



The Court Coordinated Resources Project – Mental Health Court in Alaska

The Alaska judicial system has given rise to one of the first four mental health courts in the country. Two district court judges, Stephanie Rhoades and John Lohff, are now guiding the development of a therapeutic court in Anchorage that is attempting to alleviate some of the problems posed by mentally ill individuals charged with criminal offenses. Without many previous practical models to build upon, this effort—the Court Coordinated Resources Project (CRP)—is grappling with issues of administration, funding and staffing as it erects a new framework for court handling of mentally ill misdemeanor offenders.

For a variety of reasons, the mentally ill have become a sizeable component of the population appearing in criminal courts, both in Alaska and in the country as a whole. Most justice system professionals—police, correctional personnel, attorneys and judges—have recognized that the routine shuffling of mentally ill offenders in and out of jails and prisons that occurs within the ordinary justice system process has little positive effect on offender behavior and may exacerbate mental instability, leading to further criminal behavior.

By engaging offenders with an appropriate routine of care, the mental health courts now appearing in various parts of the country seek to prevent unnecessary jailing of the criminal mentally ill, while at the same

Table 1. Charges Against Defendants in Anchorage Mental Health Court

Arson 1	Misconduct involving controlled substances 3
Arson 2	Misconduct involving weapons 4
Assault	Practicing/assignment
Assault – apprehension of injury	Reckless driving
Assault 3	Remaining in place of prostitution
Assault 4	Resisting officer
Assault on a peace officer	Sexual assault 2
Assignment	Shoplifting
Child abuse	Stalking 1
Criminal mischief 2	Terroristic threat
Destruction of property	Theft
Discharge of firearms	Theft 2
Disorderly conduct	Theft 3
Driving while intoxicated	Theft by shoplifting
Driving with license revoked or suspended	Theft of lost property
Failure to stop	Theft over 50
False report	Trespass
Harassment	Unlawful contact
Illegal use of telephone	Vehicle tampering
Indecent exposure	Vehicle theft 1
Malicious destruction of property	Violating domestic violence order

Source: Court Coordinated Resources Project

time protecting the community as a whole from further criminal behavior. The first four courts arose in Broward County, Florida in 1997; in King County, Washington in 1999; in Anchorage in 1999 and in San Bernardino, California in 1999. All except the San Bernardino court deal with misdemeanor offenders only; all try to intervene as soon as possible after an individual has been arrested or charged. Each of the courts provides more intensive supervision of offenders than occurs usually with misdemeanants. Each relies on a team approach, with the judge at the center providing overall direction and monitoring. The team comprises prosecution and defense attorneys, case administrators and mental health treatment providers. An important characteristic of these courts is that they are creating a new web of relationships among components of the justice system and the mental health community.

The Structure of the Anchorage Mental Health Court

The Anchorage mental health court project, officially structured by a court administrative order in 1999, is a post-conviction/post-plea sentencing court, not a trial court. A defendant makes the decision to enter the program with the assistance of counsel. The court ascertains that the defendant is competent to make the decision and that the decision is voluntary. In most cases, the defendant enters a plea of guilty or no contest to the misdemeanor charges in exchange for a plea agreement that the sentence will not involve jail time. An offender can choose to end his participation in the mental health court process at any time and return to the regular district court process for sentencing.

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- A discussion of the mentally ill in the correctional system in Alaska and the U.S. (page 4).
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Evaluating the Anchorage Mental Health Court

Teresa W. Carns

The Alaska Judicial Council is in the first stages of evaluating all of the therapeutic court programs currently underway in the Alaska Court System. Although demonstrating the effectiveness of therapeutic justice projects will be essential to their continued existence and improvement, the data desired by policymakers and citizens can be very difficult to obtain.

Evaluating the mental health court project (Court Coordinated Resources Project, or CRP) has presented special difficulties. In those therapeutic projects which focus on drug or alcohol addiction, the programs have been designed to include a beginning—usually the date on which the defendant's plea is entered and final agreements are signed—sometimes phases or specific steps, and an end—the “graduation” date. These programs typically include a specified set of activities: status hearings before the judge with all members of the team, monitoring of drug or alcohol use, specific sanctions and incentives, treatment requirements, and other conditions such as employment. Each defendant receives similar treatment.

In contrast, the mental health court project usually handles defendants who are chronically ill, for whom the expected outcome is not a cure but stability or improvement in the overall situation. Because each defendant's situation and illness or condition is different, CRP does not have a set program for each defendant. Not only do programs differ for each client, they may also last different lengths of time—from a few weeks to a year or more. There are no specific criteria for successful “completion” of a CRP program: the judge, treatment providers, case managers and attorneys must decide when the defendant has met the requirements set in the treatment plan. In the other therapeutic court projects, all of a defendant's cases are consolidated before the therapeutic judge as a condition of participation. In CRP, some defendants have cases that are not handled by the CRP or have different CRP cases going on at the same time. CRP defendants may complete a treatment plan or leave the program and then return months later with a new CRP case.

In designing an evaluation of the project, the Judicial Council has first set parameters for each case. The starting date for evaluation will be the date of the first CRP hearing in the case file. A case will be considered to have received CRP services if it has at least four total CRP hearings described in the file. The end date for evaluation purposes may

be a date shown in the file as the end date (these rarely are available for project cases before April 2001), the date of the last hearing in the case, or a date—chosen depending on the date when the evaluation data are being collected—six months, one year, or another appropriate number of months after the first date in the file. The services provided will be distinguished according to case management providers. Finally, the outcomes for each defendant will be based on the defendant's own record before and after entering the court. Because of the referral processes used to send defendants to CRP, and the resources available for the work, it is not possible to define an experimentally valid control or comparison group.

The Judicial Council has designed two different databases for information about each case. The first, the criminal justice database, focuses on the charging and sentencing aspects of each case. This database includes data about not only CRP defendants but defendants in each of the other projects that the Council is evaluating and any control or comparison group defendants for the other projects. This database will have less information about individual defendants, but will permit analysis within each therapeutic justice project and also among the individual projects.

The second database derives from a database designed for use by any drug court or therapeutic project and approved by the Department of Justice. The Judicial Council is adapting this database to meet the needs of each individual therapeutic project. It will include much more information about each defendant, the intake process, case management, and outcomes. Obtaining the data will require that the case manager interview the defendant and incorporate information from a variety of sources—court hearings, case file, treatment providers, etc. Because of these restrictions, the custom databases will primarily contain information about the defendants actually receiving services from the therapeutic justice project. Information about earlier participants in the projects or about control or comparison groups will have to be separately entered from case files or other sources of information. CRP staff and the Judicial Council are still adjusting this database to meet the project's needs.

The outcome measures for the mental health court project include a comparison of the numbers of days incarcerated from before the program to those after a certain period in the program and a comparison between the number of days spent at Alaska Psychiatric Institute before and during/after

participation in CRP. These data will come from the Department of Corrections and API. The evaluation will determine the total number of days the defendant has been incarcerated or at API during his adult lifetime, the number of days spent during the year before the defendant entered the CRP project, and the number of days spent in either location after receiving services from CRP for a specified period of time (e.g., six months, twelve months, or other appropriate period). Two different criteria will indicate improvement or success. If the defendant spent significantly fewer days in incarceration or API during the period of actually receiving services from CRP, the defendant's handling will be described as successful, because CRP services cost the state substantially less money than either incarceration (about \$114/day) or API. If the defendant spends significantly fewer days in either situation after the end of CRP services, it will be considered a further success.

Other criteria for success may also be used, depending on the data available for the evaluation. For example, an improvement or stabilization in a defendant's housing situation as a result of CRP services also shows success. The number of these criteria that can be used and their validity will depend upon the data collected by program staff and made available to the evaluators. The Council will also draw on data from other agencies, such as criminal history information from the Department of Public Safety. The Council will make status reports every six months to the court and the Mental Health Trust Authority.

Teri Carns is the senior staff associate with the Alaska Judicial Council. She is also co-authoring a piece on therapeutic justice in Alaska that will appear in the June 2002 issue of the Alaska Law Review.

André Rosay

Dr. André Rosay will join the Justice Center this summer as an assistant professor. Rosay received his doctorate in criminology and criminal justice from the University of Maryland at College Park in 1999. He has taught previously at the University of Delaware and the University of Maryland. He has published articles in the *Journal of Quantitative Criminology* and *Criminology*, and is currently working on an examination of sentencing decisions for DUI and robbery offenders in Alaska.

Alaska Therapeutic Court Projects

The mental health court project discussed in this *Forum* issue is one of several therapeutic court projects in Alaska now in varying stages of implementation. Among the others are:

Felony Drug Court, Anchorage (Judge Stephanie Joannides). This court, which is partially grant-funded, has been in operation since June 2001. It handles felony cases in which the actual charge is a drug offense or a property offense with a drug problem underlying the offense. Defendants participate in a three-phase program of treatment as part of the sentence. At this time, no de-

fendants have yet finished their sentences under this court.

Felony DWI Court, Anchorage (Judge Stephanie Joannides). This court, which has been created and funded by the state legislature, began at the end of 2001. It will focus on defendants with multiple driving-while-intoxicated offenses.

Wellness Court, Anchorage and Juneau (Judges James Wannamaker and Peter Froehlich). These courts handle misdemeanor cases primarily involving repeat drunk driving offenders. As part of sentencing conditions, defendants agree to use

Naltrexone, a prescription medication that reduces craving for alcohol. The Wellness Court has been in operation for three years.

All of these courts depend heavily on continuous monitoring of defendants and attempt to consolidate all cases for a particular defendant under the one judge. There are other court projects in the planning stages that will also draw upon a therapeutic model, including another felony-level alcohol court in Bethel. Table 1 provides a comparison of justice theories and defines the components of each, including therapeutic justice, upon which these courts are based.

Table 1. Comparison of Justice Theories

	Retributive justice	Therapeutic justice	Restorative justice	Community justice
Definition of crime	Crime is a breach of a rule created by a sovereign. Crime should be addressed by professionals who are not connected to the victim or the offender.	Crime is a manifestation of illness of offender's body or character. Crime should be addressed through treatment by professionals.	Crime is a disruption of community harmony and relationships. Crime should be addressed in the community by the community, the victim, and the offender.	Crime is committed by people who are not invested in the community and is caused by complex social problems. Crime should be addressed in the community by a partnership between the community and criminal justice agencies.
Primary focus	Focus on defendant.	Focus on defendant's rehabilitation, including teaching accountability.	Equal focus on offender, community, and victim.	Focus on enhancing and sustaining community life as a way of preventing crime and exerting social control.
Sentencing goals	Vindicate social values, deter defendant and others, isolate defendant from community, rehabilitate defendant if possible. Primary beneficiary is government, second is society, and third, the victim.	To correct/heal the offender, who receives most services and benefits. Society is secondary; victim benefits to the extent that offender is rehabilitated.	Repair the harm, heal victim and community, restore offender to healthy relationship with community through offender accountability, encourage community to take responsibility for responding to crime.	Similar to goals of restorative justice; however, community justice also attempts to address some of the social problems underlying crime and to involve local residents in planning and decisionmaking.
Use of incarceration	A primary form of sanction.	May be used as a sanction and to protect community (comparable to quarantine).	May be necessary to protect community; restorative justice principles should be applied within institutions.	May be necessary to protect community.
Measures of success	Fairness of process; equality and proportionality of sanctions (i.e., sanctions are related to seriousness of crime and similarly situated offenders receive uniform sanctions).	Regained health of offender; offender demonstrates accountability in work, family, community; low recidivism.	Emotional and financial restitution for victim, restoration of community harmony, return of offender to valued role in community, low recidivism.	Citizens are directly involved in setting crime-response priorities; all citizens are strongly invested in the community; crime rates decrease.
Examples	Current criminal justice system, most youth courts.	Wellness court, drug court, mental health court, some tribal courts, some youth courts.	Victim-offender mediation, circle sentencing, family group conferencing, reparative probation, citizen boards, some tribal courts.	Community policing and prosecution, Navajo Peacemaker courts, community courts, some tribal courts.

Source: Chart constructed by Susanne DiPietro, in part from Judge Edward J. Cashman, materials on restorative justice, and Leena Kurki, "Incorporating Restorative and Community Justice Into American Sentencing and Corrections," *Sentencing & Corrections: Issues for the 21st Century*, No. 3 (National Institute of Justice Research in Brief, September 1999), NCJ-175723.

Corrections and the Mentally Ill

According to data from a prison census conducted by the Bureau of Justice Statistics, in 2000 one in every eight state prisoners was receiving some mental health therapy or counseling services. Nearly 10 percent—105,000 individuals—received psychotropic medications, including antidepressants, stimulants, sedatives, tranquilizers or other anti-psychotic drugs. Alaska reported 9 percent of inmates receiving such medications. Nationally, about 10 percent of those identified as mentally ill, approximately 19,000 inmates, were receiving 24-hour care in a special housing or psychiatric unit. (This was 1.6% of all inmates nationally.) At the time of the census, Alaska had 93 inmates receiving 24-hour care—2.9 percent of all prisoners in state facilities.

Nationwide, nearly 70 percent of all facilities housing state prisoners offer mental health services to inmates. Forty-seven states, including Alaska, reported mental health/psychiatric confinement as a special function with the correctional department. In general, state prisons screen inmates for

mental health disorders prior to placement in a facility.

An earlier BJS study, conducted in 1998, found that mentally ill inmates (who were self-identified in this study) were more likely to be incarcerated for a violent crime: 53 percent of those mentally ill, compared to 46 percent of all other prisoners, had committed a violent offense. These inmates also tended to have longer prior criminal histories. Among the mentally ill, 52 percent reported three or more prior sentences, compared to 42 percent of other state inmates.

The mentally ill inmates also reported high rates of homelessness and unemployment. Among these prisoners, 20 percent reported a period of homelessness in the year before their arrest; 39 percent had been unemployed.

The mentally ill inmates also exhibited higher rates of alcohol dependence than other inmates. Approximately one-third were assessed as alcohol dependent.

The Alaska Department of Corrections is, in effect, the largest provider of in-patient psychiatric services in the state. In the 2000 study Alaska reported 93 inmates receiving 24-hour care; 286 receiving some type of therapy or counseling and 238 receiving psychotropic medicines.

In this state, as elsewhere, the high rate of incarceration of mentally ill persons can be at least partially ascribed to the deinstitutionalization which has occurred over the last few decades. Beginning in the 1960s, advocates for the mentally ill sought to reduce the number of persons in mental hospitals, maintaining that many patients who at that time lived on a long-term basis in such institutions could lead fuller lives outside these facilities if they had access to appropriate medical care and other assistance in the community. Now, while such patients are no longer confined to mental institutions, adequate funding for the necessary network of community care has never materialized, with the result that the mentally ill often lack access to adequate housing, appropriate activities and the medication necessary to maintain stable behavior. Many live on the street or in shelters, under conditions that can lead to deterioration in behavior and involvement with the justice system.

In Alaska over the last two decades, deinstitutionalization has resulted in a gradual reduction in the availability of long-term, in-patient care at the Alaska Psychiatric Institute, the state's only long-term psychiatric facility. Moreover, Alaska

communities, particularly in the rural areas, have little provision for emergency psychiatric care. The absence of alternatives can lead to the police being needed to assist with mentally ill individuals who have become unstable and disruptive.

There are other aspects to the problem of mental illness which are particular to Alaska. The state has a high rate of occupational head injuries with no major rehabilitative facility. In addition, Alaska has a high rate of fetal alcohol syndrome. Individuals with these afflictions who are not properly supervised and engaged in structured activity can become disruptive and violent—leading to involvement with the police, courts and Department of Corrections.

The Department of Corrections conducts physical and mental health screenings of all individuals at intake, resulting in approximately 2000 referrals made annually to the department's mental health staff. Treatment is available at all institutions, with psychiatric hospital units at Cook Inlet Pretrial for male inmates requiring this level of care and at Hiland Mountain for female inmates. (There are no DOC beds at API, but an adult secure/forensic unit has beds for court-ordered evaluations, short-term competency restoration and longer stays under certain conditions.) DOC also utilizes telemedicine and telepsychiatry to extend the reach of treatment staff capabilities.

In addition to providing required medical care, DOC conducts programs for all mentally ill felons within its institutions. For inmates in the general population, programs focus on training in anger management, correcting thinking errors, problem-solving and developing a moral framework. Inmates within the treatment units at Hiland Mountain and Cook Inlet have a full daily schedule of intensive therapy and counseling.

The department also attempts to provide a bridge of treatment programs for mentally ill inmates being released. It has contracted with community social service agencies to assist such inmates for a period after release from prison. The agencies guide individuals in finding housing, in structuring their days through jobs or other activities, and in obtaining access to various benefits, including funding for necessary medications,

The information in the preceding article is based on information from the Alaska Department of Corrections and BJS reports "Mental Health Treatment in State Prisons, 2000" (NCJ 188215) and "Mental Health and Treatment of Inmates and Probationers" (NCJ 174463).



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A BJS Report

Justice System Expenditures in Alaska and the Nation

In 1999, Alaska spent more per capita on justice functions than any other state—almost \$725 per person. The national average was \$442 per capita. Of the \$725, just over \$283 was spent on law enforcement, \$195 on judicial and legal functions, and \$246 on corrections.

While the per capita expenditures were the highest among the states, the percentage of local and state employees working in the justice system in Alaska was among the lowest. Only nine percent of Alaska's state workers were so employed, compared to a national average of almost 13 percent. Close to 4400 individuals worked in state and local justice positions in Alaska in 1999.

In 1999, the United States spent a record \$147 billion for police protection, corrections, and judicial and legal activities. The nation's expenditure for operations and outlay of the justice system increased 309 percent from almost \$36 billion in 1982. (Discounting inflation, that represents a 145 percent increase in constant dollars.)

Local governments funded more than half of all justice system expenses. Another 39 percent of justice funding came from the states.

Criminal and civil justice expenditures comprised approximately 7.7 percent of all state and local public expenditures in 1999. Compared to justice expenditures, state and local governments in the United States spent almost four times as much on education, almost twice as much on public welfare, and a roughly equal amount on hospitals and health care.

In March 1999, the nation's justice system employed nearly 2.2 million persons, with a total March payroll of \$7.2 billion. More than half of all justice employees worked at the local level. A third were state employees. The remaining 8.7 percent were federal employees, more than half of whom worked in police protection.

Expansion of the Nation's Justice System, 1982-1999

The increase in justice expenditures over nearly 20 years reflects the expansion of the nation's justice system. For example, in 1982 the justice system employed approximately 1.27 million persons; in 1999 it reached over 2 million.

Police protection. One indicator of police workload, the FBI's arrest estimates for state and local police agencies, grew from 12 million in 1982 to an estimated 14 million in 1999. The number of employees in police work increased from approximately 724,000 to over one million.

Judicial and legal. The judicial and legal workload, including civil and criminal cases, prosecutor functions, and public defender services also expanded during this period. Cases filed in general and limited jurisdiction state courts went from about 86 million to 91 million in 15-year period from 1984 to 1999. The juvenile court workload also expanded from one million delinquency cases in 1982 to 1.8 million in 1998. The total of judicial and legal employees grew about 84 percent to 455,000 persons in 1999.

Corrections. The total number of state and federal inmates grew from 400,000 in 1982 to nearly 1,300,000 in 1999. This was accompanied by the opening of over 600 state and at least 51 federal correctional facilities. The number of local jail inmates also tripled, from approximately 200,000 in 1982 to 600,000 in 1999. Adults on probation increased from over 1.3 to nearly 3.8 million persons. Overall, corrections employment more than doubled from nearly 300,000 to over 716,000 during this period.

This article is based on the BJS Bulletin "Justice Expenditures and Employment in the United States, 1999," NCJ-191746.

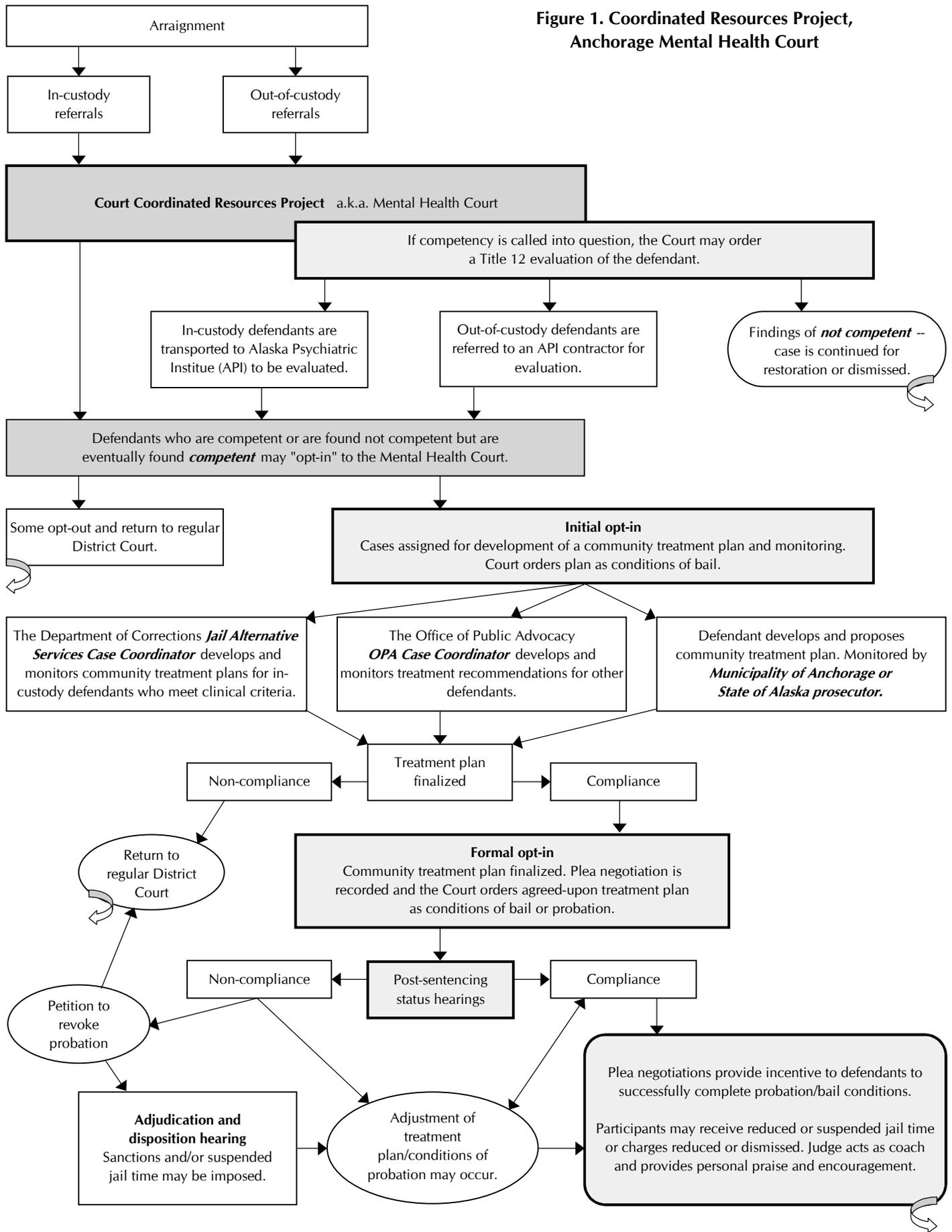
Table 1. State and Local Justice System Per Capita Expenditure, by State and Activity, Fiscal Year 1999

State	Rank of total per capita expenditure	Expenditure per capita			Total justice system
		Police protection	Judicial and legal	Corrections	
District of Columbia	1	\$592.1	\$66.8	\$553.4	\$1,212.3
Alaska	2	283.4	195.1	246.4	724.9
New York	3	292.4	113.4	224.2	630.1
California	4	240.9	169.2	192.8	602.9
Delaware	5	194.0	109.8	257.3	561.1
Nevada	6	231.7	107.8	203.2	542.7
New Jersey	7	236.6	113.9	167.9	518.4
Florida	8	224.2	84.0	194.9	503.1
Wyoming	9	189.2	100.9	192.5	482.6
Arizona	10	201.8	105.0	165.6	472.4
Massachusetts	11	218.7	99.8	146.3	464.8
Oregon	12	184.3	74.6	204.6	463.5
Connecticut	13	193.6	107.8	153.6	455.0
Maryland	14	191.2	87.8	172.1	451.1
Wisconsin	15	196.6	79.3	172.8	448.6
All state and local		\$189.8	\$89.9	\$162.4	\$442.1
New Mexico	16	\$194.1	\$85.2	\$161.3	\$440.6
Michigan	17	172.3	83.2	183.7	439.3
Colorado	18	180.9	74.3	183.1	438.3
Hawaii	19	182.5	136.4	110.8	429.7
Pennsylvania	20	171.2	79.6	173.7	424.4
Ohio	21	179.4	95.6	149.3	424.2
Washington	22	162.0	83.8	172.5	418.3
Illinois	23	224.4	70.6	123.3	418.2
Louisiana	24	183.3	76.3	151.2	410.7
Rhode Island	25	179.2	94.7	134.2	408.1
Utah	26	161.4	80.7	158.4	400.4
Virginia	27	156.6	67.9	163.8	388.3
Texas	28	148.5	60.0	179.2	387.6
Idaho	29	149.1	75.7	159.3	384.2
Georgia	30	144.6	63.1	157.2	364.8
Minnesota	31	166.8	85.2	111.6	363.6
Kansas	32	161.6	74.4	119.0	355.0
North Carolina	33	155.4	58.1	137.5	350.9
Montana	34	134.5	71.0	134.0	339.5
South Carolina	35	147.0	43.9	140.0	330.9
Missouri	36	153.9	56.2	114.4	324.5
Tennessee	37	151.0	70.2	102.1	323.3
Iowa	38	135.8	82.7	96.2	314.7
Kentucky	39	109.6	69.2	124.0	302.8
Oklahoma	40	119.9	51.1	130.6	301.6
New Hampshire	41	141.8	69.7	87.4	299.0
Alabama	42	145.3	57.9	91.7	295.0
Nebraska	43	128.8	54.3	100.9	284.0
Indiana	44	124.5	50.0	108.7	283.2
Mississippi	45	135.7	53.6	92.5	281.7
Arkansas	46	126.2	48.4	105.1	279.7
South Dakota	47	115.3	49.2	103.5	268.0
Maine	48	122.5	50.9	84.0	257.4
Vermont	49	102.8	81.2	64.2	248.1
North Dakota	50	102.9	66.2	74.3	243.3
West Virginia	51	87.3	55.7	85.0	228.0

Note: These data are based on a summation of responses from individual states and local government agencies. Local government data are estimates subject to sampling variability.

Source: Bureau of Justice Statistics

Figure 1. Coordinated Resources Project, Anchorage Mental Health Court



Courtesy of Judge Stephanie Rhoades and Kathi Trawver, LCSW, CRP Project Manager, Alaska Court System.

Mental health court

(continued from page 1)

Defendants in mental health court have been charged with a wide range of offenses—many of them low level assaults or property crimes. Table 1 presents a list of some of the offenses with which defendants who have appeared in the court have initially been charged. (Charges are often reduced later in the process as part of the plea and sentencing agreement.)

The Anchorage mental health court project has developed with two paths of entry to the court. The first—through the Jail Alternative Services program (JAS)—is limited to forty participants at a time. A participant must meet the following criteria: be confined in jail on a misdemeanor charge and be diagnosed as suffering a major mental illness with a history of psychosis or an organic brain injury. Defendants may have prior records. A Department of Corrections staff member serves as case manager for JAS participants.

The second path to participation in the health court project is not as restrictive as JAS in the required medical diagnosis. Offenders must be charged with a misdemeanor and be diagnosed with or exhibit obvious symptoms of mental illness, organic brain syndrome or developmental disability. There need be no history of psychosis to enter the court through this administrative path. At this time the court has not had to set a limit on the number of participants it can handle from this administrative side. Participants include JAS-eligible offenders who cannot enter the JAS program itself because of its size restrictions and others referred by judges, jail personnel, attorneys, police, families and other sources. A second case manager monitors the progress of these participants during their time with the court. Figure 1 illustrates the path a cases takes through the CRP process.

The aim of the court with both groups is to provide an alternative to jail by establishing a treatment plan for the offender to follow as part of a suspended sentence with a probationary term. In general, following treatment conditions is a condition of probation. Although plans vary with the needs of the individual offender, they commonly include provisions for taking necessary medication, establishing and continuing contact with a mental health treatment provider, meeting at scheduled times with the case manager, and appearing in court for periodic status hearings. Failure to meet the conditions of the plan—or committing a new offense—will trigger reassessment of an individual's probationary status. Case managers stay in regular contact with treatment

providers, defense attorneys, prosecutors, and the court's program administrator regarding the progress of participants. Treatment plans can be revised if an offender's condition or behavior indicates a need for modification. The court project recognizes that setbacks are to be expected with the mentally ill and that there will be an ebb and flow of stability in an individual's life.

Because it is common for mentally ill defendants to have a number of cases open at once, the mental health court attempts to bring all of these together for consideration by one judge at the same time; however, in practice, this is not always accomplished. As of February 2002, the court, which sits on Tuesday, Wednesday and Thursday, was handling 110 defendants, with one to six cases per defendant.

The judges handle mental health court hearings with more flexibility than ordinary district court proceedings, permitting and eliciting more discussion among participants in the process. With the understanding that the treatment plan provides the framework for an offender's probationary status and determines a process which may cover a long period of time, the adversarial positions of counsel are muted.

Because of their illnesses, very few defendants are employed, and many have precarious housing arrangements. They live on the streets, in the shelters such as Brother Francis, or in cheap motels. The thrust of the treatment plans devised as part of sentences in mental health court is to guide each defendant into a routine of care and medication, if necessary, and to help each build a daily structure of activities that will provide some safeguard against instability leading to further criminal behavior.

The two case managers for the mental health court project work with most of the major treatment agencies in Anchorage to implement defendant treatment plans—Southcentral Counseling, Hope Cottages, Arc of Anchorage, Southcentral Foundation and others. One treatment problem that arises regularly is that defendants often demonstrate substance abuse problems in addition to mental illness. There are few resources for assisting offenders with these dual problems, although Clitheroe does accept such cases. In most cases the costs entailed by the treatment regimens are covered by entitlement programs—Social Security, Medicaid, VA benefits. Occasionally a defendant has private insurance.

Funding and Administration

The mental health court has required some redirection of court system resources

and personnel and, with perhaps more impact on a day-to-day basis, some redesign of procedures to facilitate the functioning of the court.

The Alaska Mental Health Trust Authority has provided some funding for the project through fiscal year 2003. This money has permitted the creation of a program manager position with general responsibility for coordinating the administration of the court and acting as a liaison with other agencies involved with the project. Trust monies are also funding the JAS program through the Department of Corrections, the second case manager position (through the Office of Public Advocacy, for administrative purposes) and a program evaluation being conducted by the Alaska Judicial Council.

To a great degree, devising and instituting new administrative and clerical procedures to permit the CRP to function with consistency has been the one of the largest tasks involved in establishing the court. The project has necessitated modifications in the administrative routines of the court system at many levels. For example, a procedure for reviewing daily district court arraignment schedules to identify possible candidates for the court was put in place, and new paths for file handling were needed to ensure that cases remained under the mental health court judges. Such behind the scenes administrative changes, which demand personnel time, combine slowly to provide necessary stability and daily continuity in the program.

The other branches of the justice system involved with CRP and the various treatment agencies have also made changes in operations to accommodate the design of mental health court. The treatment plan focus, with the regularly scheduled status hearings, requires more court appearances on the part of attorneys, case managers and treatment providers. Further, the need for stability among the team of justice professionals dealing with each defendant requires that one prosecutor and one defense attorney be assigned throughout a particular defendant's involvement with the court. The state Public Defender has been able to dedicate one attorney position to the court, also with funding from the Mental Health Trust. The Municipality of Anchorage and the state District Attorney's office have also dedicated attorneys to the program but these positions do not have external funding.

Evaluation of Mental Health Courts

Neither the Alaska project nor any of the other mental health courts throughout the

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Mental health court*(continued from page 7)*

country has been in existence long enough to derive a clear picture of the effectiveness of this approach to handling the criminal mentally ill, the demands on court administration, or possible legal challenges. An article providing a theoretical and legal overview of Alaska's various therapeutic court projects, including the mental health court project, will appear in the June 2002 issue of the *Alaska Law Review*. In addition, a descriptive report by the Bureau of Justice Assistance on the first four mental health

courts—"Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino and Anchorage"—summarizes the background, history and approach of each court and presents some initial quantitative data, but at the time of the report's publication, the first of the courts, in Broward County (Fort Lauderdale) had been in existence less than three years and the others for even shorter periods, so the analysis is very preliminary.

More extensive examinations of the first mental health courts are now underway, including one being conducted by the Alaska

Judicial Council. As the article on the Judicial Council study, "Evaluating the Anchorage Mental Health Court," details, to evaluate these courts it is necessary to decide first what points and factors will provide valid measures of effectiveness.

The preceding article was based on interviews with personnel of the Alaska Court System, the Alaska Department of Corrections, and the Alaska Judicial Council, on court documents, on data assembled by the U.S. Department of Justice, and on observations in court hearings.

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