strategies help juveniles remain in the program and recidivate less (Van Wormer & Lutze, 2011).

Positive results found in numerous studies pushed for funding and rapid program expansion. However, the criminal justice system needed to deal with people who had co-morbid conditions and criminal offenses other than drug violations. Positive outcome evaluations of both juvenile and adult drug courts led to the birth of mental health courts, driving while intoxicated (DWI) courts, juvenile drug courts, and veteran treatment courts, just to name a few.

Table 3

16 Strategies for Juvenile Drug Courts

- Collaborative planning
- Teamwork
- Clearly defined target population and eligibility criteria
- Judicial involvement and supervision
- Monitoring and evaluation systems
- Community partnership
- Comprehensive treatment planning
- Developmentally appropriate services
- Gender appropriate services
- Cultural competence
- Strength-based focus
- Family engagement
- Educational linkages
- Drug testing
- Goal-oriented incentives and sanctions
- Confidentiality policies and procedure.

Note. Adapted from "Juvenile Drug Courts Strategies in Practice," by National Council of Juvenile and Family Court Judges, 2003, *BJA Monographs, volume,* p. 10. 2003 by the National Drug Court Institute

Driving While Intoxicated Courts

Soon, a need developed to alter the therapeutic drug court model so it could specifically treat offenders caught driving under the influence. Nearly 10,000 people in the U.S. died due to alcohol-related automobile accidents in 2011 (U.S. Department of Transportation, 2013). Driving while intoxicated (DWI) courts , also called sobriety courts and driving under the influence (DUI) courts, developed from a need to apply therapeutic jurisprudence to drunk drivers. The first DWI court began in 1995 in Dona Ana, New Mexico.

DWI courts focus their attention on chronic offenders and individuals found with a blood-alcohol content well above the legal limit upon initial arrest. Most people involved in drunk-driving accidents are not one-time offenders; they are chronic alcoholics who often drive drunk up to 400 times before they are ever caught (Chodrow & Hora, 2011). DWI court team members frequently test participants for drugs and alcohol and mandate participants to attend community therapy programs like Alcoholics Anonymous or Narcotics Anonymous.

Studies indicate that the drug court model, in its purest form, may not be conducive to proper treatment of DWI offenders. Since alcohol is a legal substance, DWI offenders often see themselves as law-abiding citizens. Additionally, some states will not remove drunk-driving charges from a criminal record or eliminate a mandatory prison sentence. The lack of obvious benefits of participation creates difficulty for DWI courts to find willing participants (Bouffard & Richardson, 2007).

Using the drug court model, studies found decreased recidivism in drug-abusing participants, but limited improvement in alcohol-abusing participants (Bouffard & Richardson, 2007). Studies demanded a separate model for DWI offenders to make more of a significant impact on recidivism rates. (Bouffard, Richardson, & Franklin, 2010; MacDonald, Morral, Raymond, & Eibner, 2007)

The Ten Guiding Principles of DWI Courts were developed to determine best practices for a developing DWI court model (NCDC, 2006). One related study determined that prior participation in substance abuse treatment was an indicator of future success (Saum, Hiller, & Nolan, 2013). Future research must seek to understand which guiding principles are most important to participant success rates. Table 4 lists the Ten Guiding Principles of DWI Courts.

As of 2011, there are 174 DWI courts and 395 hybrid courts-courts that allow both drug and alcohol offenders to participate. DWI courts mandate a post-conviction model that affects recidivism rates and compliance behaviors evident in the research. The research on these courts is a mixture of positive and negative data. One-court studies show high graduation rates, reduced recidivism, longer periods of time before re-arrest, and cost saving comparisons (S. M. Carey, Fuller, B., & Kissick, K, 2007; Crancer, 2003; Eibner, Morral, Pacula, & MacDonald, 2006; Huddleston, Freeman-Wilson, & Boone, 2004; Lapham, Kapitula, C'de Baca, & McMillan, 2006; Solop et al., 2003) . However, research from the Breckenridge et al. study indicated that there were no significant differences in recidivism between the control group and the DWI court-attending group (2000). Further research should determine successful practices with this seemingly problematic group of offenders.

Table 4

Ten Guiding Principles of DWI Courts

- Determine the population
- Perform a clinical assessment
- Develop the treatment plan
- Supervise the offender
- Forge agency, organization and community partnerships
- Take a judicial leadership role
- Develop case management strategies
- Address transportation issues
- Evaluate the program
- Ensure a sustainable program.

Note. Adapted from "The Guiding Priniciples of DWI Courts," by National Center for DWI Courts , 2006, p. 2. 2006 by NADCP.

Tribal Healing to Wellness Courts

Problem-solving courts began to treat unique populations with high rates of drug and alcohol abuse effectively. Rates of binge alcohol and illicit drug use are statistically higher in the Native American and Alaskan Native population than in the overall U.S. population (SAMHSA, 2010). Native American populations report a higher rate of meth use than any other race in the states. The population of alcohol and drug abusing Native Americans and Alaskan Natives represents a disproportionate amount of referrals to substance abuse treatment from the criminal justice system (SAMHSA, 2012). Native Americans and Alaskan Natives possess unique lives, communities, issues, and justice systems. Those unique elements demand distinctive handling for effective treatment.

Tribal wellness to healing courts officially began in 1997, but Native American and Alaskan Native populations utilized traditional tribal governments, set apart from the laws of the

U.S. government, since pre-colonial days. Tribal wellnesses to healing courts are also known as tribal drug courts, tribal courts, or wellness courts. Wellness courts factor in the cultures, traditions, religions, common practices, and visions of their individual tribes to guide the deviant members on a journey to health, well-being, and inclusion back into the tribal community. As of 2012, there were 89 tribal courts in operation (Hardin, 2012). Tribal wellness courts utilize the same basic system as drug courts, but tailor it to their unique needs. Tribal courts employ many of the same types of stakeholders as drug courts, but they also employ healers, tribal elders, and medicine men (BJA, 2003).

The Tribal Law and Policy Institute created the Key Components for Tribal Healing to Wellness Courts in 2003 (see Table 5). These key components drew inspiration from the Key Components of Drug Courts, but differences exist. One major difference is the use of the tribal wellness components as guidelines or aspirations, not a to-the-letter checklist to determine if the court exists as a true tribal healing to wellness court. The composers of these key elements understood the complexity and uniqueness of each tribe and attempted to give guidelines that did not impede the unique social, tribal, and religious aspects of the community (BJA, 2003).

Table 5

Tribal Healing to Wellness Courts: The Key Components

- Tribal Healing to Wellness Courts bring together community-healing resources with the tribal justice process, using a team approach to achieve the physical and spiritual healing of the participant and the well-being of the community.
- Participants enter the wellness court program through various referral points and legal procedures while protecting their due process rights.
- Eligible substance abuse offenders are identified early through legal and clinical screening for eligibility and are promptly placed in the Tribal Healing to Wellness Program.
- Tribal Healing to Wellness Programs provide access to holistic, structured, and phased substance abuse treatment and rehabilitation services that incorporate culture and tradition.
- Participants are monitored through intensive supervision that includes frequent and random testing for alcohol and other substance use.
- Progressive consequences (or sanctions) and rewards (or incentives) are used to encourage participant compliance with program requirements.
- Ongoing judicial interaction with each participant and judicial involvement in team staffing is essential.
- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness to meet three purposes: providing information to improve the Healing to Wellness process; overseeing participant progress; and preparing evaluative information for interested community groups and funding sources.
- Continuing interdisciplinary education promotes effective wellness court planning, implementation, and operation.
- The development of ongoing communication, coordination, and cooperation among team members, the community, and relevant organizations are critical for program success.

Note. Adapted from "Tribal Healing to Wellness Courts: The Key Components," by Bureau of Justice Assistance, 2003, *Monograph,* by the Tribal Law and Policy Institute.

Tribal wellness court evaluations and outcome data are very scarce. Many tribes do not keep electronic records of their tribal court participants' outcome data or recidivism. In 2005, Gottlieb conducted an evaluation of the Fort Peck Tribes Community Wellness Court. The study used in-depth interviews to understand problems with alcohol and drug abuse in the community. They used the key components of tribal courts to determine the court's strengths and weaknesses. The research included in-depth interviews of participants, but marked no statistically significant changes in compliance or recidivism. The researched identified the court's poor communication skills with all involved in the program. More was needed to provide qualitative determination of success (Gottlieb, 2005).

Gottlieb completed a larger study of four tribal wellness courts in 2010. The researchers looked into the Blackfeet alternative court, juvenile Fort Peck Community Wellness Court, the adult and juvenile Hualapai Wellness Court, and the adult Poarch Band of Creek Indians Drug Court. Overall, the courts were found to have a great team of stakeholders, but poor communication with treatment providers, infrequent drug and alcohol testing, inconsistent sanctions, a high turn-over rate of judges, and a gradually increasing drop-out rate as each program participant progressed through the wellness court program. In fact, outcome evaluation saw no marked difference in recidivism between graduates and dropouts. Juvenile courts saw a larger problem with recidivism and no effect from participation was marked. Participation in wellness court did seem to effect an overall slowing of alcohol use, but complete abstinence was rarely seen (Gottlieb, 2010).

Unfortunately, to date, there are no systematic evaluations of tribal courts. Tribal treatment courts must digitize their participants' data for easier outcome evaluations in the future. Additional funding is needed in order to accomplish that goals (Joe, 2008). A strong aspect of the limited research available on tribal wellness courts is the use of mixed-methodology and

application to the key components to determine compliance and effectiveness. This type of analysis is less readily available for other types of problem-solving court research.

Domestic Violence Courts

Another issue that resulted in the creation of a problem-solving court is domestic violence. Each year millions of women become physically assaulted, raped, stalked, and mentally abused by their spouses and intimate partners. Men can also be victims of abuse in both hetero and homosexual relationships. Additionally, although not always personally abused, children often suffer from domestic violence situations. In the past, society deemed marital abuse a family problem and swept it under the rug. Thanks, in part, to feminist movements more individuals are reaching out to the legal system for help. In traditional court, domestic cases are belittled. If no wounds or bruises are visible, victims' fears go without merit. Ignoring the issue can lead to more serious consequences as violent behavior, threats, and stalking continue.

Domestic violence courts operate from two theoretical paradigms: therapeutic jurisprudence and restorative justice. The goal of the court is to assist the abused, punish the abuser, and help the abuser change behaviors. Domestic violence courts and dockets work only with domestic violence cases. This way, courts only compare domestic cases to one another. The first domestic violence specific court dockets began appearing rapidly in the 1990s. Goals of domestic violence courts include victim safety, offender accountability, deterrence, rehabilitation, and administration of justice. Domestic violence courts work with victim advocates to help victims get access to necessities like housing assistance, protective orders, and a walk-through of court processes. The courts also offer batter programs and parenting classes to change offender behavior. Many programs offer substance abuse counseling as part of the treatment as well (Center for Court Innovation, 2009) . Domestic violence courts offer a novel treatment program. While most problem-solving courts treat mostly non-violent offenders, domestic violence courts

accept violent felony offenders in hopes of reducing recidivism. Domestic violence courts who accept felony offenders realized that a small number of offenders commit a large amount of the felony domestic violence crimes. Effectively treating them using swift, certain, and court-directed methods enhanced compliance (Kendall, 2009)

Research on batterer programs was initially negative in findings. Many studies indicated that programs did not improve recidivism rates or increase participant satisfaction. Feder and Wilson conducted a meta-analysis of ten studies on batter treatment programs and indicated that there was little evidence of success in deterring future violence on victims (2005). Coulter's study indicated that there was no benefit for victims to use domestic violence courts. The study also found that court employees actually received less training for domestic violence court proceedings than regular court employees did. Overall, critiques of domestic violence courts deemed that more awareness in the community, specialized treatment, increased support and safety for victims, help through the legal process, and smaller case loads for the stakeholders were needed (Coulter, 2007).

However, not all studies indicated negative results. A study conducted by Taylor, Davis, and Maxwell determined a statistically significant reduction in recidivism when participants were subjected to therapeutic treatment vs. community service (Taylor, Davis, & Maxwell, 2001). A few studies found that completion of program and a greater number of sessions attended in domestic violence court programs reduced the risk for re-arrest and conviction (Petrucci, 2010). Studies also indicated a connection between domestic abuse and drug and alcohol use (Goldkamp, 1996). Treating the substance abuse was found to predict and lower rates of recidivism (Jones, 2001; Snow, 2006)

Domestic violence and its treatment is a complex issue. Currently, there are no guiding principles or essential elements for domestic violence courts or dockets. Future researchers and

evaluators must determine what works to create a sustainable and effective court. After this is accomplished, research determining the effectiveness of domestic violence courts becomes feasible.

Veteran Treatment Courts

Veteran treatment courts began to accept violent offenders as millions of U.S. veterans from Vietnam and the ongoing Afghanistan and Iraqi conflicts returned home. Alarmingly, one out of every five veterans returns home with a mental disorder like posttraumatic stress disorder (PTSD) or a traumatic brain injury (TBI). One in six veterans returns home with a substance abuse disorder. Often, mental disorders and substance abuse occur co-morbidly (Drake, O'Neal, & Wallach, 2008; VA, 2013; Walker, 2013). The risk for PTSD and substance abuse increases by 250 % for each additional deployment. Suffering veterans often find themselves jobless, homeless, divorced, and alienated from their friends and family. Without vital social support structures, veterans turn to drugs and alcohol to cope. Poor decisions made during this time often results in incarceration (Powers, 2013). PTSD is associated with five main types of crimes: drunk driving, weapons charges, disorderly conduct, drug possession, and assault (Corry & Stockburger, 2013). Veterans are found to serve a year longer than non-veterans for the same kinds of charges (B. U. MacKenzie, 2013).

Judge Robert Russell created the first veterans court in Buffalo, New York in 2008. The court mixed recovery and treatment methods from drug courts, mental health courts, and Veteran Administration (VA) services. Veteran Courts use VA services extensively. Services include disability, health care, mental health treatment, substance abuse treatment, housing assistance, and job training. A unique aspect, the veteran treatment court uses former military personnel as mentors for the participants in the program. Veterans feel camaraderie with their mentors and often share more intimate details with their mentors than with their therapists.

Some of the best courts report a 90% completion rate for their veterans. As of February 2013, two-thirds of the 7,724 Veterans admitted to veteran treatment courts completed the 15 to 18 month treatment plan successfully (McGuire, Panuzio, & Taft, 2013). Veteran courts are shown to reduce recidivism rates in non-violent offenders (Cavanaugh, 2010; Hawkins, 2009).

Veteran treatment courts quickly expanded through the United States. As of June 2012, 104 active veteran treatment courts exist and more than 100 currently are in planning stages. These courts are expanding at a more rapid pace than any other problem-solving court (B. U. MacKenzie, 2013; Powers, 2013). To better understand the basics of these new and rapidly expanding specialty courts, Buffalo's Veteran Treatment Court drew from the Ten Key Components of Drug Courts and the Ten Essential Elements of Mental Health Courts to create the Ten Key Components of Veterans Courts listed in Table 6 (Russel, 2013).

So far, no research on the utilization of these ten key components or the effectiveness of individual veteran treatments courts is readily available. No empirical or qualitative information is available regarding the Veterans Association's involvement with these courts. Further research is needed to determine how, if, and to what extent these courts utilize these 10 key components and if certain aspects of the components make a veterans court more successful than others.

Table 6

Key Components of Veteran Treatment Courts

- Integrates alcohol, drug treatment, mental health treatment, and medical services with justice system case processing.
- Using a non-adversarial approach, prosecution and defense promote public safety while protecting participants' due process rights.
- Eligible participants are identified early and promptly placed.
- Access to a continuum of alcohol, drug, mental health and rehabilitation services.
- Abstinence is monitored by frequent alcohol and drug testing.
- Coordinated strategy governs court's response to participants' compliance.
- Ongoing judicial interaction with each veteran is essential.
- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective court planning, implementation and operations.
- Forging partnerships among the Veteran Administration, public agencies, and community-based organization generates local support and enhances court effectiveness.

Note. Adapted from "The 10 Key Components of Veteran's Treatment Court", *United States, August 2013*,R. T. Russell.

Mental Health Courts

Mental health courts also birthed from drug courts . Drug court professionals saw a need for more specialized courts to assist offenders with mental health issues. Researchers estimate that as many as 16 % of the jail and prison population is made up of seriously mentally ill offenders (Lamb & Weinberger, 1999). Studies also indicate that 40% of all mentally ill in the United States have been incarcerated at some point in their lives (H. Steadman, Osher, Robbins, Case, & Samuels, 2009; Torrey et al., 2010). Formerly, mentally ill persons were hospitalized in mental institutions. Now, due to underfunding and a systematic shift away from institutionalizing the nations mentally ill, the mentally ill largely comprise the homeless and substance abusing populations. Left to fend for themselves, the mentally ill often turn to petty crime which leads to incarceration

Nearly 50% of mentally ill federal prisoners have been involved in the justice system three or more times (Ditton, 1999). These types of offenders are more likely to be unemployed, homeless, abuse substances, and lack a solid network of family and friends to depend on for resources (Kaiser, 2010). The lack of network or social structure leads mentally ill offenders into a vicious cycle of crimes. Typically, these offenders are arrested for non-violent offences like disorderly conduct, vagrancy, shoplifting, aggressive panhandling, substance abuse, and minor violence (Haimowitz, 2002). To combat these problems, newly created mental health courts diverted non-violent mentally ill offenders out of the justice system and into community-based treatment programs. Arguably, the first mental health court began in Broward County, Florida, in 1997 (Almquist et al., 2009).

Mental health courts and their dockets differ from regular court proceedings. They specialize in offenses committed by mentally ill offenders. Mental health courts face different

obstacles to effective treatment. Like drug courts and DWI courts, abstinence from drugs and alcohol is a goal for participants. However, the core issue effecting participants is their mental illnesses. Mentally ill cannot abstain from mental illness as addicts can abstain from drugs and alcohol.

Mental health courts are considered problem-solving courts similar to drug courts, DWI courts, domestic violence courts, and veteran treatment courts. Mental health courts often develop in communities whose drug courts cannot properly assist their mentally ill offenders. Although issues of drug abuse and mental health often overlap, mental health courts seek to help more than those who have fallen through the cracks of drug courts. Mental health courts seek to divert mentally ill offenders away from jail and into community-based, judicially supervised programs with a very involved treatment team comprised of a judge, attorney, prosecutor, law enforcement, probation officers, treatment providers, family members, policy makers, court staff, mental health professionals, and others. Unlike drug courts, which typically have the same protocol and treatment plans in each court across the county, mental health courts often individualize treatment plans for each participant's unique needs.

Early evaluation research on mental health courts emerged in two forms: process and outcome evaluations. Process evaluation research described two generations of mental health courts. The first generation of mental health courts varied on their conviction model, some pre-plea, and some post-plea adjudication. The extensively studied courts required voluntary participation and mental illness for participation. Goals for all these courts included public safety, diversion away from jail and into the community, timely identification and intervention of candidates, extensive supervision of participants, judge-centered treatment, and a focus on building a relationship with support systems and treatment providers (Griffin et al., 2002; Watson, Hanrahan, Luchins, & Lurigio, 2001).

Change in charges accepted marked the second generation of mental health courts. Mental health courts now accepted non-violent felony offenses and allowed for post-plea program enrollment. Second generation courts also had a heavy reliance on criminal justice staff instead of community treatment providers to monitor compliance. Lastly, this generation of courts was marked by increased use of jail as a sanction for non-compliance (Redlich et al., 2005). More recently, violent offenders gain admittance into mental health courts in some states, but typically on a case-by-case basis (D'Emic, 2007).

Court effectiveness studies show promise in terms of recidivism. Both urban and suburban studies indicated a reduction in violence and recidivism compared to mentally ill offenders who receive regular sentencing and incarceration (Dirks-Linhorst & Linhorst, 2012; McNiel & Binder, 2007; Scott, 2013). Court studies also saw an increase in access to care for mentally ill offenders after treatment in mental health courts compared to regularly incarcerated individuals. More validating research is needed (Boothroyd, Poythress, McGaha, & Petrila, 2003). Overall days spent in jail decreased, especially when the offender fully completes all mental health court treatment (Moore & Hiday, 2006; H. J. Steadman, Redlich, Callahan, Robbins, & Vesselinov, 2011). Lastly, mental health courts are cost effective. Although reduction in cost was not always seen during initial program implementation, cost drastically reduced over time compared to cost associated with initial incarceration and repeat offenses due to lack of effective treatment. (Clark et al., 1998; RAND, 2007).

Every mental health court is unique based on the needs of the community and the available resources. However, the overarching goal of mental health courts is to break the cycle of mental illness by offering more effective treatment options than the failing and overcrowded justice system can provide (Bernstein & Seltzer, 2003). Other goals include increased public safety, increased treatment engagement by participants, improved quality of life for participants, more effective use of resources for sponsoring jurisdictions (N. Wilson, 2010).

Although mental health courts differ drastically on use of sanctions and incentives, adjudication model, and charges offered, the Justice Center offers unifying characteristics of mental health courts in a document called the Essential Elements of a Mental Health Courts (see Table 7) (Thompson et al., 2008). Published data on the best practices for the essential elements of mental health courts is extremely limited. As of 2012, there were nearly 350 established courts in the U.S and more in planning stages.

Table 7

Essential Elements of a Mental Health Court

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

Note. Adapted from *Improving responses to people with mental illnesses: The essential elements of a mental health court, by* Thompson, M., Osher, F. C., Tomasini-Joshi, D., & The Justice Center, *2008*, The Council of State Governments.

Summary

Essential elements are indicators of a well-planned and successful problem-solving court. As funding for new programs continues to be scarce, citizens demand cheaper, more effective alternatives to expensive incarceration. Researchers desperately need to conduct more studies indicating how to get the most out of programs to provide rational for funding, expansion, and acceptance of various types of problem-solving courts. Mental health courts are a new and expanding variety of problem-solving court. Mental health courts also face the unique challenge of evaluating success because participants cannot abstain from mental illness. Development of new research methodologies must quickly find proper evaluation processes and successful elements as use of this unique court model expands.

CHAPTER III

METHODOLOGY

This research evaluates mental health courts through community impact. Researchers and evaluators typically assess mental health courts in the same manner as drug courts, DWI courts and other problem-solving courts. High graduation rates, low recidivism rates, and abstinence from substances mark successful courts. Mental health courts differ from other types of problem-solving courts because abstinence is not an evaluation method of mental illness. Mental illness cannot be abstained from, only managed. This mixed methodology research proposes a method to evaluate mental health court success through community impact as seen through jurisdictional crime rates.

I used a mixed-methodology to develop a grounded theory approach to explain success in mental health courts. Mixed-method research involves collecting both qualitative and quantitative data to produce the most comprehensive view of the subject matter (Creswell, 2013). This research includes statistical analysis, in-depth interviews of court team members, non-participant observation of mental health court proceedings, and historical document analysis. The interview subjects are public officials. Statements from court team members are de-identified to protect privacy. All document data collected and published is in the form of aggregated data. No personally identifiable information of court participants is included. The research conforms to IRB standards and is considered exempt human research.

Statistical Analysis

Since mentally ill offenders tend to repeatedly cycle through the criminal justice system for low-level, non-violent offenses, their effective treatment in a mental health court is visible in the jurisdictional crime rate for the respective jurisdiction in which the mental health court resides. I phoned each of the thirteen courts to determine the year they each began operations and their jurisdictions. Eleven of the mental health courts responded and agreed to participate in the research.

I compared Uniform Crime Rate (UCR) data before and after mental health court establishment in each of the twelve counties serviced by the eleven independent mental health court in Oklahoma (OSBI, 2014). I took the jurisdictional uniform crime rate three consecutive years prior to the year each county established their mental health court and compared it to the three consecutive years after the year of each court's implementation using the analysis of variance (ANOVA) statistic. One-way ANOVA is the statistical tool used to determine differences between group means affected by only one variable. I set the statistical probability at $p<0.1$, which allows for a 90% confidence level that the factor was not influenced merely by chance. If the variance between groups was found above the $p<0.1$ level, it indicated no statistically significant variance in crime rate. However, if the outcome is below the $p<0.1$ level, this indicated a statistically significant variance in crime rate between the before and after groups.

I labeled mental health courts "more successful courts" if they operate within jurisdictions that showed statistically significant decrease in crime rate. I labeled mental health courts as "less successful courts" if their county jurisdictions did not show a statistically significant decrease in crime rate or showed a statistically significant increase in crime rate. The differentiation between more successful and less successful mental health courts provides rational and direction towards the next step of this grounded theory research.

Ethnographic Research and Grounded Theory

In the next step, I collected data on each of the courts in order to conduct ethnographic research that examined the entire population under study. Ethnographic data is used to develop a "thick, rich description" of a group of people or cultures (Geertz, 1973) For this research, ethnographic research came in the form of participant observations of court dockets and staffings, in-depth interviews with court team members, and historical document analysis. Documents include participant handbooks, employee guides, brochures, aggregate outcome data, and Web pages. As I collected the data, I continually recorded and examined the findings through field notes and analytic memos. This stage used the emergent data to develop grounded theories that addressed the research question: What makes mental health courts deemed more successful different from the courts deemed less successful in terms of jurisdictional crime rate data? (Glaser, Strauss, & Strutzel, 1968).

Coding develops grounded theories. Coding is a method of analyzing data by collection of words or phrases that encompass the essence of a document, observation, or aspect of visually based data. Codes are collected in order to analyze, recognize, and categorize reoccurring themes for use in theory development (Saldaña, 2013). Coding methods organize bits of information from the data into categories. Further coding attempts to develop categories based on similarities. As I coded the mental health court data, I continually compared the emergent data to the 10 Key Elements of Mental Health Courts (Thompson et al., 2008) I looked for commonalities and diversions from the Key Elements, but kept my mind open to other possible ideas, themes and theories as they presented.

Problem-solving courts gained popularity as successful alternatives to the regular sentencing and incarceration processes. However, problem-solving courts are still a form of punishment. Cesare Beccaria's theory says effective punishments are swift, certain and severe

(Beccaria, 1819). While coding documents, interviews, and observation of the courts, I determined if more successful courts adhere to Beccaria's components of punishment differently than unsuccessful courts as part of grounded theory development.

Table 8

Essential Elements of a Mental Health Court

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

Note. From *Improving responses to people with mental illnesses: The essential elements of a mental health court, by* Thompson, M., Osher, F. C., Tomasini-Joshi, D., & The Justice Center, *2008,* The Council of State Governments

The final step in grounded theory development is to connect the overarching elements found in all previously found ideas, categories and concepts into theories (Saldaña, 2013). Some of the resultant themes found in successful courts are similar to the 10 Key Elements of Mental Health Courts, and research supports their necessity. Other elements found diverge from the Key Elements; discovery of another entirely different key component necessary for successful courts may be evident.

Theory

Beccaria's theory on effective punishment helped develop a methodology that channels the published 10 Essential Elements of Mental Health Courts and typical mental health court practices into the three principles of effective punishment: celerity, certainty, and severity. Beccaria's established theory on effective punishment guided the research process and determined reasons for court. Beccaria's insights on punishment revealed themselves during the interview process, the frame of mind during the observation of the court docket proceedings, in field notes and analytic memos. I hypothesized that more successful courts adhere closer to the three aforementioned principles than mental health courts that see less success.

Celerity

Beccaria states that the faster a crime is punished after its perpetration, the more closely correlated the crime is mentally correlated to the punishment (Beccaria, 1819). Mental health courts have many practices that require recorded response times including: Average time from arrest to application into program, average time from application to admission into program, program length, time between drug testing and results, time between non-compliant behaviors and sanctions, and time between compliant behaviors and incentives. I attempted to collect data such as time between average arrest and program application and time between application and program admission, but some courts did not know official outcomes and the consistency of the results was lacking in validity. During data collection, responses regarding swiftness of court operations assisted in theory development. Hypothetically, courts with faster response times for collected practices would see better results from their participants. Faster response times cause potential offenders to see punishments "as an unavoidable and necessary effect" of crime and, therefore, will be less likely to offend (Beccaria, 1819). If courts viewed as more successful via

crime rate all showed more rapid response times for one or more of these previously listed elements, then that element was considered related to more success in those courts.

Certainty

Certainty is another important factor of Beccaria's treatise on effective punishment and deterrence from crime. In order to be certain of whether or not a crime was committed, the laws must be clear, easy to understand, and available to the public. Man should not have to be uncertain of whether or not an action is a crime. Education also factors in deterring criminal behavior, if the public knows what is criminal and what is not, they are likely to make a rational and informed decision whether or not to commit a crime (Beccaria, 1819).

Mental health courts often publish contracts and handbooks for their participants. These handbooks delineate the rules, sanctions, and incentives in the program. If handbooks are accessible to every participant, they are more likely to understand the rules that help them avoid non-compliant behavior. Published handbooks allow potential participants to realize what kind of program they are to engage in and make informed decision to consent to the program. Regularly updated handbooks let potential participants to determine if the program contains treatment options they desire before agreeing to participate in the program.

Sanctions matrixes reinforce the certainty of punishment by correlation of rules violations to specific and consistent sanctions. The same is true for compliant behaviors and incentives; Certainty of reward reinforces good behavior and increases the occurrence of compliant actions. The existence and accessibility of handbooks, informed consent contracts, and sanctions/incentives matrixes correlate to mental health court success.

Aspects of certainty also arise after mental health court program participation. Although the participant may have completed the program, they held to the same laws. After care and alumni programs can help reinforce what participants learned throughout the program and help

them remain consistent in compliant behaviors. Data collection and sustainability measures assist in keeping the program connected with past participants and helps to ensure the program's existence in the future to help keep program graduates, both past and future, compliant.

Severity

The next principle of effective punishment and deterrence is severity of punishment. Although Beccaria did not put a strong emphasis on this principle, it is effective when used in fixed proportion to the severity of the crime. If the punishment is slightly more severe than the pleasure derived from committing the crime, then it is effective. Anything more tortuous is tyrannical. Beccaria also believes that incentives positively reinforce good behavior and are extremely effective in deterring people from bad behaviors (Beccaria, 1819). Mental health courts make use of graduated sanctions and incentives. As a participant progresses in the program and/or commits more offenses, the punishments for non-compliant behavior gradually become more severe. Incentives also become more rewarding as the participant makes progress, i.e. tokens, movie tickets, later curfew, reduced court visits, etc.

Mental health courts vary in their use and types of sanctions and incentives. In each mental health court included in the study, I evaluated the ratio of sanctions to incentives administered to participants to determine which aspect the court more heavily utilizes. I speculated that more successful courts might use a commonly established ratio for sanctions and incentives different from less successful courts.

The use of jail, a very severe level sanction, is an approach to ensure participant compliance. During the interview and observation process of mental health courts, I recorded the use of, length of time, and frequency with which jail is used as a sanction in order to determine a relationship between jail use and frequency in more successful versus less successful courts.

Severity is only effective if it is in proper proportion to the crime. A punishment properly proportioned to the crime, is a fair punishment. Beccaria says that difficulty exists when attempting to make the punishment fit the crime, but when certain actions are undertaken, the probability of neutrality and fairness is ensured more easily. One way to ensure a fair system of rules and regulations is to have a wide variety of people involved in making the rules. Beccaria states that the danger of corruption and error of judgment is reduced when tribunals are made up of more people (Beccaria, 1819). Individuals from a large range of overlapping fields such as criminal justice, mental health/substance abuse treatment, and additional community-based programs undertake the planning and administration of mental health courts. Varied groups of mental health court stakeholders provide valuable insight and allow for fair representation of varied issues and interests as well as fair trials, sanctions, and incentives. If participants perceive a fair program, participants are more likely to comply with program requirements. At staffing and court, I determined which court teams comprised a large variety of stakeholders and which courts teams were from primarily from the same background. Once determined, I verified if a diverse group of mental health court employees present at staffing and court dockets related to court success.

A unique aspect of mental health courts is the role of the judge. Historically, judges must quickly rush through a large number of people in one docket hearing without spending time with any one person or getting more than the basics of the case. This creates a division between the judge and the offender. Rather than complete disassociation from participants, mental health court judges take an active role in the participants' program and lives. Beccaria mentioned that the laws should be the only thing men fear, not the magistrate (Beccaria, 1819). The construction of relationships brings the judge and the participant closer to each other's level, removes the fear often associated with court proceedings, and creates a sense of accountability for the participant.

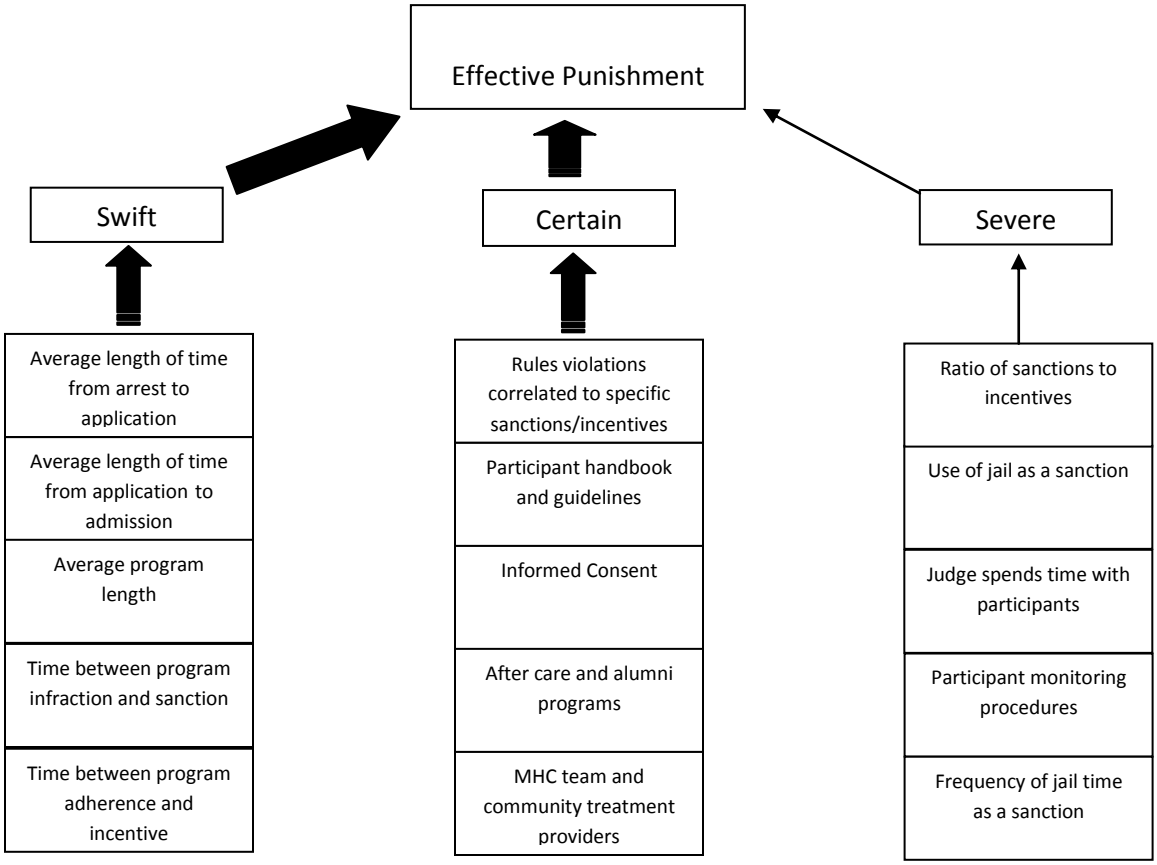
Observation of court docket proceedings allowed for insight of the personalities and relationships between program participants and their judges.

According to a study conducted on drug courts published in 2012, courts whose judges spend an average of three minutes or more conversing with a participant during a status review saw an increase in cost savings and a reduction in recidivism (SM Carey et al.). I transferred this established best practice of drug courts to the researched mental health courts see if the average amount of time spent with each participant during court proceedings relates to success.

In Figure 2, I compiled the essence of published Essential Elements of Mental Health courts and common practices of mental health courts under the three prongs of Beccaria's aspects of effective punishment. Each of the listed items are related to both mental health courts and Beccaria's theory, they are also each researchable and testable through qualitative and quantitative methods.

Figure 2

A Structural/ Organizational Model for Data Collection and Analysis



Note. Adapted from Thompson, M., Osher, F. C., & Tomasini-Joshi, D. (2008). Improving responses to people with mental illnesses: The essential elements of a mental health court., from https://www.bja.gov/Publications/MHC_Essential_Elements.pdf and Thrasher, . R.R. (2001). *Serious Crime and Public Consumption of Alcohol*. New York: LFB Scholarly Publishing.

Limitations

Although I obtained proper permissions from the Oklahoma Department of Mental Health and Substance Abuse Services, the study does not include two of the thirteen Oklahoma mental health court programs. These two programs are the two smallest mental health court

programs in the state in terms of participants. The courts decided not to participate in the study in order to protect their participants' privacy. Additionally, the eleven courts are located widely across the state of Oklahoma. Mental health court proceedings and dockets occur infrequently. It proved difficult to attend multiple dockets within the timeframe for the research. The small sample size also proves difficult to provide for statistical significance of theorized essential program implements. Future research on this topic needs a far larger sample size to validate initial findings further.

Summary of Mixed Methods Design

Both qualitative and quantitative methods are helpful in development of a grounded theory explaining which mental health courts are successful and why they are successful. A mixed-methods design provides the best available insight into mental health courts. The use of ANOVA with the UCR crime rate data determined if the counties with mental health courts saw a statistically significant decrease in crime rate since the mental health court was established (OSBI, 2014). The outcomes of ANOVA statistics provide more successful and less successful court groupings. However, The ANOVA data does not control for forces outside the mental health court on UCR data, a limitation of the study.

Through a collection of in-depth interviews of court stakeholders, participant observation of the courts, and analysis of available documents, I aimed to determine why some courts are more successful than others at affecting the jurisdictional crime rate. The research compared and analyzed emergent data and found common themes and elements between more successful courts. This process developed the grounded theories behind the success of some mental health courts.

Possible Implications

The outcomes of this mixed-method research could be very useful for development, expansion, or funding of mental health courts programs. The research supports the established 10 Essential Elements of a Mental Health Court and provides insight into possible new or edited essential elements that factor in community impact (Thompson et al., 2008). The developed theories may indicate a need for policy change, provide research backing for grant and funding opportunities, as well as a guide for best practices to create better mental health courts in the future. Most importantly, the research proposes an additional method of evaluation unused in previous research.

CHAPTER IV

FINDINGS

More Successful and Less Successful Court Division

I began by dividing the mental health courts into more successful and less successful court groupings. Oklahoma mental health courts provided information on the year their court began and indicated the jurisdiction they serve. That information determined what years of uniform crime rate data from Oklahoma State Bureau of Investigation (OSBI) to use. Uniform crimes rate data includes a count of all index crimes committed and reported each year. Index crimes comprise both Part I offenses (serious felonies) and Part II offenses (less serious felonies and misdemeanor offenses). Index crimes include willful homicide, forcible rape, robbery, burglary, aggravated assault, larceny over $50, motor vehicle theft, and arson. "Crime Rate per 1000" statistics were compared three years prior to each respective jurisdiction's mental health court establishment and compared for variance to the three years after the year of the court's implementation using the analysis of variance (ANOVA) statistical tool. The OSBI Crime Rate per 1000 statistic includes all Part I and Part II offenses except for arson and considers the population each year the crimes are indexed. Courts with a jurisdictions indicating statistically significant decrease in average crime rate at the $p<0.1$ level after the court began were considered more successful courts; courts with jurisdictions that saw no statistically significant increase in crime rate or a significant increase in crime rate after the court began were considered less successful courts.

Eleven of the thirteen established mental health courts in Oklahoma agreed to take part in the research. The two courts that did not participate accepted an average of only ten participants or less each year. To protect privacy of those individuals, the two courts were not included. Ten of the eleven courts served a jurisdiction of one county. Four counties from four different mental health court county jurisdictions showed a statistically significant decrease in average crime rate after the court began. Seven county jurisdictions did not show any statistically significant variance in average crime rate three years after the year the court began or showed a significant increase in crime rate. All significance reported at $p<0.1$. Should any county within court's active jurisdiction show a statistically significant decrease in reported crime rate, the county was reported as a more successful court. Mental health court's jurisdictional ANOVA data is included in Appendix C.

I collected ethnographic data on the courts through a variety of means. Visitation of the court docket and staffing, interviews with court team members, collection of pertinent documents, and website information served as primary data collection methods. Comparison of each court determined if more successful courts utilized similar practices or contained elements different from less successful courts.

Program Specifics

Mental health courts began in Oklahoma pursuant to the "Anna McBride Act" enacted in 2002. This act provided initial funding for counties that desired to begin a:

> "judicial process that utilizes specially trained court personnel to expedite the case and explore alternatives to incarceration for offenders charged with criminal offenses other than a crime listed in paragraph 2 of Section 571 of Title 57 of the Oklahoma Statutes who have a mental illness or a developmental disability, or a co-occurring mental illness and substance abuse disorder"("The Anna McBride Act," 2004).

Essentially, each mental health court was similar in respect to goals and treatment of mentally ill offenders. Participants undergo a tiered-step program that includes treatment, case management, supervision, and frequent interaction with a non-adversarial court team. Each tier of the program includes

personal goals for sobriety, medication compliance, and treatment in order to treat offenders with mental issues properly.

All but two of the mental health court programs focus on accepting participants with either non-violent felony offenses or misdemeanors. Two courts, one more successful court and one less successful court, focused on only accepting nonviolent felony offenders. Although the Anna McBride Act states only nonviolent offenders are eligible for program participation, all of the courts stated that they recently allowed participants with violent charges into the program. Court team members indicate that they more frequently look into the details surrounding the violent crime instead of disregarding the participant based on violent charge alone. Participants with violent charges like domestic abuse, assault and battery, and assault on a police officer are accepted into the program on an occasional basis provided the participants' history does not include frequent violent tendencies, sex crimes, or murder. If the court team feels that violent tendencies will not continue in treatment, they are likely to make an exception. Some courts do this more often than others, but most often, participants charged with non-violent charges related to drugs or alcohol are accepted into the program. Other charges include theft, burglary, and unauthorized use of motor vehicle.

Nine of the eleven researched courts use a post-plea, pre-adjudication model for sentencing participants. In a post-plea, pre-adjudication model, participants accept charges for their crimes, but sentencing is deferred. If participants successfully complete the mental health court program, the charges may be revoked. If the participant fails out of the program, the court will then sentence the participant accordingly. One Oklahoma mental health court program uses a post-plea, post-sentencing model. In this model, participants are found guilty for their crimes at trial. As a term of their sentencing, the participant is placed in the program as a condition of probation. Program graduates are released from probation, but those who do not must serve sentences. Another Oklahoma mental health court uses a pre-plea model. With this model, individuals do not plead guilty, but agree to participate in the program in order to have their charges dropped.

Staffing and Court Team

Court teams are a vital component of mental health court programs. Court teams vary in member structure, but most often, courts teams are comprised of a judge, program coordinator, treatment providers, supervision staff, and legal representatives like public defenders, district attorneys, and private attorneys, among others. Court team members provide services for participants and attend staffings and court dockets. Court team members who attend staffing provide information on the compliance and recovery of participants in order for the judge to make decisions about the participant's status in the program.

Oklahoma court teams varied in their structure and members, but in all researched courts, court team members attended the staffing and court docket as a job component. Some courts indicated that additional members of the court team attend the staffing and court dockets when they are expressly needed, i.e. the defense attorney or public defender. Other courts stated that different members of the court team met at various times outside of the court staffing date to collaborate on aspects of treatment, probation, or other specific program aspects. For the purpose of this research, team members who attended the viewed court docket and its respective staffing were documented. Figure 3 indicates the viewed number of court team members at court and staffing. A Student's *t*-test at $p>.05$ showed no statistically significant variance between the number of court team attendees at more successful courts (N=4, M=12.75, SD=5.91) and the number of court team attendees at less successful courts (N=7, M=7.28, SD= 3.09), t (4) =1.72, p=0.16. However, the same *t*- test did indicate that more successful courts (N=4, M=8.5, SD=2.08) had significantly more departmental representation at the viewed staffing and court than in less successful courts (N=7, M=4.71, SD=1.50), t (5) = 3.20, p=0.024. The statistical findings adhere to viewed court staffing and dockets. Often, the overabundance of one department, i.e. treatment or legal, appeared clustered and proved to be unproductive to the collective goals for the court

docket. When too many treatment providers wanted their own view expressed, the team made no conclusions on how to treat the participant most effectively. When too many legal representatives attempted to protect their own clients' rights at a crowded staffing, the judge appeared bogged down by details and the staffing slowed considerably.

Figure 3

Attendees at Staffing and Court

	MHC 1	MHC 2	MHC 3	MHC 4	MHC 5	MHC 6	MHC 7	MHC 8	MHC 9	MHC 10	MHC 11
Judge	1	1	1	1	1	1	1	1	1	1	1
Coordinator	1	2	1	1	2*	1	1	2	1	1	1
Probation	3	1	1	2				1	1		1
Courtroom Staff	2	1	1		1	1					
Treatment	6		1	2		2		3	1	3	2
Legal	2	2	2	1	7			2	3	1	1
Auxiliary Services	1		2							2	
Police	2	3						1			1
Court Services	1	1								1	
Case Management	1	2									
Interns	1			1							
Total Individuals	21	13	9	8	11	5	2	10	7	9	7
Total Departments	11	8	9	6	4	4	2	6	5	6	6

* MHC 5=Coordinator and Co-coordinator roles double as probation staff

Assessment

Court teams are in charge of determining which individuals are accepted and rejected into the program. One major factor that appeared to differentiate more successful courts and less successful courts was the assessment of participants for program participation. In more successful courts, court teams specifically assessed for participation to take part in the mental health court program. When multiple dockets, i.e., drug court, veterans, special needs, etc., were available, more successful courts collaborated

with the other dockets' court teams to determine which program would be the best fit for participants based on history, diagnosis, charge, and severity of addiction. Figure 5 provides a view of all alternative courts available along with the mental health court in each jurisdiction. While not every more successful court was home to a large variety of court dockets, all potential participants were specifically assessed for mental health issues. From there, drug court and mental health court team members would determine which program was a better fit.

Three of seven less successful courts indicated all participants funneled through the drug court program before entered into the mental health court program. If the participant was doing poorly or failed out of drug court, the team placed the participant in mental health court. Undesirable participants bounced between drug court and mental health court until, hopefully, something worked. One less successful court indicated that their county drug court did not assess for mental health issues and another stated that the drug court and mental health court did not collaborate well. Only one less successful court assessed participants for either mental health court or drug court at the same time before deciding which one was best.

Figure 4

Available Court Dockets in Each Mental Health Court Jurisdiction

	MHC 1	MHC 2	MHC 3	MHC 4	MHC 5	MHC 6	MHC 7	MHC 8	MHC 9	MHC 10	MHC 11
Community Setencing		Y							Y	Y	
Co-Occurring Court	Y										
Drug	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
DUI/DWI	Y								Y		
Family Drug	Y	Y				Y					Y
Juvenile Drug		Y		Y			Y		Y		Y
Mental health	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Veterans	Y				Y			Y	Y		

Treatment Options

Treatment is a key element of mental health court programs. Participants in Oklahoma mental health courts received a variety of treatment options. Common treatment and services utilized in all eleven mental health courts include group and individual therapy, counseling, substance abuse treatment, medication, co-occurring therapy, stress management, trauma recovery, case management, rehabilitation, employment training, symptoms management, and psychosocial rehabilitation (PSR). Courts frequently worked with local tribal programs and Veterans Administration services for additional medical treatment, housing assistance, and other available options. Courts also used residential, inpatient treatment, and sober living houses with varying frequencies.

Twelve-step programs like Alcoholics Anonymous and Narcotic Anonymous were also used. Four less successful, most often co-occurring mental health courts, emphasized attendance of 12-step meetings as a major component of their treatment. The meetings, sobriety mentors, and current step were discussed at the court dockets. Court staff mandated participants to get a form signed to prove attendance at these meetings. Frequently, the court teams became frustrated with AA and NA meetings held outside of the primary treatment facility because the team felt uncertain if participants stayed for the entire meeting. Some courts learned that the group leader would sign the attendance sheet and let the participants leave before the meeting started. Other frequent complaints regarded the lack of available times and locations for meetings in the community.

All but three courts included Programs of Assertive Community Treatment (PACT) treatment as a preferential treatment method for mental health court participants. PACT is an intensive program that focuses on life skills, social reintegration, family and group counseling, and crisis intervention. PACT teams generally offered transportation to and from classes. Classes meet multiple days a week for hours at a time. Some PACT members conduct home visits and collaborate with the court about individuals'

progress in treatment. PACT services often went hand in hand with Wraparound Systems of Care. Six courts used Wraparound; a system of intensive team planning that provides case management for families and children affected by mental illness. All eleven courts also used Veterans Administration services, tribal, and medical services in addition to the primary treatment provider when participants were eligible.

Less successful courts relied on one available resource in the community to provide all outpatient treatment needs. Only three less successful courts regularly collaborated with more than one primary outpatient treatment provider. These outpatient treatment facilities typically worked with the court program to create programs adapted for mental health court participants and their individuals needs. These programs also referred out to work programs, inpatient, and residential treatment within the state when outpatient treatment methods with the primary treatment provider proved ineffective. All more successful courts relied on more than one primary outpatient treatment provider. Some more successful courts worked with up to six treatment facilities within their community. More successful courts frequently referred out to services not available within their typically used treatment network.

More successful courts also typically utilized multiple case managers, especially for the courts with large dockets. Only one more successful court used a single case manager for the entire case load. However, this court used the most outside treatment providers of any court included in the study. More successful courts used a case manager or another court team member hired specifically to connect participants to basic needs like medication, food, transportation, and housing assistance. While less successful courts and their coordinators also assisted with basic needs, two of the more successful courts utilized a court team member specifically for this purpose. Only one less successful court indicated a team member used primarily for this purpose.

The ethnographic research methods uncovered unique treatments and focuses in courts throughout the research process. MHC 2 used a Moral Recognition therapy. This method of therapy uses a combination of group, individual, and education-based counseling to assist chronic offenders learn

morals and understand consequences of behavior. MHC 2 and MHC 9 referred participants to additional sobriety programs if assessed for severe drug or alcohol dependence. Court team members added these programs to participants' treatment plans. MHC 10 worked closely with the Department of Human Services to monitor participants with children

Adaption to Program

Each of the eleven mental health courts divided their court program into four or five phases or four levels of supervision. On average, most programs took about two years to complete. Most basic requirements in each phase were similar from court to court. All courts mandated a minimum period in each phase or level. Only three of the seven less successful courts mandated a specific number of days sober and medication compliant before promotion in every program level. Three of the four more successful courts used only one program track for both felony and misdemeanor offenders. Four of the seven less successful courts used multiple tracks for offenders based on severity of charge or capacity of individual.

Participant handbooks and other court-related documents alone provided no insight into significant differences between how the more successful and less successful courts implemented their tiered program structure. However, though attendance of court dockets and court team interviews, noticeable differences in actual program structure became known.

Participants felt fear towards losing the accountability and certainty of the mental health court program and its requirements universally in both more successful and less successful courts. All of the eleven courts encouraged their participants to continue with treatment, therapy, and medication services post graduation. However, more successful courts altered elements of their program to allow for participants with fears about either entering into the program or leaving it behind. More often than in less successful courts, more successful courts implemented court viewing allowances, mentor programs, give

back requirements, and utilized active alumni groups for participants who needed continued interactions with the court in order to better succeed

Altered Phases

A court team member in one court stated how the court desperately needed an aftercare program. The team member recounted a story of a participant who had done extremely well throughout the program. The participant shared feelings of fear for leaving the program with her therapist. The participant feared that she would lose the feeling of accountability she felt with the court team once she was free from mandated treatment, drug tests, and court dates. Unfortunately, the therapist with whom the participant shared those feelings left the program before those fears were conveyed to the new therapist and court team members. The participant graduated from the program, but then quickly returned to prior unlawful activities. Due to the small jurisdiction served, a court team member learned of the participant's deviant actions and attempted contact, however the attempts were unsuccessful.

During participant observation at another court, a participant was surprised to find out that he successfully graduated from the program during the court docket. The unexpected news shocked the participant. He looked puzzled and asked, "What should I do now?" The participant then began asking questions related to whether or not he could still keep contact with the court team, if he was still able to go to meetings, and whether or not he was still in trouble with the law. The participant did not seem properly prepared to be out from under the program requirements.

One court team member from a more successful court stated that many of the participants were afraid to leave the program. Participants told the court team member that the program made them feel accountable. The rules, requirements, and constant interaction with team members served as a constant reminder to comply with proper behaviors. Participants knew what was expected and knew that continued communication and compliance would make the court team proud. To eliminate fear and insecurities felt by participants, this more successful court decided to create an extended Phase 4. The extended Phase 4

track allowed participants to continue associating with peers, mentor new participants, and lead group therapy sessions while preparing to leave the program. Another more successful court implemented a Phase 5 program. In this phase, the court does not mandate participant to attend court, but to remain in contact with the court team and treatment. The court does not indicate a length of this phase so participants can stay until they are ready. One less successful court also adapted an extra phase. Within this optional phase, participants were encouraged to act as mentors for new participants.

On the opposite end of the program, two more successful courts and one less successful court created an opportunity for potential participants to "try out" the program. Although all courts implement an orientation process for participants, these courts allowed individuals to attend court to see how the program worked before agreeing to participate. Participants could attend for a number of dockets in order to make an informed decision whether the program was right for them.

Mentor Program

Court team members from all four more successful courts acknowledged that forms of mentorship frequently develop naturally between participants. In three of the four more successful courts, the mentor program is an actual optional component of the program. Only one less successful court currently utilizes an active mentor program. Another less successful court used a mentor program, but no current members or graduates are interested in participating. Mentor programs allowed upper phase participants to provide services to new participants in a variety of ways depending on the individual court. Fischer's Exact Test points towards program implemented mentor programs as a significant factor related to more successful courts (p=0.09) at the p<.1 level.

Table 9

Program Implemented Mentor Program

More Successful Courts With Mentor Program	More Successful Courts Without Mentor Program	Less Successful Courts With Mentor Program	Less Successful Courts Without Mentor Program	Fischer's Exact Test Probability
3	1	1	6	p>0.09

One more successful court indicated occasional use of mentors to tutor new specialty court participants for the GED test. Observations of this court revealed a fascinating interaction between a mentor and a new participant. The new participant said he was upset because he was not using drugs, but his urine analysis test indicated a diluted sample. A diluted drug test shows evidence in support of an attempted adulteration of the urine in order to obscure drug use. The mentor provided personal experience and feedback to the distraught new participant. The mentor stated that dilutes happen occasionally and explained how to avoid accidentally diluting the sample by changing eating and drinking habits. The mentor then explained how to clarify reasoning behind the dilute to the court team to possibly avoid a sanction for the incident. The mentor acted as an equal with personal experience, not as a superior or someone whom the new participant may think is "out to get him".

Alumni Programs

Nearly every mental health court involved in the study indicated a desire for an alumni group if the court had not already started one. Lack of funding and participant interest often prevented alumni groups from forming. In some cases, the participant handbook stated that an alumni program existed for participants, but interviews of court team members revealed that they did not have any current active members or the program did not actually exist. Three of the more successful courts and two less successful courts encouraged graduates to take part in their active alumni programs.

Alumni groups are quite new for some of the mental health court programs, but through them participants remain engaged with the program by acting as a mentor to new participants, raising funds for incentives, and leading community meetings with a personal insight into the program. Although not mandated to do so, graduates from one more successful court continued to return to court to visit court team members or friends in the program. This court most recently organized an alumni group to provide structure and activities for those individuals who desired connections to the program. One less successful court established one of the most active alumni groups. The alumni members organized community outreaches, picnics, and provided funding for current participant incentives.

Court Docket

The court docket is another vital aspect of the mental health court program. Each court date, participants gather in the courtroom to speak to the judge about their program, treatment, and personal lives. The judge and the court team act as non-adversarial as possible during the docket in an effort to promote therapeutic jurisprudence. No found connection between the number of monthly court dockets and statistically significant decrease in reported crime rate existed.

Time Spent with Judge

Mental health court participants speak with the judge during court dockets. Best practices research on drug courts indicate that courts whose participants spend at least three minutes with the judge per docket saw an increase in cost savings and a reduction in recidivism (SM Carey et al., 2012). In each mental health court docket, I timed interactions between each judge and court participant. In one case, the judge spoke to a group of participants at the same time; I timed those interactions as a group. A *t*-test indicated no statistically significant variance between the time the judge spent with participants in more successful courts (N=4, M=96.75, SD=35.3) and the time the judge spent with participants in less successful courts (N=7, M=135, SD=47.96), t (9)=1.38, p= 0.17 at the probability level $p<0.1$. Table 10

lists aggregate records of time spent with judge. During interviews, one court team member said a set period for participant and judge interactions would not work for mental health courts. Judges should not spend time waiting out the clock to meet a mandate. As long as everything that needs to be expressed is vocalized, the judge's job is done. Every judge and participant interaction will be different based on the needs, mental health, and personality of the participant.

Table 10

Time with Judge

	MHC 1	MHC 2	MHC 3	MHC 4	MHC 5*	MHC 6	MHC 7	MHC 8	MHC 9	MHC 10	MHC 11
Average time spent with judge in seconds	90	136	109	52	127	57	109	169	208	122	153
Number of interactions recorded	26	18	36	13	21	23	17	10	13	16	15
*Note: Some participants in this court spoke to the judge as a group. Group interactions were recorded as one.											

Division of Complaint and Noncompliant Participants

More successful courts called attention to the compliant or noncompliant status of participants in court in a variety of distinct ways. Division occurred in the organization of the court docket order, honor roll boards, and separate locations for participants to sit before the court docket began.

In two more successful courts and one less successful court, participants were notified they would be sanctioned before the docket officially began. Those participants were asked to sit in a distinct location of the courtroom. Most commonly, the location was the jury box or, if the courtroom did not have a jury box, on the first row of gallery seating. One successful court mandated all participants to explain why they were in the box during their turn in the status review. Participants who desired to self-report noncompliance also sat along with the sanctioned participants. Only one less successful court

mandated a participant to sit in the jury box after sanctioned during the viewed docket. This particular participant did not know he was to receive a sanction before the docket began.

Some courts would divide their docket in a particular order. Most of the time, participants receiving a special incentive would be called first, next: regular review and, last, sanctioned participants. The court allowed compliant participants to leave after their status review, so the docket was significantly longer for noncompliant participants. In one more successful court, the judge called up sanctioned participants for status hearings first.

Supervisory or police staff cuffed and immediately removed jail-sanctioned participants from the courtroom immediately. In some courts, jailed participants were present for the entire docket. Supervisory or police staff publically cuffed and took the jail-sanctioned participants to sit with the other jailed participants. The court whose sanctioned participants went first on the status review docket mandated those participants to sit through the entire court proceeding.

Another way more successful courts called attention to particular participants was through honor roll boards. The court not only called compliant participants for their status hearing first, but would also list their name on a chart in the courtroom that indicated good behavior. Honor roll participants were also eligible for additional prizes drawings and snacks during court.

Less successful courts more commonly called people up to their status hearings based on alphabetical order or based on date of program entry. Most senior participants went first in these dockets, regardless of status or compliance. The judge offered participants sanctions and incentives throughout the entire court docket. Another court grouped their participants together by phase in order to promote camaraderie and save time. Same phase participants would visit with the judge as a group; and the group's individuals received an assortment of sanctions and incentives.

Days Sober and Medication Compliant

In all courts that mandated public phase-up petition speeches, participants state their days sober. However, some courts make participants state the number of days sober and medication compliant during every status hearing. Only one more successful court regularly mandated participants to declare the number of days they were medication compliant and sober from drugs and alcohol during each court docket. Five of the seven less successful courts let participants state their number of days sober during the docket. One team member from a less successful court expressed distaste for the "days sober" practice. The coordinator explained: people lie in court to stay out of trouble for using. These lies cheapen the hard work other people put into their adherence to sobriety

Document of Requirements

Mental health courts help participants remember their upcoming appointments and next court docket through use of calendars and index cards. In each of the four more successful courts, court teams gave calendars and reminder cards during every court docket in each phase of the program. Less successful courts gave participants personal calendars, but only after appointments were continually forgotten or if mandated for individual treatment plans. In one more successful court, an index card was given that indicated the participants next court date, drug testing color schedule, sanction essay topics, or anything the treatment team felt the participant should remember. Two other more successful courts required all participants to bring their calendar to court each week. Imposed sanctioned occurred if the calendar was forgotten or signatures were missing. The judge in one more successful court read each participant's weekly court requirements during each court document. The participant and the judge signed the list of requirements. Heads of treatment and community members must also sign the list of requirements to prove attendance at required meetings or else the judge would impose sanctions.

Court Team Personalities

All courts had a variety of personalities produced by court team members. Most frequently, the judge and the coordinator led the court docket and as well as the staffing process. Commonly seen throughout all researched courts was a balanced scale of stern vs. nurturing personalities. One character, either the judge or the coordinator, would appear very strict. Participants would aim to earn this characters approval and try not to disappoint him or her. The other personality was very easy going and often "went to bat" for participants, making excuses for less-than-compliant participant behaviors in both court and staffing. Interestingly, while these personalities were evident in staffing, one essentially went silent for the court docket. In nearly all court dockets, the judge led the entire proceeding. The judge only called upon coordinators for occasional queries and requests. If the coordinator was talking, it was to one participant after their status hearing in regards to appointments and essay assignments. This mold was noticeably broken in just one court docket in which the coordinator spoke more frequently than the judge throughout the court docket. Despite this, no difference was noticed between more successful courts and less successful courts. All eleven mental health courts appeared to use parental archetypes within the primary members of the court team. Issues only arose when a judge and coordinator did not balance their stern or nurturing personalities during the court docket. Participants appeared to abuse judges who appeared too soft. Participants behaved aggressively towards overly stern judges. The balance of personalities, within the judge themselves, and between the judge and coordinator allowed for productive court dockets.

Monitoring Adherence to Court Requirements

A core concept used in mental health courts is monitoring and supervision. In order for court team members to assess the progress of participants properly, participants' actions are monitored. Relapse is a known component of recovery, but courts must be aware of slipups and impose necessary sanctions or additional monitoring methods to ensure participants remain on track. The eleven courts in this study all monitored their participants' adherence to program requirements. Types of monitoring methods and the frequency with which the courts employed the monitoring methods differed drastically between more successful courts and less successful courts.

Ankle Monitors

All four more successful courts regularly use alcohol monitors, GPS trackers, sobrietors, and interlock alcohol monitoring devices for more difficult participants. Ankle monitors are costly, and placed only on repeatedly noncompliant participants for a period long enough to ensure a lesson learned. One more successful court integrated a system in which participants may pay off parts of the weekly ankle monitors by doing unsanctioned community service hours each week.

All seven less successful mental health courts do not use ankle monitors or related monitoring devices. One court indicated that they tried once to use an alcohol ankle monitor, but funding for the item was extremely difficult and the participant immediately went AWOL in spite of the device. Another less successful court does not use ankle monitors or sobrietors, but uses an automated phone system that takes biometric measurements to recognize a participant's voice. This service ensures compliance to curfew and house arrest in lieu of constant probation interaction. Many less successful courts indicated a desire for ankle monitor devices if provided a way to pay for them.

Table 11

Ankle Monitor Supervision Methods

	More Successful Courts w/ Ankle Monitors	Less Successful Courts w/o Ankle Monitors	Less Successful Courts w/ Ankle Monitors	Less Successful Courts w/o Ankle Monitors	Fischer's Exact Test Probability
Number of Mental Health Courts	4	0	0	7	p>.0022

Drug Testing

Up to 75% of participants on current Oklahoma mental health court dockets deal with co-occurring substance abuse and mental health issues. Despite whether or not the mental health court program described itself as a "co-occurring court", drug and alcohol testing are vital to monitoring compliance and program success. Each of the eleven mental health courts in Oklahoma conducts urine analysis tests. There is no correlation between more success and less success in regards to whether or not participants must pay for drug testing. All participants who chose to contest the results of their drug tests must pay a fee to have the sample sent off for re-verification. The only trend found between more successful courts is the variety of testing locations and times.

While all courts test as needed on a random basis, more successful courts provided options to make the drug testing schedule appear more seemingly random. Instead of testing "randomly" during scheduled office appointments and court docket dates, courts utilized a random color schedule. Participants can call into the service daily to check if for mandated testing that day. Instead of not knowing which previously scheduled meeting includes a drug test, participants must be wary of a drug test at any day of the week. Two out of the four more successful courts tested new participants at least twice a week. The two other more successful courts tested new participants approximately once a week.

Additionally, more successful courts used their probation officers to conduct drug tests during home visits. More successful courts also provided weekend and holiday testing options. MHC 4, which mandated many participants into sober living facilities, collaborated with the housing program leaders to learn of participant compliance to sober living mandates within the residential program in addition to using a probation officer and random drug tests at court.

MHC 5 indicated that they tested their participants once a week in participants' first year of their program. MHC 9 and MHC 5 also use a random color schedule to test participants. However, unique to these two courts, participants can either call in to the facility *or* look online to determine if mandated to testing each day. MHC 9 tests new participants about twice a week, but the testing facility closes most weekends and all holidays. Most less successful courts indicated they tested on a random schedule or when suspicious of non-compliance. Less successful courts who do not mandate participants pay for their own drug tests frequently indicated they would like to test their participants more, but limited grant funding prohibits the frequency of testing desired. All eleven courts indicated a need for up-to-date testing panels to screen for new designer drugs.

Home Visits and Curfew

More Successful Courts indicated that home visits were frequently used as a monitoring method as needed throughout the program. Three of the seven less successful courts did not conduct regular home visits. One less successful court and one more successful court conducted their home visits on a graduated schedule. Interestingly, while all more successful courts conducted home visits, none indicated a standard curfew mandate for all participants in available participant contracts. Four of the less successful courts mandated all participants to a curfew at the start of the program. Typically, either curfew restrictions decrease as participants phase up through program levels or court team grants them as incentives. One less successful court wrote in a curfew on the participant contract, but did not conduct home visits to enforce compliance. Both more and less successful courts added curfew restrictions as a sanction.

More successful courts conduct home visits through a variety of sources including treatment

providers, probation staff, and when GPS noncompliance is noticed. More and less successful courts utilize PACT treatment service that often picks up participants from home. Home visits are regularly part of the PACT treatment plan. All four more successful and two less successful courts have the added benefit of two sources of home visitation: probation staff and PACT team. An extra way of monitoring participants, two of the more successful courts specifically indicated they regularly visit their participants at work. Last, successful courts all utilize GPS trackers. Probation or local police will visit participants at their current location if noncompliance to curfew or travel restrictions are noticed, wherever they may be. Less successful courts without probation staff turn to local authorities to implement needed home visits that may endanger a coordinator or other un-commissioned team member.

Use of Probation on Court Team

All more successful courts assigned fully commissioned probation officers to the mental health court staff. Both male and female officers ensure compliance to program mandates like drug testing, home visits, curfew, and travel restrictions. Through court team interviews and participant handbooks, all four more successful courts confirmed that their probation or correctional staff holds core positions within the court team. These probation staff members also regularly attended both staffing and court dockets.

Two of the less successful courts also used probation staff that were part of the court team and attended staffing and court. One less successful court did not have probation staff on the mental health court team, but instead, used probation staff from the county drug court team when the team felt the need for a home visit. Two less successful courts indicated that they used probation officers in the past, but have since lost those team members. Other courts indicated that they used probation staff as a term of post graduation, but not an attending member of court proceedings.

Table 12

Probation Supervision Method

More Successful Courts w/ Probation	More Successful Courts w/o Probation	Less Successful Courts w/ Probation	Less Successful Courts w/o Probation	Fischer's Exact Test Probability
4	0	2	5	P=0.0606

Small Town Supervision

Many of the rural towns referenced the fact that their town was very small so participants would run into court team members in the community all the time. Team members, as well as local police, would frequent the same stores, churches, and hangouts as the participants. The small town also allowed town gossip to get back to the judge and other court team members. The court team followed up on worrisome rumors, like drug use or vagrancy, and determined if any of the rumors were true.

Urban jurisdictions with higher concentrations of citizens in smaller areas generally allows for more stores, churches, and other places to go. Although some participants reside all over rural areas, they generally have fewer options on where to go for food and recreation, especially since the mental health court program mandates all participants to stay within the jurisdiction during the program. This lack of options allows participants frequently to be in contact with their court team both intentionally and unintentionally.

During court dockets and interviews, three of the four more successful courts referred to methods of small town supervision. These three courts had a considerable portion of their jurisdiction in rural areas. Four of the seven less successful courts also indicated small town supervision methods; those

jurisdictions were also substantially rural. The three less successful courts, which did not mention seeing participants often in town, were located in more urban areas.

Sanctions and Incentives

The judge regularly gives out sanctions and incentive in mental health court programs as way to ensure program compliance and reward participants making strides in personal development and recovery. Each of the eleven researched mental health courts each used their own preferred methods, theories, and matrixes for giving out sanctions and incentives.

Ratio of Sanctions and Incentives

The Oklahoma Department of Mental Health and Substance Abuse Services provided a six-month record of the ratio of sanctions to incentives for each court for comparative analysis. An unpaired *t*-test indicated no significant variance at the $p<.05$ level between more the ratio of sanctions to incentives in successful courts (N=4, M=3.36, SD=1.92) and less successful courts (N=7, M=6.39, SD=5.19), t (8) = -1.39, p=0.20. More successful courts varied in their focus towards sanctions and incentives. Court team members from two of the more successful courts indicated that their court attempts to focus on giving out more incentives than sanctions. The other two more successful courts indicated that their courts were heavy-handed in dispensing sanctions. Less successful courts claimed they focused on either giving out more incentives than sanctions or even distributions of sanctions and incentives.

Sanctions and Incentives Matrices

Three of the four more successful courts and two of the less successful courts published a sanctions matrix for their court team members. However, court team members from all courts who

published a matrix indicated that they rarely used the matrix. Additionally, sizeable portions of the matrix leaves options open for judge/court team discretion. Only two courts, one less and one more successful published an incentives matrix. However, courts that offered tangible gift certificates and phase-up certificates were very adamant about adhering to the rewards structure they created. MHC 1, who worked off an incentives matrix, designated specific rewards, i.e. $5 fast food gift certificate, for each phase-up as well as phase-up certificates.

Typical Sanctions

All mental health courts attempted to influence behavior through personalized sanctions. Oklahoma mental health courts commonly use judge's admonishment, curfew, essays, increased supervision methods, community service, additional time in current phase, jail time, and revocation from program as graduated program sanctions. MHC 1 and MHC 4 appeared to give out sanctions like house arrest, travel restrictions, curfew and ankle monitors most frequently. MHC 2 and MHC 3 appeared to favor community service sanctions over others. Five of the less successful courts used jail as a sanction more than other sanctions. MHC 4 and MHC 10 used an inventive sanction: monetary fees for noncompliance. MHC 4 indicated that the assessment fees worked as a way to support the court and purchase tangible incentives like gift cards. Participants were required to pay off additional court fees when positive drug tests or other areas of noncompliance were evident. MHC 2 used the reverse of this practice; the court team lifted standard issue court fees if the court felt the participant earned the privilege towards the end of the program.

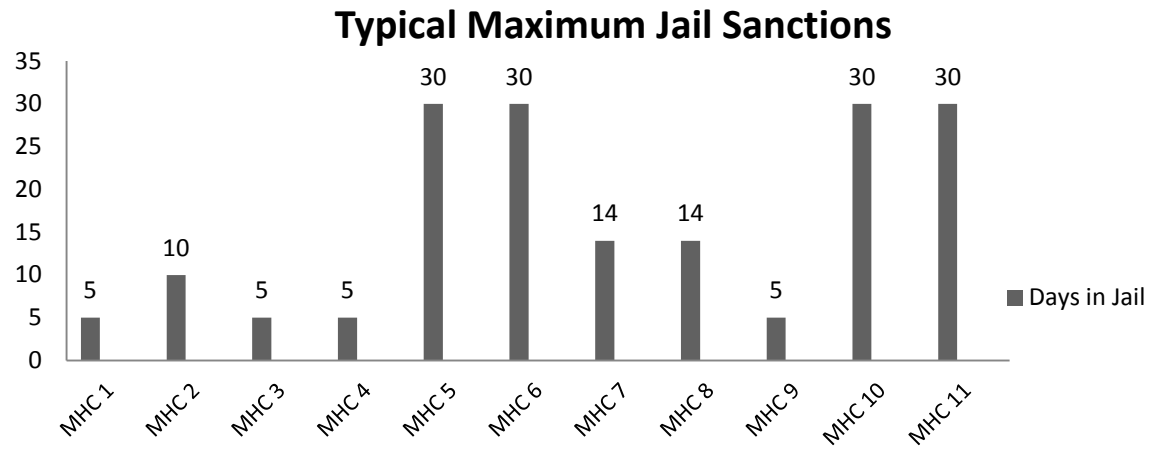
Jail Sanctions

All eleven researched mental health courts utilized jail as a sanction for noncompliant participants. Maximum jail sanctions ranged from five to thirty days per offense as shown in Figure 5. More successful courts (N=4, M=6.25, SD=2.5) showed statistically significant fewer days for a typical maximum jail sanction than less successful courts (N=7, M=21.86, SD=10.59), t (7) = -3.72, p=0.007

using a Student's *t*-test with $p<.05$. However, each court's use of jail days as a sanction was not without occasional outliers. In the longest jail day sanction found, a participant received a 90-day jail sanction in lieu of a new drug related criminal charge that would typically revoke participants from the program. Another atypically long jail sentence found in a court dealt with returning AWOL participants. AWOL participants must serve time in prison equal to the length of their absence up to 75 days. Mental health courts that frequently used jail as a sanction mentioned that jail use kept noncompliant participants safe when no other means of supervision or correction were available in the community. The trend between successful courts and less successful courts indicates that less severe jail day sanctions relates to program success.

Figure 5

Typical Maximum Jail Sanctions



Typical Incentives

Each mental health court used a variety of common incentives such as judge's acknowledgement, peer applause, decreased supervision methods, phase-up allowances, graduation certificates, gift certificates, candy, and program completion. Some courts were able to provide more tangible rewards

than those who were where limited by funding. Three of the more successful courts gave out a variety of extremely personalized tangible incentives. While all courts give out graduation certificates and rewards, all more successful courts gave certificates of completion at every phase of the program. Three less successful courts also gave out certificates at each phase completion. Two of the more successful courts also gave out challenge coins. These coins are similar to sobriety medallions earned in twelve-step recovery programs like AA, but printed specifically for mental health court participation in the respective county court.

Three out of four more successful courts and two less successful courts gave out certificates or plaques of recognition. Courts awarded these incentives on a monthly basis and others more randomly. Plaques of recognition included a variety of phrases regarding personal improvement. The court teams printed the certificates of recognition on paper and inscribed them with extremely specific good deeds the court team became aware of through staffing and personal involvement with participants. For example, one participant used methamphetamine for a number of years as a coping mechanism for depression. The team got word that the participant recently experienced death in the family. Therapists expressed that the participant was grieving but using new coping mechanisms and the participant's drug tests results showed no drug use. The court team rewarded the participant a certificate that acknowledged the participant had improved coping skills in light of adversity. The certificates of recognition indicate an involved court team who are aware of personal struggles and triumphs. These judge presented the awards at the court docket. The judge or coordinator would publically describe the circumstances surrounding the award and all in attendance at the court docket would applaud.

Fish Bowl Drawing

Three more successful courts and two less successful courts conducted a fish bowl prize drawing. In this practice, participants receive entries into a drawing through attendance of court, therapy, and/or

twelve-step meetings. The drawing took place during the court docket. Winners receive a variety of prizes like gift cards, bookmarks, cash, or curfew extensions. Participants became rather excitable about the drawing and implemented tactics to improve their odds of winnings wherever possible.

Honor Roll

Four of the eleven courts used an honor roll program. One more successful and one less successful court displayed honor roll status participants on a board in court. One board was set up to show the level of each participant and included a spot for the "Star of the Month" honor roll participant. The other court's board was a painting that incorporated a list of participants in good standing for the week. Two more successful courts and one less successful court gave snacks to all participants on honor roll status at each court date. The snacks were highly valued by many participants. Concern arose if chocolate flavored snacks became scarce. Honor roll prizes appeared to be quite effective in creating a desire to remain compliant when given frequently. All courts who offered honor roll prizes required new participants to attend court docket four times a month.

Graduation

Graduations were a big deal for the mental health court programs. Participants in all courts receive special incentives for graduation like beautiful handmade artwork, certificates, plaques, and other tangible gifts. MHC 1 and MHC 9 hold large group graduation ceremonies at locations in the community outside the courtroom. MHC 2, MHC 4, MHC 8, MHC 10 hold individual parties for graduating participants in court complete with cards and cake. MHC 3, MHC 5, MHC 6, and MHC 11 recognized graduation status of individuals during the court docket. In every viewed docket with a graduation, the participants were emotional and the court team members beamed with pride.

Community Involvement

Mental health courts regularly utilize community programs to integrate participants back into society. Oklahoma mental health programs are no different in this regard. Some courts indicated that they frequently attempt to get all participants to engage together within their communities with events like picnics, parades, and community service. Other courts indicated that community- based programs like AA and NA serve as a way for participants to meet likeminded individuals in recovery outside of the court program. Others stated that being in work or school counted as community interactions. Over all others, each Oklahoma mental health courts stated that community service was the number one community interaction provided for mental health courts participants.

Community Service

Each of the eleven courts in the study used community service as a sanction. Some included mandatory service hours as on option for individualized treatment plans. Six of the mental health courts indicated that community service is an integral part of their program and all participants must take part if physically capable. Two more successful courts promote community service as a way to reduce court and supervision fees. Two of the courts use a Community Give Back program as part of graduation requirements. Give back requirements are akin to volunteer or community service. A give back requirement is a special project the participant chooses to do to give back to their community. A number of mental health courts stated a priority on finding the participants a service they like to do. Court team members stated that if the community service is mandated, then the participant should have a say in what they do based on their interests and desires. Volunteer requirements help participants find activities that could translate in continual community service, friendships, a letter of reference, or possible employment.

Community service requirements also help transition the participant into pro-social groups outside of their program peers.

Education

Court teams indicated that a primary goal of their program was to leave participants better than they found them. One method in which court teams helped improve lives of participants was through education. All eleven mental health courts encouraged participants to earn their GED, improve literacy skills, or go to job skills training. Many treatment providers provided connections to education programs. One more successful court implemented mostly volunteer-based GED, literacy, and money management classes available for all willing participants within the court program. The head of the GED program researched job opportunities, scholarships, and low-cost summer college courses for interested participants. One less successful court collaborated with a local church to provide transportation to and from GED classes. Two of the less successful courts appeared to make education one of their top priorities. Both courts mandated an attempt at earning a GED before eligible for graduation.

Work

Obtaining a job was also a frequently utilized optional mandate for participants. Court teams indicated that they wished the court could provide funding for participants' vocational training. MHC 9 appeared to place a high priority on employment, if capable and not in school. Through much of the MHC 9 court docket, the judge talked to participants about their job search, interview skills, and mandated work hours. MHC 11 mandated participants to work a set number of hours if not involved with some form of volunteer work. Other programs include work hours as an optional mandate for those not doing unsanctioned community service hours or PACT training. Court teams see employment as a productive way to connect with the community.

Transportation

The entire mental health court program is all for not if participants are not able to get to treatment services, court, or team member appointments. All Oklahoma mental health court programs researched were located in the courthouse in each jurisdiction's downtown area. Most treatment facilities were within a range of a block to three miles of each respective courthouse. However, very few of the jurisdictions included a network of public transportation options. Many of the more rural jurisdictions mandated participants to have reliable transportation before allowing entry into the program. If the court uses a PACT team, participants are eligible to receive transportation to treatment. One court owns two vans with which they use to pick up participants, but feel they need more. Transportation issues were a frequently mentioned issue encountered by court teams and participants.

Three more successful and one less successful court's jurisdiction include a public bus system. Buss passes are provided standard to low income participants and for incentives. The last more successful court does not have a bus system. The court coordinator said that most participants live within walking distance of the courthouse and treatment providers. Participants who do live far away are able to call on a low cost curb-to-curb transportation service if necessary. This service is available in many of the rural Oklahoma jurisdictions with mental health courts.

CHAPTER V

CONCLUSION

This research used a mixed methodology to gather data on mental health courts in Oklahoma. First, I collected jurisdictional uniform crime rate data three years before and three years after the year of mental health court establishment to compare the variance in crime rate. I labeled four mental health courts as "more successful courts" due to the statistically significant decrease in the courts' jurisdictional crime rate after court establishment. I labeled seven mental health courts as "less successful courts" because the court's jurisdiction showed no statistically significant decrease or a statistically significant increase in UCR crime rate. Significance was reported at a $p<0.1$ level. No initial hypotheses determined which courts were successful or what components of mental health court related to success. Instead, collected data on each court guided the research towards grounded theories related to more successful mental health court practices. Gatherable data existed in the form of court and staffing observations, court team interviews, and historical document analysis. The published Essential Elements of a Mental Health Court and Cesare Beccaria's Essay on Crimes and Punishments provided theoretical frameworks to guide the data collection and theory development.

The collected data provided insights into differences between the four courts labeled more successful and the seven courts labeled less successful. These different program implements and practices provide support the use of jurisdictional crime rate data to evaluate mental health court programs. Evaluation methods typically measure outcome data like number of graduates, new criminal charges, inpatient treatment days, and jail days to determine the success of a court. This method looks at the relationship of the court to the community to see if the mental health court program has a significant effect on the jurisdiction it serves.

The following lists trends found among more successful courts and significant variances between more and less successful courts. The conclusion divides the found theories into Cesare Beccaria's principles of certainty, celerity, and severity, although some theories hit on multiple principles. Whenever possible, grounded theories are also associated to the Essential Elements of a Mental Health Court (Beccaria, 1819; Thompson et al., 2008) Figure 6 and Appendix D provide a structural model of the grounded theories found during the research process in relation to Beccaria's views on punishments and the related Essential Elements of a Mental Health Court.

Theories and Elements Related to Certainty

Essential Element 9: Monitoring Compliance to Court Requirements

The numerous differences between methods of supervision the more successful courts and less successful courts used are an indicator of the importance of Essential Element 9: Monitoring Compliance to Court Requirements. More successful courts tested participants for drugs and alcohol more frequently and less predictably than less successful courts. The less predictable the schedule for drug testing, the more certain noncompliant participants are caught. More successful

courts also provided more home visits of participants through probation staff, coordinators, and treatment. Frequent home visits allow participants to be certain someone is often going to come to check on their living arrangements or workplace. A variety of home visitors, i.e. probation and treatment, can deter participants from predicting the time for each home visit. More successful courts used ankle monitors regularly for exceedingly noncompliant participants, but less successful courts did not use ankle monitors. Ankle monitors rapidly communicate compliant and noncompliant information to probation staff and court team members. More successful courts more often used fully commissioned probation officers for supervision. Probation staff is quickly able to conduct a home visit and/or a verification drug test if a participant is not where they are supposed to be or an alcohol monitor indicates alcohol use.

Frequent drug testing, home visits, and ankle monitor data allows for less time between noncompliant behavior and proper sanctions. Probation staff specifically assigned to monitoring adherence provides for a well-divided workload and extremely informed court team. Recurrently, these pinpointed monitoring and supervision elements merged into one another and provided an overlay in supervisory methods. These methods and their overlap appear to adhere to two of the major prongs in Beccaria's classical theory of punishment: swiftness and celerity.

Essential Element 5. Informed Choice and 10. Sustainability

Mental health courts that made accommodations for continued relationships inside and outside the court program enhanced the probability of a successful court. While the actual execution of the practice varied from court to court, all but one more successful court included some kind of court program based practice to increase the odds of participants continued success. Mental health court participants grew accustomed to the certain and constant interaction with court team members and their requirements. Through use of an extended final phase, mentor program, or alumni program the feelings of connection and consistency remained intact.

While all eleven mental health courts encouraged mental health court graduates to continue services with their treatment providers, more often, successful courts implemented some form of transition or post-graduation services within the actual court. All but one more successful court adapted a phase of the program to accommodate participants who feared leaving the court or needed extra assistance. Three of the more successful courts also provided for program sustainability by providing mandated orientation or viewing of the court before actual participation. These transitional "trial periods" allows courts to be more sustainable because potential participants can make an informed choice to determine if the program is right for them. Sustainability is held to because new participants have chosen to participate, know what is expected, and are less likely to drop out which wastes valuable court time and resources.

Mentorships occurred in every more successful court. Three more successful courts utilized an official mentor program and one more successful court allowed mentorships to occur naturally. These mentorships provide valuable free services. First, the mentor participant gives relatable firsthand knowledge to new participants. Second, mentors gain valuable experience that could translate into earned confidence, social aptitude, and job skills. Mentors provide a unique outlook into the program and can provide insight into needed changes. Additionally, mentors act as advocates by spreading positive feedback to others in their community about the program. The unique services offered by mentor participants are free to the court program and assist in program sustainability

When the transition and post-graduation services implement into the actual program, the participants are both certain they want to participate and reminded of the certainty of their former court requirements. This certainty adheres to Beccaria's theory of punishment. Participants can be certain of their desire to participate in the program and, later, participants earn confidence through adapted final phases and mentor programs to become certain they can succeed outside of the program.

Essential Element 4. Terms of Participation and 5. Informed Choice

More successful courts placed an emphasis on helping participants remember their numerous program mandates. The list of requirements, reminders, or calendars provides an element of certainty for both participants and the court team. The participant holds a physical document that lists all expected of them until the next court docket. The participant can make an informed choice each week whether or not to participate in those requirements.

Essential Element 6: Treatment Supports and Services

While many of the researched mental health courts had access to similar treatment options and services, essential differences existed between more successful courts and less successful courts. More successful courts frequently collaborated with multiple treatment providers on a constant basis. Less successful courts typically relied on only one primary treatment provider. Multiple treatment facilities create a network of resources, a variety of options, and lighten the load of therapy-based case managers. More successful courts have a wider variety of options with which to tailor participants' treatment. Less successful courts sometimes blanketed all participants with all the treatment options the community offered. This research indicated that choosing specific treatment options and providers for the individual participant is a practice related to success. In order to provide special-tailored treatment options, courts must have access to an expansive variety of treatment options and supports from which to choose.

Transportation availability correlated to program success. Participants must have transportation to arrive at mandated court dates, treatment, and doctor appointments. Three of the

four more successful courts utilized available public transportation options in the community for participants without personal vehicles. The last more successful court was within walking distance for most participants. Individuals in this court who were not within walking distance were aware of a low-cost pick up service in the community. Although the creation of bus routes and other forms of public transportation are not within the power of court team members, courts must make accommodations for participants to get to required meeting times. Participants who do not attend court or therapy cannot get the help they need to improve. Transportation mandates ensure participants have access to the program and all it has to offer. Alternatively, participants must be aware of what affordable resources are available in the community so that they make it to court on their own if they lack their own mode of transportation. This certainty of program attendance appears mandatory for the success of a court.

Division of Compliant and Noncompliant Participants

Division of compliant and noncompliant participants is apparent in more successful courts. More successful courts implemented this practice in a variety of fashions, i.e. division of the court docket, separate locations in the courtroom, and a public honor roll board. The division of compliant and noncompliant participants was far more noticeable in the more successful courts than in the less successful courts. The division did not seem to embarrass participants; the honor roll boards served as a relief to participants wary of their status and the participants asked to sit in a known location for sanctioned participants were certain of what was to come. As Beccaria states, individuals should be certain of punishment. It is tortuous to leave individuals in the dark over whether what they did is a crime or not (Beccaria, 1819). Noticeably dividing those in compliance and those who are not before the court docket ever begins makes participants certain of their status. Those participants may spend the entire court docket fretting over what the

sanction will be, but they are not surprised to receive a sanction. Participants who are pointed out for compliance with honor roll boards, prizes, and "early bird" status are set up as examples for good behavior. When the judge and court team takes the time to explain what they did right, others can learn from their behavior and the participant receives a moment to shine. Which essential element this component of more successful courts fits into is unclear. Additional research is needed to validate its connection to success.

Theories and Elements Related to Celerity

Essential Element 8. Court Team

The statistically significant variance in departments represented between more and less successful courts and the lack of significant variance in the number of court team members indicates that the sheer size of a court team is not as important as is the diversity of team members represented. A diverse team from a variety of backgrounds allows for collaboration between departments as well as a variety of different ideas and expression of viewpoints.

Beccaria also states that the larger a tribunal, the less likely the chance of corruption (1819). A large, diverse court team who attends staffing and court is aware of every decision made up to the minute. If all court team members are informed about their participants, they are far less likely to make a decision contrary to one already decided upon during the staffing or court docket. A large group of varied court team members can divide the workload among the members and allow for efficient staffing and informed decisions.

Essential Element 2. Target Population, 3. Timely Participant Identification and Linkages to Services and 8. Court Team

A complicated observation viewed during the research was proper client assessment and program placement. Proper client assessment responds to a variety of Essential Elements. More successful courts used their large, diverse court teams to assess participants into the program. Those courts often collaborated with other available court dockets to determine the best fit for the participant. Last, more successful courts assessed participants for immediate inclusion into the mental health program. The assessment tools used looked for severity of mental illness, alcohol and other drug addictions to place participants properly. Mental health courts, drug courts, and any other available courts assess potential participants for all issues to determine the best program.

While many mental health court participants deal with co-occurring substance abuse and mental health problems, initially placing participants in drug court without mental health assessments in order to "dry out" is not an effective practice. To combat this complication, more successful courts did not initially funnel all participants into drug programs, but assessed participants for all possible issues and placed the participant accordingly. Mistakes in program placement do happen, but mentally ill offenders need placement in the proper program as quickly as possible. The intertwined nature of mental illness and substance abuse complicates assessments. Frequent reassessment of the severity of mental illness and addiction issues allows court programs to make placement corrections if necessary

Failing out of a drug program is traumatic for participants. When mandated off all psychoactive drugs for participation in drug treatment programs, individuals who need medications to reign in obsessive, violent, or otherwise seemingly noncompliant issues are not going to succeed in a strict drug court program. Lack of medications could lead to noncompliant

behavior and additional criminal charges. Proper program assessment upfront allows participants to begin proper treatment with celerity. Beccaria states that punishment should fit the crime (Beccaria, 1819). In the case of therapeutic alternatives to regular punishment, the treatment should fit the crime too. Placement into the wrong program only slows recovery and in some cases, the stricter requirements and medication-free mandates are far too severe for individuals with priority mental health issues.

Theories and Elements Related to Severity

Very few useable theories arose while looking for theories and elements related to severity of punishment in more successful versus less successful mental health courts. A lack of statistical significance exists in the ratio of sanctions and incentives between more and less successful courts. No real trend existed in the usage of honor roll boards, fish bowl drawings, or the type of graduation ceremony provided. Court team personalities did not provide any insight into differences between more and less successful courts. The lack of significance aligns with Beccaria's theory of punishment. Severity of punishment is necessary to be effective, but, compared to certainty and celerity, severity is far less important (Beccaria, 1819). Oklahoma mental health courts used a variety of sanctions and incentives to assist participants with their program. Interestingly, only two theories trend in more successful courts. The severity of jail days as sanctions and the frequency of and use of symbolic tangible rewards like certificates of recognition and court coins

Essential Element 9. Monitoring Adherence to Court Requirements

A statistically significant difference existed between more successful and less successful courts in their use of jail days as a typical sanction. All courts used jail as a sanction and gradually increased the severity of the sanction as noncompliance continued. Jail was one of the most intense punishments. The length of jail time gradually increased as severe noncompliance continued. Some courts placed a cap on how long their most severe jail sentence lasted. More successful courts averaged a mean of 6.25 days for their typical maximum sentence, less successful courts averaged 21.86 days for a typical maximum jail sentence. The variance allowed for a high probability of shorter jail sentences relating to program success. Perhaps, as Beccaria proposed, severity of punishment has the most minimal effect on effective punishment and deterrence. Longer jail sentences, while one of the best supervision methods available in some jurisdictions, do not allow for proper program participation. Participants are not able to receive their treatment, therapy, or attend court dockets. Court team members also indicated that long jail sentences take participants away from their jobs and consistency with medications. Essential Element 9: Monitoring Adherence to Court Requirements states that there should utilize specific protocols for using jail for serious noncompliance issues (Thompson et al., 2008). Future mental health court best practices may determine the severity of which jail sentences used in mental health court programs to ensure program success.

Sanctions and Incentives

More successful courts gave participants incentives personalized to the individual and the specific court program. All more successful courts gave participants certificates of completion for every program phase, certificates of recognition for specific good behaviors, and court-specific incentives like plaques, bracelets, and commemorative coins. Certificates of recognition are effective incentives because they indicate specific deeds of participants. The severity of the

incentive closely fits the nature of the compliant action. Frequently distributed rewards create a desire to remain compliant to earn those rewards. That desire can be intensified and continual if rewards are certain in every program phase. These certificates, coins, and other symbolic rewards are relatively inexpensive compared to other tangible rewards. Cheap incentives assist in court sustainability, as their cost does cause the program extra financial strain. The tangible nature of the rewards also seems to provide a longer lasting impression on participants than verbal acknowledgement alone. These types of incentives used frequently in more successful courts indicate that the use of symbolic tangible rewards may be a productive practice for courts to utilize.

The nature and frequency of the incentives given in more successful courts relate to Beccaria's classical theory of effective punishment. Beccaria states that it is more effective to prevent crime than to punish criminals, but punishments will always be necessary. He states that punishment should fit the crime as closely as possible. The sooner bad behavior is punished; the stronger the association between punishment and crime. The more certain the connection between crime and punishment, the more likely an individual will make a rational decision to cease the punishable behavior (Beccaria, 1819). I suggest the reverse is also true; incentives should closely fit the compliant behavior. Incentives given both rapidly and frequently after compliant behaviors will connect good behavior to rewards and promote the frequency of increased compliant behaviors.

Although a standard practice for mental health courts, the specific types of sanctions and incentives are up to courts to determine for themselves. No published Essential Element of Mental Health Courts lists which incentives or sanctions have the greatest effect on participants. However, Essential Element 9: Monitoring Adherence to Court Requirements generically mentions the use of sanctions and incentives. The element states that a variety of sanctions and incentives should be kept on hand to "sustain adherence to court conditions" and reward

behaviors that "exceed the expectations of the court" (Thompson, 2008). Component #6 of The Key Components of Drug Courts: A Coordinated Strategy Governs Drug Court Responses to Participant Compliance more closely adheres to the findings found in this research of successful mental health courts (Carey, 2012). The component refers to the value of small trinkets given for incremental successes. The component also gives specific examples of incentives similar the ones found in successful mental health courts in this research. I suggest further analysis into the importance of tangible symbolic rewards in mental health courts for possible inclusion as a new Essential Element of Mental Health Courts.

Limitations

This research is limited by the small sample size and limited scope. Future research of this nature should involve more observations of the courts as well as a larger sample size. With both of these factors accounted for, the observations have a greater chance at proper validation. Adherence to confidentiality also limited the research. Many documents with potentially personally identifiable data were not made available for the research. Unintentional oversights and exclusions may exist due to the lack of some documents.

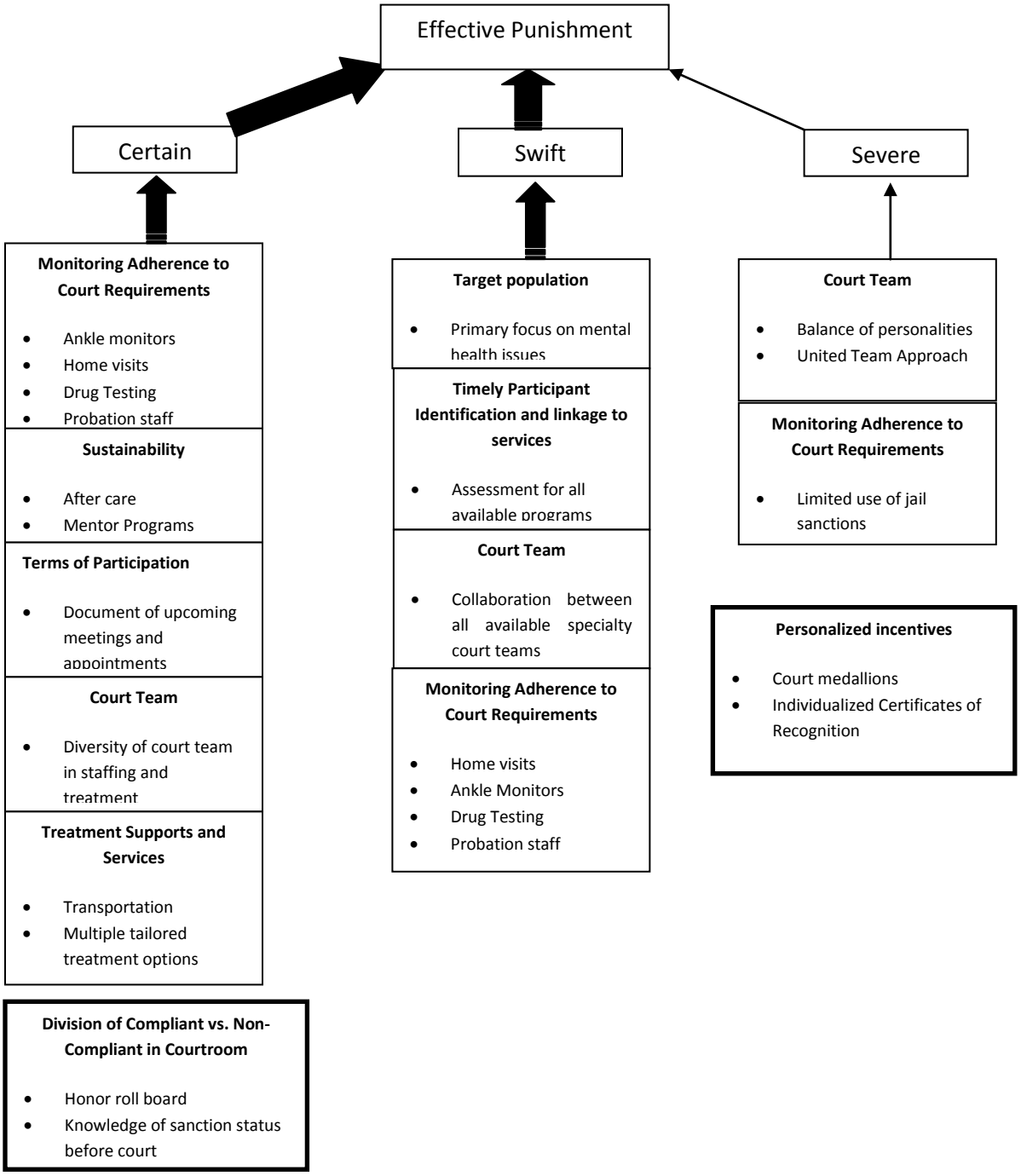
Practical Implications

This research is merely a jumping off point for future validation research and best practices studies. Mental health courts currently lack in validation research and potential best practices deserves further development. Mental health courts and their participants are a unique aspect of society. People with mental illnesses cannot be abstinent from drugs and alcohol like drug court participants can. Mental health courts must learn to evaluate themselves in a manner as

unique as the participants they serve. This research and its findings could initiate further mental health court research. With more courts and additional, the current findings may be validated or completely disproven. Further expanded research could assist in factor loading onto established Essential Elements to determine which ones relate the most to program success and efficiency. This research and research like it may find for new Essential Elements that not yet discussed in the currently published literature.

Figure 6

A Structural Model of Found Grounded Theories



Note: Adapted from Thompson, M., Osher, F. C., & Tomasini-Joshi, D. . . (2008). improving responses to people with mental illnesses: The essential elements of a mental health court. from https://www.bja.gov/Publications/MHC_Essential_Elements. pdf and Thrasher, R. R. (2001). *Serious Crime and Public Consumption of Alcohol*. New York: LFB Scholarly Publishing.

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APPENDIX A

Mental Health Court Protocol Questions
OSU- Center for Health Sciences
Forensic Psychology
Graduate thesis protocol questions
Chelsea Bullard
2014

Name of court

When did this mental health court accept its first client?

How many active participants does this court have?

What is the maximum number of participants you can serve?

What positions comprise the mental health court team?

What is the average length of time from arrest to application?

What is the average length of time from application to admission?

How long is the average program length?

What is this courts eligibility criterion?

What services do mental health court participants receive?

What sanctions and incentives does your court offer; are they available in document form?

What is the ratio to sanctions and incentives?

What is the average caseload for a case manager?

Where do participants referrals come from?

Do you offer post-graduation services? Explain.

What is your courts success rate; how is it measured?

What kind of plea agreement does your court use (pre or post)?

What client assessment tools/instruments do you use and when are they administered?

How does your court monitor participants?

oes your court conduct home visits? With what frequency?

Does your court monitor dropout participants?

Does your court offer-gender or ethnicity specific services?

Describe your mental health court.

What are the goals of your mental health court?

What makes your court unique/successful?

How does your court interact with the community?

What would you change about your court if you could?

Describe the turnover rate of mental health court employees including the judge and the mental health court team.

How does your court protect participants' confidentiality/privacy?

Describe the training process for mental health court team/staff members.

In what ways is your court sustainable?

Does your court offer an alumni program? What services does it include?

What barriers do you feel hinder your courts success?

Additional notes:

APPENDIX B

List of Abbreviated Terms and Definitions

AA: Alcoholics Anonymous
ANOVA: Analysis of Variance
AWOL: Absent without Official Leave
BJA: Bureau of Justice Assistance
DWI: Driving While Intoxicated
DUI: Driving Under the Influence
GAINS: **G** - gathering information **A** - assessing what works **I** - interpreting/integrating the facts **N** – networking **S** - stimulating change
GPS: Global Positioning System
IRB: Institutional Review Board
NA: Narcotics Anonymous
NCJFCJ: National Council of Juvenile and Family Court Judges
NDCI-National Drug Court Institute
NCDC: National Center for DWI Courts
ONDCP-Office of National Drug Court Policy
OSBI: Oklahoma State Bureau of Investigation
PACT: Program of Assertive Community Treatment
PSR: Psychosocial Rehabilitation
PTSD: Post Traumatic Stress Disorder
SAMHSA- Substance Abuse and Mental Health Services Administration
TBI: Traumatic Brain Injury
UA: Urine Analysis
UCR: Uniform Crime Rate
USDT: United States Department of Transportation
VA: Veterans Administration

APPENDIX C

JURISDICTIONAL ANOVA DATA

MHC 1 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 1	3	189.890	63.297	3.182
After MHC 1	3	166.240	55.413	2.387

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	93.220	1	93.220	33.480*	0.004	4.545
Within Groups	11.137	4	2.784			
Total	104.358	5				

*Note: variance in crime rate was found in MHC 1's jurisdiction: Significant at the p<0.1 level.

MHC 2 Variance in Jurisdictional UCR Crime Rate per 1000

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 2	3	114.590	38.197	2.003
After MHC 2	3	111.910	37.303	2.624

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	1.197	1	1.197	0.518	0.512	4.545
Within Groups	9.253	4	2.313			
Total	10.450	5				

Note: This jurisdiction is one of two served by MHC 2. Although results indicate a decrease in average crime rate after MHC 2 implementation. Statistical significance was not found for this jurisdiction at the p<0.1 level

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 2	3	85.700	28.567	3.388
After MHC 2	3	70.930	23.643	0.224

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	36.359	1	36.359	20.131*	0.011	4.545
Within Groups	7.224	4	1.806			
Total	43.583	5				

Note: This jurisdiction is one of two served by MHC 2. *Variance in crime rate was found for this jurisdiction: Significant at the p<0.1 level

MHC 3 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 3	3	68.42	22.81	3.29
After MHC 3	3	54.91	18.30	1.04

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	30.420	1	30.420	14.038*	0.020	4.545
Within Groups	8.668	4	2.167			
Total	39.088	5				

Note: *Variance was found for MHC 3's jurisdiction: Significant at the p<0.1 level

MHC 4 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 4	3	114.590	38.197	17.864
After MHC 4	3	94.890	31.630	10.067

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	64.682	1	64.682	4.631*	0.098	4.545
Within Groups	55.863	4	13.966			
Total	120.54	5				

*Note: Variance in crime rate was found in MHC4's jurisdiction. Significant at the p<0.1 level

MHC 5 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 5	3	72.950	24.317	0.533
After MHC 5	3	68.160	22.720	2.568

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	3.824	1	3.8240	2.4659	0.1914	4.5448
Within Groups	6.203	4	1.5508			
Total	10.027	5				

Note: No statistically significant variance in crime rate was found at the p<0.1 level

MHC 6 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 6	3	76.900	25.633	1.659
After MHC 6	3	83.970	27.990	3.350

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	8.331	1	8.331	3.326	0.142	4.545
Within Groups	10.019	4	2.505			
Total	18.349	5				

Note: No statistical variance in crime rate was found at the p<0.1 level.
The average UCR crime rate increased after MHC 6 implementation

MHC 7 Variance in jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 7	3	97.62	32.54	23.497
After MHC 7	3	88.85	29.617	2.003

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	12.819	1	12.819	1.005	0.373	4.545
Within Groups	51.001	4	12.750			
Total	63.820	5				

Note: No statistically significant variance in crime rate was found in this jurisdiction at the p<0.1 level

MHC 8 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 8	3	227.180	75.727	4.932
After MHC 8	3	231.450	77.150	14.058

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	3.0388	1	3.0388	0.3200	0.6018	4.5448
Within Groups	37.9807	4	9.4952			
Total	41.0195	5				

Note: No statistically significant variance in crime rate was found in this jurisdiction at the $p<0.1$ level
Average crime rate increased after MHC 5 implementation

MHC 9 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 9	3	49.36	16.453	15.572
After MHC 9	3	46.48	15.493	2.346

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	1.382	1	1.382	0.154	0.714	4.545
Within Groups	35.835	4	8.959			
Total	37.217	5				

Note: No statistically significant variance in crime rate was found at the p<0.1 level

MHC 10 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 10	3	97.090	32.363	17.121
After MHC 10	3	100.030	33.343	10.208

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	1.441	1	1.441	0.105	0.762	4.545
Within Groups	54.658	4	13.664			
Total	56.099	5				

Note: No statistically significant variance in crime rate was found at the P<0.1 level

MHC 5's jurisdiction saw an increased average crime rate after court implementation

MHC 11 Variance in Jurisdictional UCR Crime Rate per 1000

Anova: Single Factor

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
Before MHC 11	3	61.640	20.547	0.103
After MHC 11	3	73.270	24.423	2.202

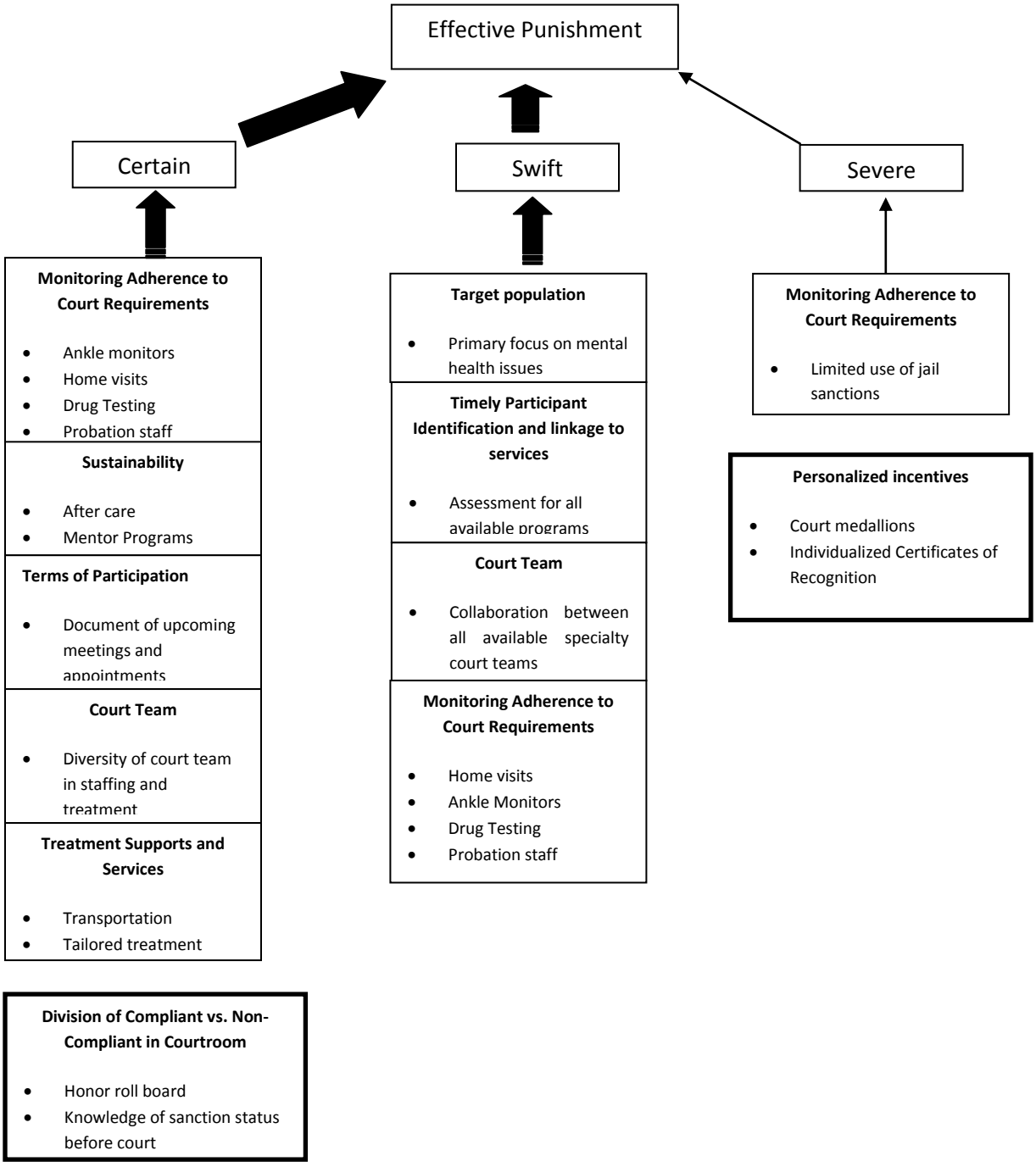
ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	22.543	1	22.543	19.553*	0.011	4.545
Within Groups	4.612	4	1.153			
Total	27.154	5				

*Note: Although MHC 11 saw a statistically significant variance in crime rate at the p<0.1 level, the average crime rate significantly increased after MHC 11's implementation

APPENDIX D

A Structural Model of Found Grounded Theories



Note: Adapted from Thompson, M., Osher, F. C., & Tomasini-Joshi, D. . (2008). Improving responses to people with mental illnesses: The essential elements of a mental health court., from https://www.bja.gov/Publications/MHC_Essential_Elements. Pdf and Thrasher, R. R. (2001). *Serious Crime and Public Consumption of Alcohol*. New York: LFB Scholarly Publishing.

VITA

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