Qualitative Evaluation of the King County Regional Mental Health and Veterans Courts

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This report was prepared by the University of Washington HaRRT Center Evaluation Team with important contributions from the Regional Mental Health and Veterans Court Evaluation Advisory Committee and others acknowledged on the back page.

Executive Summary

- **Purpose:** This report documents the aims, structure, processes and perceptions of the Regional Mental Health Court and Veterans Court (RMHC/RVC) as well as recommendations for program enhancement. It also places the RMHC/RVC in the context of the existing evidence base on therapeutic courts.

- **Data collection:** We used program materials and naturalistic observations of RMHC/RVC proceedings to gather data about the program's aims, structure and processes. Additionally, we individually interviewed RMHC/RVC staff (*n*=18), former defendants or court-involved individuals (to conserve space, court-involved individuals are hereafter referred to as CII; *n*=2), and an additional key stakeholder (*n*=1) between January 2018 and April 2018 to gather data on participants' experiences with, perceptions of, and recommendations for the RMHC/RVC. We regularly shared our progress with an Evaluation Advisory Board (EAB), which comprised key stakeholders from staff and management (*n*=8), to inform, clarify, expand upon and interpret these data.

- **Analyses:** Triangulating these data sources, we used conventional content analysis, which is a means of analyzing words as opposed to numbers, to identify key themes relevant to the scope of work. In this approach, the qualitative data (i.e., words in transcripts) are systematically analyzed by multiple coders to produce general themes, which represent an amalgam of multiple participants' perspectives. In the presentation of these general themes, we use specific quotes that are particularly illustrative to more fully define and characterize the themes and show they are "grounded" in the data.

- **Findings:** Findings were documented regarding 5 aspects of the RMHC/RCV: aims, structure, processes, perceptions, and recommendations.

    - **Aims, structure and processes:** Aims included reducing recidivism and criminal justice system utilization; improving systems functioning; serving and benefitting the community; and assisting CIIs in improving their stability and quality of life. The structure comprises a multidisciplinary and collaborative network of individuals representing various parts of the participating County and Veterans Affairs systems (e.g., probation, prosecution, defense, court management, clinical services, and Veterans Affairs). Using well-defined yet individualized pathways, the RMHC/RVC facilitates CIIs' navigation of their respective systems to "graduation" and achievement of the above-stated aims.

- **Program perceptions:** Participant perceptions were roughly divided into strengths and challenges of the existing approach.

  - **Strengths of the RMHC/RVC** were centered in its use of an alternative and intended therapeutic approach to criminal justice as opposed to the more adversarial approach of the court system as usual. Specifically, participants reported that the RMHC/RVC:
    - Affords more flexibility to staff in working with CIIs;
    - Draws on a strong, interdisciplinary and collaborative network of court and community professionals;
    - Strives to humanize CIIs' struggles and reduce stigma of psychiatric disorders (i.e., either substance use and mental health disorders) to the benefit of the CII and the larger community; and
    - Helps CIIs navigate and address their psychiatric disorders, legal difficulties, and basic needs to help set them up for success in both the short (e.g., connection to services inside and outside the court) and longer term (e.g., improved stability).

  - **Challenges facing the RMHC/RVC** were more concrete than the broader and more idealistic strengths. They often originated from difficulties in day-to-day systems functioning. There was one, primary exception: Many staff questioned whether the RMHVC can be truly "therapeutic" in the context of what was acknowledged by most staff to be an inherently punitive system. More concrete challenges included:
    - Low staff morale due to overwork, burnout, communication breakdowns, and perceived understaffing;
    - Need for more clinical training and clinical supervision;
    - System demands (i.e., competence requirements, eligibility criteria, perceived potential for success in the program) resulting in inadvertent preference for higher functioning CIIs at the expense of CIIs in greater need of services;
    - Concerns about staff safety with CIIs;
    - Power dynamics that affect both staff and CIIs; and
    - Limited or incomplete resources available to address CIIs' various needs (e.g., housing).

- **Recommendations for program enhancement:** Staff, CII and stakeholder recommendations for enhancing RMHC/RVC programming were made in the following areas.
  - Processes
    - Improving appropriateness of referrals by including comprehensive risk and needs assessments,
    - Expanding program criteria to be more inclusive of people who are more severely affected by psychiatric disability
    - Revisiting sentencing and sanctions and limiting use of jail to be less punitive and focus more on building relationships, expectations, creative solutions, and therapeutic goals.
  - Staffing Adjustments
    - Defining and communicating clearer role expectations for staff across the teams
    - Having adequate staff time to effectively address administrative tasks and manage caseloads
    - Better matching staff diversity to CII diversity
  - Improving staff collaboration and communication
    - Finding ways of deepening collaboration, communication and building team cohesion
    - Creating additional space for staff feedback and support for one another
  - Continuing education and professional support for staff
    - Boosting initial training efforts
    - Incorporating more opportunities for continuing education
    - Offering support groups and other therapeutic opportunities to cope with workplace stressors
  - Building in more CII-centered approaches for engagement
    - Further expanding program success to include CII-centered goals achievement
    - Respecting and humanizing CIIs within working relationships in the RMHC/RVC and in the larger community
    - Listening to and adequately addressing CIIs' needs while balancing them with those of victims and the community
  - Marshalling more resources to serve CIIs
    - Locating more resources (e.g., housing, transportation) to ensure CIIs' stability and thus maximize their likelihood for program success

- Identifying and incorporating nontraditional and evidence-based treatment and programming options (e.g., therapy dogs, harm reduction, meaningful activities programming)

- **Discussion of Findings**
  - Participants largely agreed that the primary intention of the RMHC/RVC was to reduce recidivism and criminal justice system utilization; improve systems functioning; serve and benefit the community; and assist the CII in improving their quality of life. Participants described a multidisciplinary and collaborative team and individualizable set of processes to help CIIs navigate through their respective systems. Participants reported appreciating the aims of the RMHC/RVC, but also pointed out challenges that could be addressed through concrete recommendations moving forward.
  - In the larger context, the aims, structure, and processes of the RMHC/RVC are comparable to other therapeutic courts on a national scale. Given the diversity of cases and psychiatric disorders, the RMHC/RVC are intentionally more flexible than some other therapeutic or problem-solving courts, such as drug courts.
  - This report is the first of two. The second, which is being conducted by Washington State Department of Social and Health Services (DSHS), will provide quantitative findings regarding the effectiveness of the RMHC/RVC in terms of criminal justice, health care and employment utilization outcomes.
  - In the meantime, the present report may be used to provide points for discussion about future program enhancement for the RMHC/RVC.

Qualitative Evaluation of the King County Regional Mental Health and Veterans Courts

Background

At the end of 2016, 6.6 million people, or 2.6% of the US adult population, were under supervision within the US adult correctional system.[1,2] According to the US Department of Justice, offenders with serious mental illness comprised more than half of all prison and jail inmates,[3] and Veterans comprised 8% of all inmates in federal and state correctional facilities.[4]

This traditional approach of prosecution and incarceration, however, has not helped to deter recidivism.[5] Thus, these populations frequently cycle through the criminal justice system in what is sometimes referred to as a "revolving door."[6,7] With the recognition that traditional approaches are not effective in exiting people from this revolving door, King County's Court system developed a range of therapeutic court programs, two of which are the King County Regional Mental Health Court and the Regional Veterans Court (RMHC/RVC).

Therapeutic courts, a type of problem-solving court, have proliferated in the US as innovative alternatives to the criminal or civil court systems. Conceptually following from the first drug court, which originated in the late 1980s, therapeutic court programs are founded on "therapeutic jurisprudence."[8] These programs incorporate "court interventions, generally including the use of treatment, that focus on chronic behaviors of criminal defendants, with the intention of addressing the underlying case of the illegal behavior and of reducing recidivism rates."[9]

Systematic reviews have indicated mixed but mostly positive results for drug courts. They are associated with reductions in substance use and incarceration, although not with reductions in arrests.[10-12] In the wake of this relative success, a wave of specialty therapeutic courts has emerged to shift the paradigm from a traditional adversarial approach to a more therapeutic and collaborative approach in working with defendants/court-involved individuals (hereafter CII) from marginalized groups.[13,14] Mental health court and drug court share similarities: They both serve marginalized populations, provide access to an array of community treatment and supportive services, and strive to reduce incarceration of people with psychiatric disorders.[2] It is, however, important to note that, unlike drug court, therapeutic courts do not have a strict and/or accepted set of guidelines, thus allowing for more flexibility in their approach.[2] Recent meta-analyses and reviews have indicated that, like drug courts, mental health courts are associated with lower recidivism.[15,24,25] However, studies assessing its association with other outcomes, including connection to services, adherence to psychiatric medications, and mental health outcomes have evinced more heterogeneous and less conclusive findings.[15]

King County District Court Regional Mental Health Court (RMHC)

The RMHC was founded in 1999. Including more recent 2012 revisions, its mission is to engage, support and facilitate the sustained stability of individuals with mental health disorders within the criminal justice system, while reducing recidivism and increasing community safety. By using a collaborative approach with various entities, CIIs who are referred into the court receive wrap-around services tailored to their needs.

King County District Court Regional Veterans Court (RVC)

The RVC was established in 2011 to address the mental health and substance use issues of Veteran CIIs through court-monitored treatment. This court strives to a) address the underlying issues that have resulted in a Veteran being referred to the criminal justice system, b) provide a court room environment that is supportive and respectful of the Veteran and the victim, and c) strive to increase public safety through a collaborative, team-based approach that includes the Veteran and incorporates individualized treatment plans, court monitoring and innovative approaches to resolve challenges.

Rationale and Aims of the Current Evaluation

The primary aims of this qualitative program evaluation were to:

1) Describe the RMHC/RVC aims, structure, and processes and place these in the context of the RMHC/RVC's mission and vision as well as national standards, and
2) Identify potential points for program enhancement.

Methods

Setting

The primary setting for the data collection was the King County Courthouse, which is located at 516 Third Ave, Seattle, WA. CII and key stakeholder participants were interviewed offsite to maximize convenience for evaluation participants.

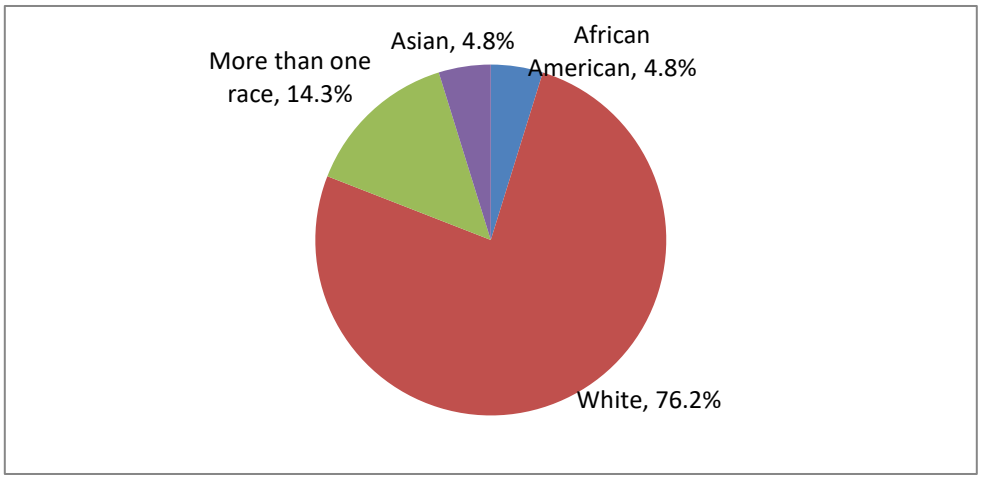
Evaluation Advisory Board (EAB)

Prior to launching the evaluation, the HaRRT Center evaluation team assembled the EAB, which comprised (*n*=8) members representing different parts of the RMHC/RVC staff and management (e.g., probation, prosecution, defense, court management, clinicians, and Veterans Affair (VA) representatives). The purpose of the EAB was to help plan and oversee the evaluation process, provide multiperspective context to clarify and enrich the analysis, and assist in data interpretation and dissemination. In total, 5 EAB meetings were held during the evaluation period at quarterly intervals.

Participants

Participants included RMHC/RVC staff and management (*n*=18), Veterans Court participants[a] (*n*=2), as well as an additional key stakeholder (*n*=1). Participants' mean age was 40.16 (*SD*= 10.65) years, and the majority reported female sex assigned at birth (62% female, *n*=13). Self-reported racial identities of all participants are shown in Figure 1, with 21% of the sample identifying with Hispanic/Latinx ethnicity.

Figure 1. Self-reported race of evaluation participants (*N*=21), including staff (n=18), key stakeholder (n=1), and CIIs (n=2).



[a] Note: The evaluation team made a strong effort to recruit a larger pool (*N*≈20) of CIIs from both the Veterans and mental health tracks of the RMHC/RVC. Unfortunately, we were unable to identify CIIs to represent the mental health track and were only able to recruit 2 CIIs to represent the Veterans track. The omission of data from CIIs should be considered when interpreting the findings of this report.

Data Sources and Measures

Sociodemographic measure. Single items assessing age, birth sex, race, and ethnicity were used to describe the participant sample.

Qualitative data sources. Four types of data were collected for primary analyses: a) written documentation about the RMHC/RVC (*n*=20 documents); b) field notes from naturalistic observations (*n*=8 observations); c) EAB meeting transcripts (*n*=5 meetings); and d) transcripts from one-on-one interviews with RMHC/RVC staff and management (*n*=18), Veterans Court participants (*n*=2), and other key stakeholders (*n*=1).

Written RMHC/RVC documentation included information posted on the RMHC/RVC websites, staff job descriptions, probation reports, treatment plans, eligibility criteria, and conditions of release paperwork.

Field notes were used to document data obtained during unobtrusive, naturalistic observations of RMHC/RVC proceedings attended by HaRRT Center staff (e.g., Seattle MHC and VC, RJC MHC, Kent MHC). These data were used to inform the one-on-one interview prompts and also provided the evaluation team with information regarding the setting, workflow, staff-CII interaction style, day-to-day activities, and potential points for program improvement.

EAB meeting transcripts provided background information to inform the RMHC/RVC structure and process descriptions.

Open-ended interview prompts were used in the context of semi-structured interviews to elicit participants' perspectives on various topics pertaining to the RMHC/RVC, including key program elements, strengths and areas for improvement, day-to-day experiences, interactions with staff and CIIs, and hopes and visions for the RMHC/RVC (see Appendices A and B for interview prompts for RMHC/RVC staff/stakeholders and CII participant interviews, respectively).

Procedures

All procedures facilitating data collection for this report were conducted between November 2017 and April 2018.

Documentation, naturalistic observations and EAB data collection. Starting in November 2017 and continuing throughout the project, evaluators requested documentation on the RMHC/RVC for review. From November to December 2017, evaluators engaged in 8 hours of naturalistic observations, which included members of the HaRRT Center evaluation team observing RMHC/RVC courtroom proceedings in Seattle, Kent and Issaquah to document day-to-day activities and operational procedures. These data were assembled and brought to the EAB, where they were initially used to inform the interview prompts and EAB discussions and later

used for background and context. Additionally, EAB meetings occurred at quarterly intervals and were used to clarify data sources and to provide context for analyses.

Participant interviews. Between January and April 2018, one-on-one, semi-structured interviews were conducted with 18 RMHC/RVC staff and management, 1 additional key stakeholder (a privately retained lawyer), and 2 RVC CIIs.

Initial contact with potential participants. In contacting potential staff participants, the HaRRT Center evaluation team obtained a list of all RMHC/RVC staff members and their contact details from the Acting Coordinator of the RMHC/RVC. The HaRRT Center evaluation team sent an informational email to potential staff participants explaining the purpose and aims of the evaluation and extending the opportunity to participate in a confidential, one-on-one interview to ascertain their experiences with the RMHC/RVC.

Potential CII participants were identified by RMHC/RVC management. To share the HaRRT Center evaluation team's invitation to participate, management mailed, called, handed out, and posted approved flyers in the housing program where RMHC/RVC CIIs resided. Flyers and telephone scripts outlined the purpose of the evaluation, invited CIIs to participate, and assured confidentiality of the one-on-one interviews.

Informational session and consent process. All interested participants contacted the HaRRT Center evaluation team via phone and/or email to voluntarily register their interest in participating in the evaluation. Evaluators reiterated the purpose of the evaluation and reviewed informed consent procedures. Verbal consent was obtained and participants were scheduled to meet with evaluators. In person, evaluators reviewed with participants the purpose and procedures of the interviews as well as their rights and roles as participants in the program evaluation. Participants were informed that their participation in the interview would not affect their jobs (staff participants) or their service provision (CII participants) and that comments and data would be aggregated and shared without personal identifiers. Participants provided written, informed consent (see Appendices C and D).

Participant interviews. Next, semistructured interviews lasting 45 to 60 minutes were conducted using the prompts described above and in provided in full in Appendices A and B. CII participants received a $20 payment for their time, and were assured prior to the interview that they would receive this incentive regardless of what they had to say. Staff participants as well as other key stakeholders were not paid for their time beyond their existing FTE, as evaluation and enhancement of their system was viewed as within their scope of work.

Data Analysis Plan

Sessions were audio recorded and transcribed for qualitative analysis. Transcripts were stripped of identifying information prior to data coding. Evaluators then conducted a conventional content analysis of participants' perceptions of the RMHC/RVC. Conventional

content analysis is a qualitative data analysis method used to interpret the content of text data through a systematic classification process involving coding and identifying themes.[16,17] Specifically, qualitative data (i.e., words in transcripts) are systematically analyzed by multiple coders to produce general themes, which represent an amalgam of multiple participants' perspectives. It should be noted that the analyst does not start with preconceived, theory-based notions about what types or categories of themes will be identified. Instead, the analyst allows the data to drive the themes.[16] The analyst then uses specific quotes that are particularly illustrative to more fully define and characterize the themes and show they are "grounded" in the data.

Atlas.ti version 7 was used to manage the data.[18] Data were independently coded using a constant comparative process.[19,20] Initial coding was conducted using an incident-by-incident technique, whereby coders narrated the actions occurring in the interviews.[19] Following independently conducted initial coding, evaluators created a codebook during consensus meetings, wherein incident-by-incident codes (i.e., codes that applied to a singular and distinct topic or event) were pooled and idiosyncratic or redundant codes were collapsed or removed. For example, if various participants brought up their need for more housing and transportation, these experiences were collapsed into the more general category of "a need for more social services resources." In the next coding phase, we used the categories and codes outlined in the codebook to independently code the transcripts.

Results

In this section, we report on our analysis of the data collected through various qualitative sources to describe the RMHC/RVC in terms of its aims, structure, processes, strengths, and challenges. We close with recommendations made by participants.

RMHC/RVC PRIMARY AIMS

Across various data sources, the primary goals of the RMHC/RVC were described as reducing recidivism and criminal justice system utilization; improving systems functioning; assisting the CII to improve their quality of life; and serving and benefitting the community.

Reducing Recidivism and Utilization of the Criminal Justice System

As many staff participants emphasized, the key aims of the RMHC/RVC are to reduce recidivism and utilization of the criminal justice system. Most staff participants referred to this aim in general terms (e.g., "a low recidivism rate would be nice"). However, some staff participants described this aim, its alternative, and their associated sequelae in more specific and graded terms (e.g., "…less jail sentence for our [CIIs], I think locking them up will only create more damage…"). Staff participants also noted that there are important mechanisms of action by which these primary aims may be successfully accomplished: "Keep people in the community, get them connected to the services that can address the underlying reason why they came into the criminal justice system and work to make their lives more healthier [sic]… Because of that, crime usually goes down." Some staff participants visualized what a complete achievement of this goal would be. For example, one staff participant suggested therapeutic courts should supplant the criminal justice system altogether for these populations: "[RMHC/RVC is] an alternative to people being either incarcerated or misrepresented in the criminal justice system." Whereas other staff participants were striving for a time when "people aren't…having contact with the legal system," when "[the RMHC/RVC is] put out of business. We no longer have a need to exist."

Improving Systems Functioning

Another important RMHC/RVC aim cited by staff participants was a commitment to improving the way the criminal justice system and, more specifically, the legal system works with these populations. This aim was discussed both in the context of this specific RMHC/RVC and in the context of a larger legal systems overhaul more generally. Demonstrating the former, one staff participant described this aim as "trying to figure out how can we serve [Veterans and people with psychiatric disorders] through our courts or how do we make our court be the most successful it can be." Demonstrating the latter, another staff participant indicated that the systems improvements that the RMHC/RVC is striving towards could have reverberating impacts on the criminal justice and legal systems as a whole:

My pie in the sky vision on the very large level is that we're able to have courts like this that are incredibly effective and have good numbers. And eventually, the entire criminal justice system goes to a model that is more like that--that is more focused on rehabilitation and alternatives [versus] incarceration, which the numbers show is not super-effective. And I think that these [psychiatric and Veterans] populations are a great place to start, but I don't think that there's a lack of need for this outside of these courts, too.

Improving CII's Stability and Quality of Life

Staff participants largely felt the RMHC/RVC had the capacity and responsibility to make positive impact in CIIs' lives by improving their stability and quality of life (e.g., "A goal that I have is to make sure that people are stable."). Staff participants reported wanting to leverage the power of the RMHC/RVC and wraparound services to facilitate lasting adaptive changes in CIIs' lives, believing that "if they've had a little taste of what [stability] looks like and they know that they can achieve it, then they don't necessarily need the criminal justice system to be involved to get that stability." One staff participant went beyond providing stabilizing support, stating an interest in "really addressing how to best deal with those mental health issues and setting [CIIs] up for success." In so doing, staff participants report they can "leave people in a better spot than when they got here" and best meet both the CIIs' and the RMHC/RVC's aims: "Quality of life. We'd like [that] to go up for our people, so recidivism rate goes down. Those are so intertwined."

Serving and Benefitting the Community

The role of the RMHC/RVC to serve and benefit the community "goes back to the mission and vision statement." As one staff participant noted, "[My] number one job is to keep the community safe, which includes the [CII]." One staff participant noted that the RMHC/RVC cannot see these aims as mutually exclusive: "You're working with individuals that are intertwined in the criminal justice system, trying to support them with their behavioral health issues, while at the same time, addressing community safety."

Other staff participants also explicitly drew attention to the fact that their focus on benefitting community safety included taking into consideration past victims and reducing likelihood for future crimes. One staff participant noted,

There are also victims who are involved with the criminal justice system, and we try to provide some assistance to victims, but we don't always do a great job of getting victims, whether they're children, elderly, intimate partners, all whom have suffered trauma. And now, we're dealing with the aftereffects of that trauma by dealing with the CII, hoping to change that CII's behavior.

Through the RMHC/RVC's work with the CII, victim, and larger community, staff participants also hope the stigma around CIIs will change. One staff participant noted:

The mentally ill population, they're really vulnerable and they need help. …[There is] this stigma even on national media recently. Folks that have mental illness are more likely to be

victims. I mean, that's been proven. But that's not the narrative. They're more likely to be victims themselves. They're not terrorists or anything like that."

In response, another staff participant noted, that they hope the Court can help "change the public perception of the majority of individuals who end up in the criminal justice system as a whole."

RMHC/RVC STRUCTURE

In this section, we outline the RMHC/RVC structure and its supporting roles (see Figure 2). In a break from the style in the rest of the document, we did not use direct quotes in this section as staff participants' descriptions of their own positions would be easily identifiable. Instead, we relied solely on internal documentation and notes from follow-up meetings with various EAB members.

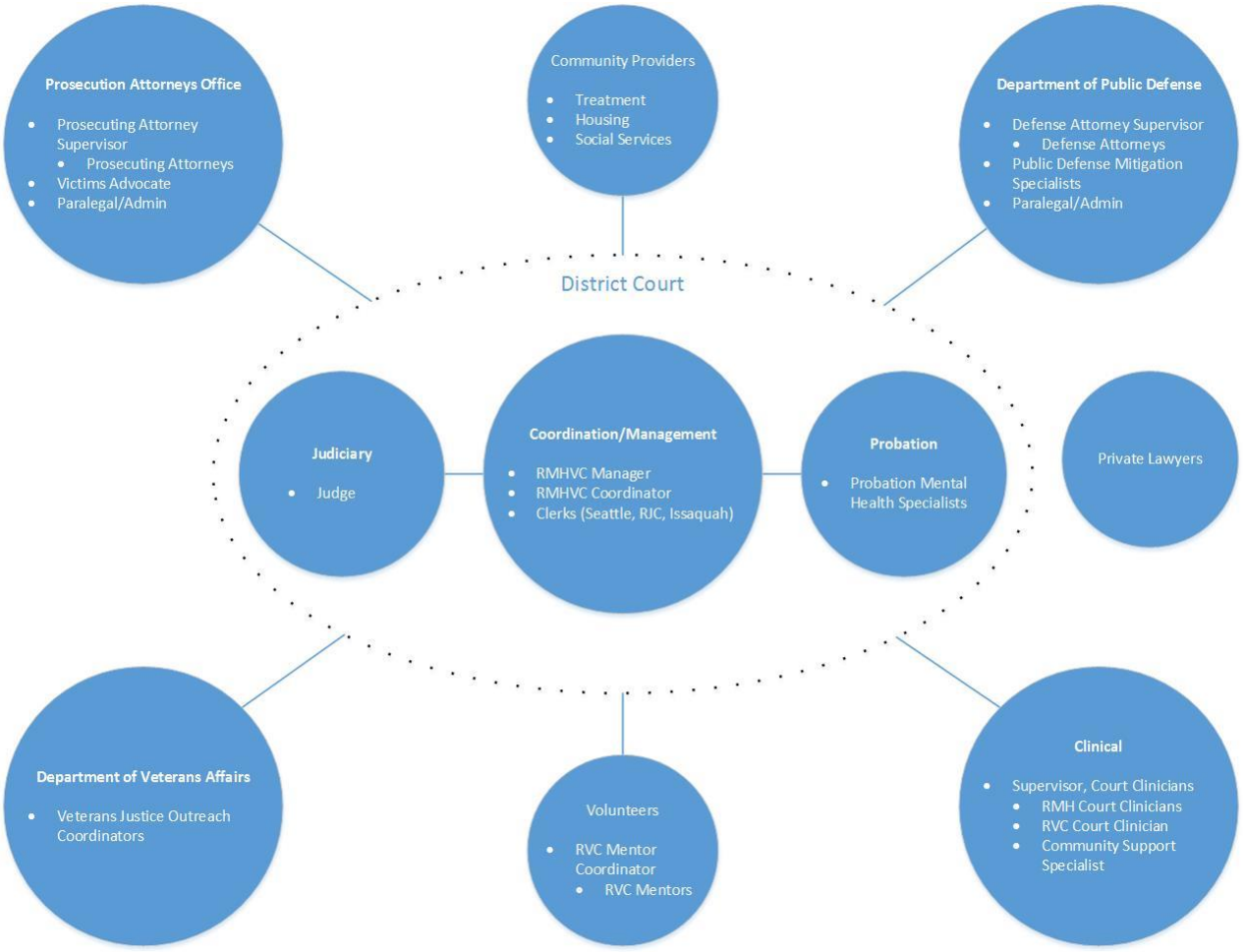


Figure 2. Pictorial representation of the RMHC/RVC structure and supporting roles

Eligibility Criteria

The eligibility criteria are key to defining the RMHC/RVC's jurisdiction and thereby its focus and CII composition. For the *mental health track* of the RMHC/RVC, the CIIs' charges must be prosecuted by King County or a municipality within King County, and the referral must include a connection between the charge and a qualifying psychiatric disorder. Qualifying psychiatric disorders include presence of at least one current Axis 1 disorder listed in the Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition, Text Revision (DSM-IV-TR)[21] that meets the "severe and persistent" threshold and that is treatable using evidence-based practices (e.g., behavioral, pharmacological or combined treatments). It should be noted that pervasive developmental or cognitive disabilities may also be considered on a case-by-case basis. Substance use can be present, but cannot be the sole basis for the Axis 1 mental health diagnosis. Finally, the CII must demonstrate motivation to engage in and maintain services that are clinically indicated and recommended.

For the *Veterans track* of the RMHC/RVC, the CIIs' charges must likewise be prosecuted by King County or a municipality within King County. The CII must meet diagnostic criteria for a psychiatric disorder than can be treated through VA Health Care Services. Appropriate services must be available through the VA, and the CII must be eligible to receive them. Finally, the CII must demonstrate a willingness and ability to engage in treatment and probation and to abide by court conditions.

Supporting Structures and Roles

District Court. As shown in Figure 2, the District Court houses the RMHC/RVC management and coordination, judiciary, and probation.

Management and coordination. This unit is responsible for the RMHC/RVC's day-to-day operations. The RMHC/RVC Manager is the primary facilitator of the strategic operations and administrative components of RMHC/RVC and serves as a liaison between the RMHC/RVC and its stakeholders, as well as other jurisdictions, agencies, and the public. The RMHC/RVC Manager actively participates in and acts as a spokesperson on behalf of the RMHC/RVC on committees, task forces and work groups, as necessary. The RMHC/RVC Manager compiles, maintains, and analyzes statistical data and reports. This person also coordinates with the King County District Court Budget Director on financial issues impacting the program.

The RMHC/RVC Coordinator assists the RMHC/RVC Manager on day-to-day operations. The RMHC/RVC Coordinator is responsible for organizing and preparing for larger RMHC/RVC meetings as well as scheduling meetings with other team leads to assess and procure supplies and other support for their teams. The RMHC/RVC Coordinator assists with quantitative reports on program performance.

Clerks manage the court files and assist the Judge with case files or other necessary documents. Clerks create docket entries in the court, maintain the court record, and provide parties with needed information, as requested. Clerks are also responsible for creating, editing, and updating the court calendar.

Probation. Probation Mental Health Specialists are primarily responsible for ensuring community safety. To this end, they monitor CIIs to confirm they are in compliance with the agreed-upon treatment plan and court conditions. Their many tasks include interviewing and evaluating CIIs; reviewing and analyzing CIIs' needs; making recommendations as to placement in social services and treatment programs; assessing how these programs are accommodating CIIs' needs; monitoring substance use; requesting warrants; working with the RMHC/RVC teams to adjust treatment plans, as necessary; and writing compliance and violation reports. Probation Mental Health Specialists also meet with CIIs regarding their progress, write court correspondence, make court appearances, and work with treatment agencies to monitor treatment progress.

Judiciary. The primary role of Judges in the RMHC/RVC is to interpret the laws and Constitution. During their rotations on the RMHC/RVC, they are responsible for making decisions during court proceedings and ensure that all RMHC/RVC teams uphold the mission and vision. Additionally, Judges are responsible for shepherding funds appropriated to the RMHC/RVC towards resources that are deemed most effective.

Prosecuting Attorney's Office. The Prosecuting Attorney's Office is responsible for presenting the case in court. This team comprises the Prosecuting Attorney Supervisor, Prosecuting Attorneys, the Victims Advocate, and the Paralegal/Administrative Staff. The Prosecuting Attorney Supervisor is responsible for supervision, training and education for RMHC/RVC team members in the Prosecuting Attorney's Office. The Prosecuting Attorneys' primary mission is "to do justice;… exercise the power given to us by the people with fairness and humility;…serve our diverse community, support victims and families; and hold individuals accountable."

Prosecuting Attorneys in RMHC/RVC are responsible for coordinating referrals from Superior Court and the 39 municipalities within King County. In regards to CIIs, Prosecuting Attorneys acknowledge progress, engage in team-based problem-solving, and monitor compliance with court conditions. Additionally, the Prosecuting Attorneys focus on outreach and education to the community and other stakeholders, including law enforcement, the general public, victims, municipal partners, as well as internally within their own office. Prosecuting Attorneys are also responsible for assisting on competency hearings within King County District Court.

The Victims' Advocate supports victims of crime by providing emotional support, connecting victims with appropriate community resources, assisting with applications for victim compensation, informing victims about their rights and the legal process, helping with safety planning, and accompanying victims to court or representing victim's requests in proceedings.

Department of Public Defense. This team represents CIIs and advises them on the RMHC/RVC process. The Department of Public Defense includes the Defense Attorneys, Public Defense Mitigation Specialists (otherwise known as Defense Social Workers), and Defense Paralegal/Administrative Staff.

The Lead Defense Attorney is primarily responsible for ensuring the RMHC/RVC defense processes run smoothly. They, alongside the other Defense Attorneys, support CIIs through constant communication, attending court proceedings, and visiting CIIs in jail.

Public Defense Mitigation Specialists advocate on behalf of CIIs who meet criteria for psychiatric disorders or have competency issues. Public Defense Mitigation Specialists individually assess new CIIs and collaborate with the assigned Defense Attorney to determine how to best represent the CII. As appropriate, Public Defense Mitigation Specialists work with Court Clinicians, Probation Mental Health Specialists, and Prosecuting Attorneys to develop and implement the treatment plan. Once the plan is communicated and agreed upon by all parties, the Public Defense Mitigation Specialists assist CIIs to successfully meet their obligations.

Clinical team. The Clinical team is tasked with conducting the initial assessments and devising initial treatment plans for referrals coming into the RMHC/RVC. This team comprises Court Clinicians[b] and Community Support Specialists.

The Court Clinicians are responsible for providing screenings and integrated assessment information on referrals to determine eligibility and to inform the CIIs' treatment plans. The latter is based on needs identified through the Court Clinician's observation, assessment, record-gathering, and court input. The Court Clinician is additionally responsible for a) linking incarcerated CIIs to external social services so that they can be released from custody to services without interrupting continuity of care and b) for linking nonincarcerated CIIs with services to fulfill RMHC/RVC requirements. The Community Support Specialist assists CIIs directly to accomplish all mandated requirements (e.g., providing transportation or acquiring benefits).

Department of Veterans Affairs (VA). The VA operates independently from but in coordination with the RMHC/RVC. The VA offers wrap-around services to eligible military Veterans and provides information about RMHC/RVC to potentially eligible CIIs. The Veterans Justice Outreach Coordinator (VJO) is a VA employee who is responsible for jail outreach and for liaising with the court system, which includes the RMHC/RVC and other therapeutic courts in King County. In addition to these tasks, the VJO is responsible for advocating for reduced jail time and reduced criminalization of mental health issues for Veterans.

[b] During the evaluation period, Court Clinician positions were supplied through an external agency (i.e., Sound Health). However, since the writing of this report, county positions were created internally, and there is no longer an external contract associated with these positions.

Other legal support. Instead of being assigned a Public Defense Attorney, some CIIs with private means will opt to hire their own attorneys. Private Attorneys advocate for CIIs, but operate externally to the RMHC/RVC structure. In addition to private attorneys, RMHC/RVC is also served by conflict attorneys. Conflict attorneys are needed when RMHC/RVC Defense Attorneys are unable to provide legal representation due to personal or professional conflicts. Conflict attorneys, like private attorneys, advocate for CIIs and operate externally to the RMHC/RVC structure.

RMHC/RVC PROCESS

In this section, we outline the RMHC/RVC processes (see Figure 3) and observations on CIIs' experiences with them.

Although the RMHC/RVC comprises two separate courts, they have the same entry process. There are three different pathways for referral into the RMHC/RVC to maximize the number of eligible CIIs served. If the case originates in District Court, a referral can be made by a broader range of individuals (e.g., judge, prosecution, defense), including the CII themselves. If the court case is filed in the Superior or Municipal Courts, referral to the RMHC/RVC must come from the Prosecuting Attorney. One staff participant clarified the historical context for these differing pathways, noting that when the RMHC/RVC started:

> *[They were] taking district court cases but soon started taking cases that originated as felonies after [Department of Corrections] funding was cut exponentially around that time. Having folk in our court where they could be supervised by probation was a way better option than going to prison or <u>not</u> being monitored in the community. In 2008, the court became "regional" when it took cases that had originated in other cities (municipal). [That is the reason that, in cases] originating from Superior or Municipal Court, referrals have to come through prosecutors--because they are not our cases. And, in order for the cases to be filed in our court, the Prosecutor on our team must agree to do this. With District Court, we have more flexibility, so it's easier for anyone to make referrals.*

Once referred, eligibility is then assessed by the Court Clinician. There are different eligibility requirements for the mental health and Veterans tracks as noted previously (see pg 14-15). Briefly, on the mental health track, CIIs must meet criteria for a DSM-IV-TR Axis 1 psychiatric disorder that meets the severe and persistent threshold. On the Veterans track, the CII must meet diagnostic criteria for a psychiatric disorder that may be treated through VA Health Care Services.

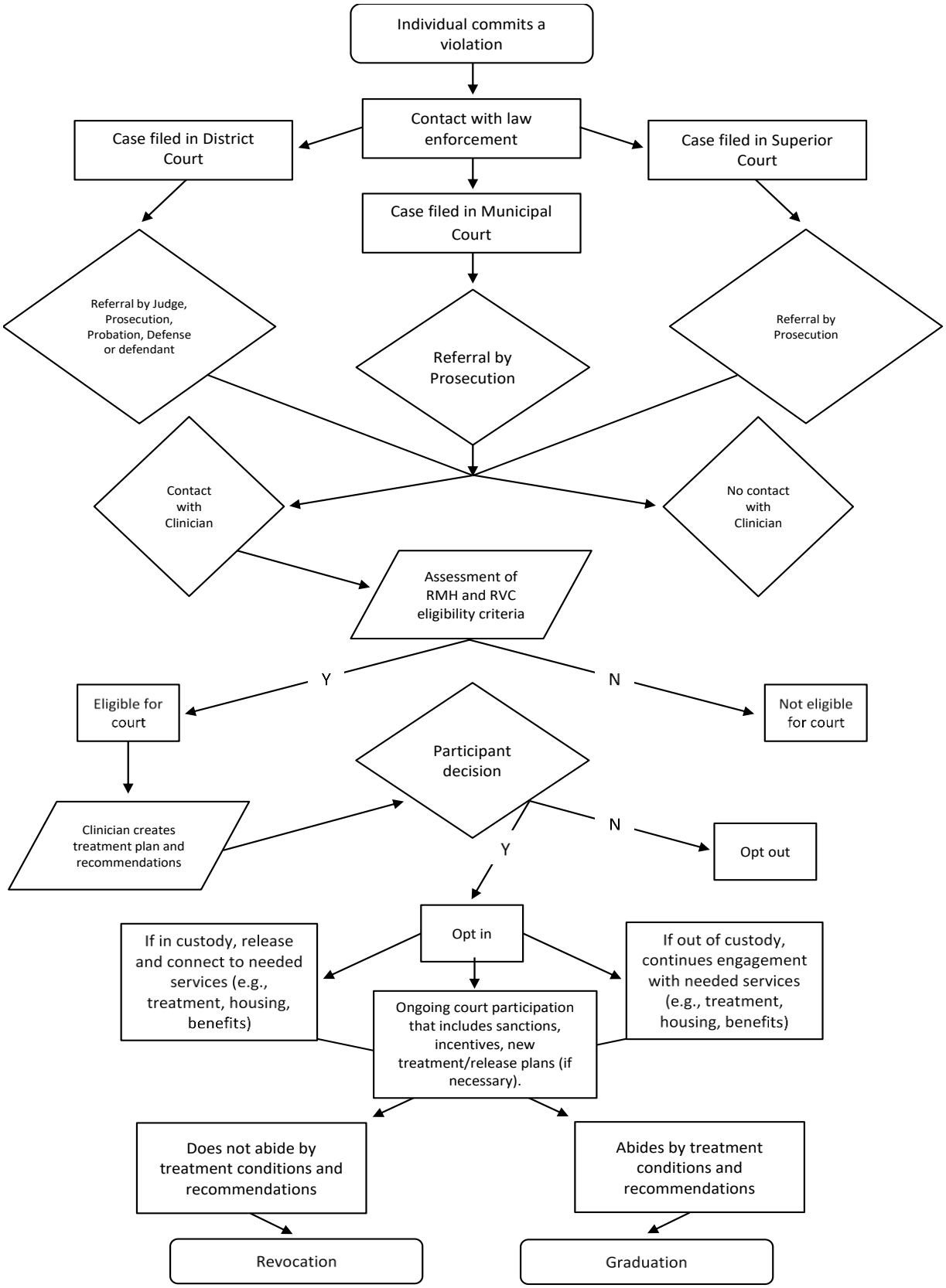


Figure 3. RMHC/RVC Processes

In order to opt into the RMHC/RVC, CIIs must agree to the conditions stipulated by the court contract. The RMHC/RVC works to tailor a plan that fits the CIIs' specific situations. Staff participants acknowledge that the treatment plan is a "flexible and constantly evolving document." As one staff member says:

> *"We are trying to make it so the contract aides the participant in being as successful as possible. While part of the contract is directed from the court--frequency of court appearances, frequency of UAs, frequency of probation meetings--the main part of the contract is based off of the treatment recommendations. We update the court contract whenever treatment recommendations are updated. Our contract indicates that participants follow the recommendation of their treatment providers."*

If the CII voluntarily opts in, the initial plan is approved by the RMHC/RVC, the court contract is signed and ordered, and a Probation Mental Health Specialist is assigned. Nearly all CIIs are served through the Department of Public Defense, which has its own team of social workers, called Public Defense Mitigation Specialists. Some CIIs do, however, choose to retain their own private attorneys. Once the contract is signed, CIIs must adhere to the conditions stipulated in the court contract (e.g., attendance at court appearances and probation meetings, adherence to treatment plan, assurance that no new law violations will be committed), and the Probation Mental Health Specialists monitor compliance. When a CII is in compliance with treatment, probation and court conditions, they may be offered an "express" hearing as one form of incentive for their positive progress. One staff participant explained this process: "So, if someone's coming in and there's nothing wrong, like they haven't done anything, it's just kind of a check-in. We call it an express hearing. And that way, they're just kind of in and out, so we can see how they're doing, give them the next court date."

A couple of other staff members talked specifically about the positively reinforcing instead of punitive aspects of compliance. For example, one individual noted, "When someone is in compliance they regularly receive praise from team members, especially from the bench. Their case [if in RMHC] is often heard earlier on in the calendar so they don't have to wait through other cases."

If there is a probation violation or other noncompliance, the RMHC/RVC responds with individualized sanctions that take into account the CII's treatment plan, prior outcomes and other case parameters. Sanctions range from, for example, no sanctions or sanction deferrals to paper assignments for CIIs to new treatment plans to increased compliance monitoring. RMHC/RVC staff meet to figure out the next steps for the CII, with the ultimate goal of keeping the CII in the RMHC/RVC. According to one staff participant, individualized sanctions "take into consideration the nature of the violation, honesty, accountability, the [CII's] abilities and needs, and community safety." As another staff participant noted,

> *Our goal is to keep [CIIs] in the court as long as possible with an outcome of graduation. …When things go wrong, we work together to offer assistance, come up with new plans when*

they don't work. …We go to the judge with our recommended individualized sanctions and incentives, and the judge will then make decisions on how best to address the situation.

One CII participant reported feeling that the sanctions were fair (e.g., "It's also good to hear that if you're not making progress, there are consequences." "It was a fair but strict process."). The other CII participant felt differently, stating that "they're only seeing the violation. They're not seeing the whole person." An additional stakeholder participant echoed this latter observation, indicating that the system "goes back and forth. It's like okay, I want to help you, but yet I'm gonna punish you. It became more punishment, more punitive with [staff member]."

That said, the RMHC/RVC was perceived by CII participants as less punitive than traditional courts. A prior CII participant had this to say about opting into the RVC:

It is – I don't say lenient, but it's a more engaging system. I mean, it is more lenient than municipal court. They are giving you a chance that instead of going to jail, they're giving you chance to be less addicted, be engaging, be participate [sic], and they are gonna [sic] give you a great chance to get your records cleaned, and get yourself clean, too.

Staff participants also reported feeling good about the opportunities that the RMHC/RVC courts provide, "I love that we give people services, that we give people a chance. We get people meds. We get people housing." Both staff and CIIs felt that the RMHC/RVC is able to serve people who otherwise would not be helped by the traditional court system. Some participants felt that CIIs are better positioned for success when they have clear expectations (e.g., "Veterans Court gave you a more fair process, more straightforward process, and your goals are quite clear", "These people would not do well on normal probation. These are people that need a lot of structure").

However one CII participant saw the process of the RVC as being too cumbersome and reported that they "would rather have a record than adhere to all the sanctions of the [RMHC/RVC]." Another key stakeholder reported, "There always seems to be this punishment hanging over these guys' heads, where they can't talk, and to me, that's not right." Despite the relative flexibility of the court contract and the RMHC/RVC's tailored approach, if someone consistently does not abide by court recommendations, they are ultimately revoked. According to internal analyses with actively involved CIIs who left the program in 2017, 52% graduated, 38% were revoked, and 9% had "other" outcomes (e.g., death, hospitalization, etc.).

PARTICIPANTS' PERCEPTIONS OF THE RMHC/RVC

The prior sections outlined the fundamental components of the RMHC/RVC, its aims as well as the structure and processes in place to achieve them. In the following section, we draw on participants' own words to describe their perceptions of these components, dividing these

roughly into program strengths and challenges. In so doing, we highlight the existing strengths of the RMHC/RVC as well as potential points for program enhancement.

Perceptions of Program Strengths

Strengths were conveyed through participants' perceptions of the RMHC/RVC as a) drawing on a strong, interdisciplinary and collaborative network of court and community professionals; b) affording more person-centeredness and flexibility to staff in working with CIIs; c) helping CIIs navigate and address their psychiatric disorders, legal difficulties, and basic needs for both the short and longer term; and d) striving to humanize CIIs' struggles and reduce stigma of psychiatric disorders for the benefit of the CII and the larger community.

Bringing together a strong team. Staff participants reported respecting the people they worked with and honoring their area of expertise (e.g., "I think everybody respects one another, and how hard they work," "everybody does a good job at their particular position"). Staff participants also reported that the system was responsive when a crisis happens (e.g., "…because when they want to, they can come together like an animated little LEGO spider[c] and just put something together in an hour, if you bring it to them as a crisis."). Finally, some staff participants reported that communication across teams was a strength (e.g., "Prosecutors, defense, I think just because there's so much communication involved, talking to each other…I think it actually works quite well"). It should, however, be noted that others felt communication was an area in need of improvement, as we discuss in the "Perceptions of Program Challenges" section below.

Affording more person-centeredness and flexibility. Participants highlighted the collaborative, person-centered and flexible approach as a positive alternative to the court system as usual. One staff participant noted that the RMHC/RVC "feels, I think, a little more relaxed and much more person-centered [than traditional courts], and it builds a lot more comradery between people." This was confirmed by a CII participant who noted that "[staff] met me where I was at…There was no anxiety."

Of the CII participants, one reported appreciating the RMHC/RVC's flexible yet structured approach because there was support paired with the potential for more favorable sentencing:

> *I think Veterans Court gave you a more fair process, more straightforward process [than the system as usual]. And your goals are quite clear. And if you followed through with it, that you did actually get some reduced time to attend…As long as you complied…it was reduced to a monthly participation, and every other month, and after a while, you were told you have completed your obligation and you're dismissed.*

[c] "Animated LEGO spider" refers to in the LEGO movie franchise LEGO pieces come together of their own accord to form objects.

However, it should be noted that while this more flexible process could be perceived as a help, its structured nature and resulting intensity could also be perceived as an additional burden. The other CII participant noted that "support with the court means they want to keep more of a thumb on you, which means maybe you need to come to court twice a month instead of once a month. And then, when you're working full-time, and you had to stay for every veteran to be seen, so I'm stuck at court."[d]

Humanizing CIIs' struggles. Participants highlighted the importance of humanizing CIIs and their struggles both for the benefit of the CII and also for the edification of the larger community. As one staff participant noted, "In some ways, it's about changing also [others'] perception of the individuals that we serve in the criminal justice system."

Among many staff participants, there is an interest in shedding light on the larger cycle of trauma and recidivism and their connection. One staff participant described the cycle of violence and trauma that can lead to crime as well as the need to interrupt that cycle:

> *CIIs who are now committing offenses, if we dig deep enough, we understand that they had a traumatic experience when they were younger. And they may have been a victim, they might have been abused, and that trauma was left undealt with, and then sort of led to a pattern of behavior that now gets them into the criminal justice system. And so, if we want to really talk about preventive, we talk about, now here's a CII who's committed the trauma to a young person or someone who's vulnerable, and now if we don't deal with it, left undealt, we project 20 years in the future, we just recreated the problem.*

Another staff member talked about how the RMHC/RVC can interrupt that cycle: "We're dealing with the after-effects of that trauma by dealing with the CII, hoping to change that CII's behavior." Staff participants largely felt they could serve various interests by humanizing CIIs' experiences because "we all just want what's best for the process and the people that we serve, and society in general."

Helping CIIs navigate and address needs. As one staff participant noted, "Its intention is to help people." Many staff participants said that this intention translated into positive action: "I think it's doing a lot of good for the people that come in and engage in it." For some staff, this experience contrasted with prior experiences with the court system as usual (e.g., "This is the first time where I actually feel like the program is really beneficial to the individual.") This sense was echoed by CIIs. In fact, even though the two CIIs were not uniform in their positive view of

[d] The RVC uses a cohort model in which CIIs sit through the entire hearing with the group they started with. This differs from the RMHC process, in which CIIs only stay for their own hearing. The staff participants' reasoning for this difference is that the CIIs in the RVC have more of an ability to "sit and learn from each other through the whole calendar…versus RMHC where a large amount of people have psychotic symptoms, extreme anxiety, etc. that make it more difficult to sit through and benefit from a full court hearing."

the RMHC/RVC, both appreciated at least some of the services the RMHC/RVC afforded (e.g., "I trusted [the therapist connected through Veterans Court at VA]. I felt like she really cared," "[Veterans Court proceedings] kind of engaged you. I always felt good about going.").

Staff participants appreciated that there were more services available through the RMHC/RVC to help CIIs than were available through traditional courts or to those who are not court-involved. As one staff participant noted, "We do give people an opportunity to engage in treatment and housing when they would have normally gone to jail." In particular, housing set-asides for the RMHC/RVC were particularly noted as helpful in aiding CIIs in their care and recovery over time (e.g., "When he's had housing in the past, he's taken his medication. And if he's on his medication he has a better chance of attending his appointments, and not committing new petty crimes or whatever.").

Perceptions of Program Challenges

All participants also noted some aspects of the RMHC/RVC that were challenging, including a) concerns about not achieving the key aims of the RMHC/RVC; b) low staff morale due to overwork, burnout, communication breakdowns, and perceived understaffing; c) perceived need for more clinical training and clinical supervision; d) system demands (i.e., competence requirements, eligibility criteria, perceived potential for success in the program) resulting in inadvertent preference for higher functioning CIIs at the expense of CIIs in greater need of services; e) concerns about staff safety with CIIs; f) power dynamics that affect both staff and CIIs; and g) limited or incomplete resources available to address CIIs' various needs (e.g., housing).

Concerns about failing to achieve the aims of the RMHC/RVC. While acknowledging the therapeutic intention of the RMHC/RVC, many staff participants had concerns about whether these intentions translate into practice. One staff participant voiced their concern asking, "Everybody wants to [be involved in the RMHC/RVC] for the right reasons, but is it truly therapeutic?" Staff participants answered this query with concerns that the RMHC/RVC court conditions, although fewer than in the court system as usual, may be viewed by CIIs as punitive and not therapeutic as intended. "[CIIs] failed to do this, they failed to do that. …It doesn't feel very therapeutic to me," one staff member said. A perception of the RMHC/RVC as punitive could affect participation and outcomes. For example, one CII participant recalled,

> *You have all these vets struggling, but [they] would always be like, "Nope, I'm not risking that." And [counselors] would always say, "If I just did not have to report or if I could just say compliance and they're making progress, even if they're using," I mean, they want to move towards harm reduction. [But] there's so many guys in there suffering because they're like, "I'm not gonna say nothing with the court, as much as I want to."*

Further, the intensity of the program demands may overwhelm more vulnerable members of the priority population. For example, an eligibility requirement for the RMHC/RVC is "severe and persistent mental illness"; however, those who fulfill that requirement often are not able to follow through with all of the other requirements of the court, such as "treatment, …housing, …therapy, …court, …probation. They have a lot to juggle. And that's really hard for people who have organizational problems."

Low staff morale. Low morale was commonly reported by staff participants. Staff participants stated that they were feeling overworked (e.g., "I have too much to do," "I feel like I'm getting to the point where I'm on a little hamster wheel," "You're going to have to deal with 15 to 20 [CIIs] because they need for you to. But there's not really the time"). The ongoing stress of feeling overworked was sometimes described as burnout (e.g., "Well, I think just like with anything, people that are around for a long time, they can get burnt out.").

Staff participants provided some potential underlying reasons for this feeling of overwork and burnout. Some staff participants reported frustration with needing to complete others' job duties because "the people who are assigned to do those tasks are lacking...I think it's both a skill set, and sometimes, I think it's not wanting to do it." This frustration could, in part, be caused by unclear role expectations. As one staff participant put it, "I think that there's sometimes ambiguity in who is responsible for what." Other contributing factors could be continual rotations for Judges (e.g., "One of the challenges we have, too, is we have a new Judge every two years, and that's not their fault.") and high turnover (e.g., "One of the big issues that we face in our particular role is the constant turnover of the court clinician," "There's a lot of turnover"). Many staff participants named funding as a reason why the RMHC/RVC are understaffed. One staff participant outlined their ideal staffing situation if funds were not an issue: "I don't know where the money comes from, and that's always the main issue… I think we need three attorneys and a fourth – three would be perfect, but then to also have a back-up person. "

Staff who did not work for the County expressed discontent with their pay, with one staff participant noting that "you can't ask people to stay in that position with a Master's-level degree when they can make 15 grand [more] somewhere else." Depending on where in the system an employee was working, they noted disparities in benefits as well: "I don't get very much vacation. I don't get any of the benefits that the County employees get. You know, I have terrible health insurance."[e]

Many participants reported communication problems among staff (e.g., "I think there's a break in communication. I think there's a terrible break in communication."), which were underscored with tension (e.g., "I felt absolutely disrespected for a long period of time."). These tensions, while present, were reportedly often not discussed. One staff participant observed,

[e] Since this analysis was conducted, these positions were moved from an external agency to County positions, which will likely resolve concerns about pay and benefits.

"I've never worked in a court where a system, where people essentially have issues with each other and have never discussed them." Another staff participant suggested, "It's about kind of direct communication, and that feels like it's not really there."

These communication challenges among staff members can also impact CIIs: "Then, even when they're opting in, their attorney will make them all these promises that don't exist. It's a volatile process when they come in anyway because they expect all these things that don't happen." Another staff member noted, "It ends up with petty squabbles that have nothing to do with the [CIIs] but affects their futures and their lives."

Staff expressed need for more support. Staff participants indicated there was a need for more support, both from supervisors (e.g., "…just trying to get our work done and not really feeling like we're being supported by [specific leadership]") and from other team members (e.g., "I also think people on this team talk to be heard, but they don't listen to understand.").

Training support was also seen as lacking. One staff participant said, "We don't, probably, get the training and education we need." This was seen as essential to build in throughout one's tenure, including for new staff: "I do think that there needs to be a lot of training and education for all parties before they even really start." Finally, some staff participants were concerned about the lack of written, supporting materials for employees to refer to regarding RMHC/RVC policy: "Every policy they come up with, it's never written. There is no manual."

Mixed perspectives regarding the prioritized population. Some staff participants said they were confused about the prioritized population for the RMHC/RVC. When talking about eligibility requirements one staff participant stated, "There's a lot of grey area there. It's very subjective." Another staff participant described the Veterans onboarding process as being more "streamlined" than the mental health track because the VJOs helped with the eligibility process.

Some other staff participants voiced concerns that "[some team members] really wanted to cherry-pick" to increase the graduation rates and make the RMHC/RVC look more "successful" by only enrolling CIIs who "could get through easily" instead of focusing on enrolling the more marginalized individuals they felt the RMHC/RVC were created to serve.

Other team members reported concerns about accepting CIIs who are not amenable to the RMHC/RVC and, thus, "setting them up for failure." Another staff participant reflected on a specific case: "It just doesn't feel like it's in their best interest to bring them into the court, because they're just not going to be able to do this, you know?...That's still setting them up for failure."

Concerns about staff safety. Superior Court referrals (e.g., felony drop-downs) were instated a few years after the RMHC/RVC was established, and some staff expressed concerns about their safety working with CIIs: "We've brought people in who have committed vicious acts…We've

been threatened by the [CIIs].” This feeling of being unsafe was exacerbated by the challenges of the physical spaces in which they are working. For example, one staff participant related that “somebody came to test the panic buttons and realized that they don’t know where [the distress signal] goes.” Another staff participant said, “We’ve had the worst situations arise with our [CIIs]—especially in this office—because…there’s nobody in the room next to us. It’s an empty closet for a water heater and storage. The one next to us is an empty jury room. That door locks, so if we’re ever in here, and a [CII] closes the door, nobody has the key. We have no windows. No one is gonna hear us.”[f]

Power dynamics within the court system that affect staff and CIIs*.* Frustrations with the hierarchies of staff roles were brought up. Some staff participants felt that their opinions were disregarded because of their position in the hierarchy. One staff participant highlighted their frustration saying, “I have lots of responsibility and zero authority in my role.” Some staff participants felt that those higher up—sometimes external to the RMHC/RVC hierarchy—are making decisions that affect the RMHC/RVC without first having discussions with those the new policies would impact the most (e.g., “The Director’s Office makes decisions that probably make more sense for everyone else, but have consequences for the Treatment Courts.”).

Limited or incomplete resources to facilitate CII success. Staff participants expressed concern that the mental health side of the RMHC/RVC has limited or incomplete resources, including “mental health and drug services and housing services,” to facilitate CIIs’ success. One staff participant noted, “Programs lose their funding. We’ve lost half of our housing. Programs like DVMRT and CCAP got pulled. The resources that we refer out to a lot just aren’t available really anymore.”

Even when these services are available, CIIs are reportedly frequently unable to avail themselves because, as one staff participant noted, “They have no means of getting there.” Because there is a requirement that CIIs in the RMHC/RVC are housed, but there is a well-known lack of available supportive and affordable housing, many CIIs must stay in jail instead. One staff participant reported that this is an inadequate solution that

> *does nothing [long term]. It literally only protects people while they’re in custody…The only time it’s ever worked when I’ve put somebody in jail is somebody relatively young, and they’re fairly new in their criminal history, and if they didn’t spend a bunch of time in jail before they got to me, I may have them do a weekend in jail, and they come out, “I don’t wanna do that again.” But that’s very rare. That’s very rare.*

[f] It is important to note that since the time of this evaluation, this challenge has been remedied through new policy intended to maximize staff safety, and staff no longer bring clients into the particular office in question for check ins or screenings.

One staff participant highlighted that not only do more resources need to be available, but "if we don't focus our resources and do it in an appropriate way and listen to people about their needs, then we're headed towards failure."

RECOMMENDATIONS FOR PROGRAM ENHANCEMENT

In order to enhance the RMHC/RVC program, participants offered suggestions in the following areas: a) improving RMHC/RVC structure and processes, b) making staffing adjustments, c) improving collaboration and communication across teams, d) offering more continuing education and professional support, e) building in more CII-centered approaches for engagement, and f) marshalling more resources to serve CIIs.

Improving RMHC/RVC Structure and Processes

Staff participants suggested improving the referral process for potential CIIs. One issue in particular involves referrals that "don't assess for current public safety." Relatedly, one staff participant expressed an interest in clarifying referral criteria--"I wish we knew why people would get referred to us" because "some of these people are, unfortunately, a risk to other people." One way to enhance this process is to include risk and needs assessments prior to screening (e.g., "Somebody need to be doing risk assessments before they can start a screen for mental health court. Especially with some of the cases we've had recently that have had horrendous crimes."). Risk and needs assessments also provide a way for the program to better tailor resource options to a CIIs' needs (i.e. "So low-risk, low-need should be together, high-risk and high-need should not be with low-risk and low-need. Put the individuals in their particular categories.").

RECOMMENDATIONS FOR STRUCTURE & PROCESS

- Improve referrals by including risk and needs assessments
- Expand inclusion criteria
- Consider restructuring sentencing/sanctions
- Limit use of jail

In addition to improving the referral process, staff participants also reported wanting "to see some of our criteria expanded to be able to serve more people, because there are people who do have a mental health diagnosis, but if it doesn't meet the criteria of severe and persistent, then we can't help them." Ultimately, staff participants reported wanting to ensure that the RMHC/RVC serve the prioritized population (e.g., "These [CIIs] should not be getting screened out. These [CIIs] should be coming in, and I think the standard needs to be lowered, I think the standard is really high for somebody who has a mental illness, drug, and alcohol issues, and homeless, and trauma at that...").

The RMHC/RVC was created to be therapeutic in nature by focusing on treatment rather than punishment. Therefore, some staff participants reported an interest in restructuring the use of sentencing and sanctions to be more consistent across CIIs (e.g., "Trying to be consistent about

[sanctions] can be powerful"). Consistency sends a strong message because the RMHC/RVC is "trying to change 20, 30, 40 years of behavior, and we are the only people in their life that have been consistently around and giving that person a consistent message of what works and what is not appropriate or doesn't work." One participant described these "expectations, like the black and white expectations" as useful because "a lot of our people are very concrete."

Other participants described rethinking the use of sanctions, saying, "Maybe we need to look at sanctions in a different way, maybe look at adding some or not using some because it's…not that effective, not just have the sanctions because, well, we don't want to necessarily put you in jail, but we want you to have to do something." Individualized and thus inconsistent sanctions were even viewed as beneficial by some. One staff participant reported that "...there's a lot of benefit to being able to take into account nuances. And I think with Mental Health Court, there is a lot of nuance." Moreover, one key stakeholder noted that "if there was some flexibility, it could be that we would really be able to see some benefits for folks who need it most."

Participants also advocated for the RMHC/RVC to limit their use of jail. It was noted that, often times, the jail acts as a barrier to interacting with CIIs. One staff participant reported that visiting CIIs in jail "…is very time consuming and difficult to fit in." Moreover, many staff participants believed that CIIs would benefit more by engaging in treatment or work rather than staying in jail (e.g., "I'm hoping, like, less jail sentence for our [CIIs]. It's not really community safety. You're creating a person who's less stable by the time they get out."). Staff participants reflected that incorporating more direct support, guidance and follow-ups in the current processes would be more beneficial than jail sentences--not only for the CII--but also for the community (e.g., "The best way to get the community safe is get more friendly toward people, not jail.").

Staffing Adjustments

Participants highlighted areas for adjustments to staffing to prevent turnover and burn out. Staff participants suggested clearer expectations around roles (e.g., "People need to know their roles," "I don't want to do [other staff members'] jobs all the time.") and hiring additional staff to support roles that involve more time-consuming tasks (e.g., "You're also working with community treatment providers who have 100 plus people on their caseload. They might get back to me like a day later if I'm lucky."). An additional staff participant noted that "it would be nice if there was time that was figured in and that we could really just devote – focus on [administrative work]."

RECOMMENDATIONS FOR STAFFING

- Built-in time for administrative tasks
- Clearer role expectations
- Rotating staff
- Having adequate FTE/manageable caseloads
- Matching staff diversity to CII diversity

Staff rotations, which involve rotating staff from different jurisdictions into RMHC/RVC, was presented as a means of preventing "compassion fatigue" for those working in the system (e.g., "Then we can rotate them out and bring someone new and fresh in with energy and enthusiasm," "It's not like they would give up their jobs, but they would just rotate to a different unit."). Conversely, another staff member noted that "all the literature that I've read is to keep it as consistent as possible, especially on the bench. And, like, the change can be very disruptive for the individual, so I don't think I like [the idea of staff rotations]." Another staff participant suggested ensuring that staff demographics reflect the CII population: "The lack of diversity in the courtroom, I think bothers me a lot. Obviously, I don't know what the numbers are. At least, I would say, it should be probably close to 50 percent [of staff] are people of color."

Improving Staff Collaboration and Communication

Staff participants highly emphasized the importance of improving collaboration and communication across all teams and agencies involved in the RMHC/RVC processes. This desire was also voiced by CII participants, who expressed an interest in more "open communication" between staff and CIIs. Staff participants reported that breaking down the "separate silos" could increase team trust and collaboration (e.g., "I would like us to be creative in the way we try to solve some of our issues and problems and collaborate, be more open and trusting of each other to try to go up and have a conversation"). In particular, staff participants suggested creating additional mechanisms for giving other staff feedback, including "more open discussion to see if there's ways to address things and give different perspectives," and creating time to offer direct support to team members rather than "getting thrown into things and, like, sink or swim." One staff participant suggested the group come up with mock scenarios/role plays during their annual retreat during which RMHC/RVC team members take on other roles to improve understanding and appreciation of different stakeholders' contributions to the system functioning. Another approach suggested by staff participants was to build in more extracurricular team-building opportunities. One staff member noted "there has to be a way for us to connect with each other as team members outside of work and just on a human level."

In addition to more partnership internally among the RMHC/RVC staff and teams, staff participants also highlighted the importance of increased interagency collaboration across court jurisdictions and community agencies. One staff participant noted, "Well, for starters, we need to educate each other. Drug court needs to tell us their parameters. We need to tell them ours." In general, staff participants were open to opportunities to enhance communication in hopes that court staff could

RECOMMENDATIONS FOR COLLABORATION AND COMMUNICATION

- Breaking down team silos
- Space for feedback and support
- Team-building events and activities
- Increase interagency collaboration

"focus less on what divides us and focus more on what's best for our [CIIs]," and foster a stronger understanding and appreciation for others' contributions (e.g., "…just that feeling that what people do in their roles, are, they're being valued and validated for that").

Continuing Education and Professional Support

Providing educational opportunities allows a "foundational training for everybody to be on the same page." One staff participant reflected that training on new theories and tools is not a priority in the current court system: "It gets lost in there. Harm reduction and all these new ways of doing things just doesn't exist because these folks have been there for 20 years. They're just not changing, and that's – even the new – the new [staff] that do come..." Thus, staff participants suggested more opportunities for continuing education to better serve the population they work with (e.g., "Group trainings that support a common understanding/lens with which to support our [CIIs]," and "to grow as a clinician."

Staff participants also suggested creating spaces for staff support and well-being, such as meetings where staff can debrief about difficult cases: "Sometimes it helps just to have somebody to bounce something off of or talk about something out loud and that just doesn't – that happens kind of rarely." Relatedly, one staff participant suggested, "If you're in this field, the criminal justice, you should be mandated to go to therapy."

RECOMMENDATIONS FOR CONTINUING EDUCATION AND SUPPORT

- Incorporate more opportunities for continuing education
- Create space for staff support and clinical supervision
- Offer therapy for staff

CII-centered Approaches for Engagement

Participants highlighted the importance of reframing CIIs' engagement and approach to treatment. One participant noted the impact of redefining "success" for the court towards a definition that is driven by a CIIs' own desired goals. One staff member noted the practicality of such a measure: "I think [CIIs] should have way more choice in what they want to do because, if they're not ready to go to inpatient treatment and they don't think they need it, then why are you going to waste the resource on it?" In conjunction with redefining success, participants also noted it is important for the RMHC/RVC to acknowledge CIIs' incremental changes over time: "For individuals where it's working, maybe not as quickly as the court would like, but they do seem to be responding well to it, maybe creating a little bit more time." This acknowledgment shifts the RMHC/RVC's current approach towards more of a strengths-based orientation, which creates an opportunity for the system to effectively tailor services to CIIs' needs to "give them

the best shot at doing well." One staff participant also added, "[This approach] can further discussion of the court incorporating more proximal/distal goals into the treatment plan."

RECOMMENDATIONS FOR PERSON-CENTERED APPROACHES FOR ENGAGEMENT

- Redefining "success" in the program
- Respect and humanize CIIs
- Listen to CII needs
- Create space to elicit feedback from CIIs

Additionally, participants emphasized engaging participants by meeting CIIs where they are at (e.g., "I do think there should be more of a focus on: Here is the [CII] population. What do those [CIIs] need? And then create a program for those [CIIs] instead of the other way around"). Other participants expanded on this concept. One participant suggested, "Opt them [current substance users] into the RMHC/RVC. Maybe they're not moving towards completion until they start getting clean UAs. At the same time, they're still under our watch." Otherwise, participants noted that a black-and-white approach, particularly to substance-use monitoring, can influence staff to operate "strictly from a control point of view," and interactions with CIIs should "not exclusively [be] what helps [staff] feel better, more at what helps the [CII] feel better and not be in the system."

Staff participants also suggested engaging CIIs using a respectful, humanistic approach: "You have to have a sense of, I think compassion, a willingness to understand that there's more to this person and what's going on in their life. And then you have to, I think, be able to connect with people. You have to be able to engage in a meaningful way with the participants." This stance may be challenging for staff who "need to monitor their own personal biases and understand when it's impacting their work," and staff participants expressed hope that other staff will not "want to be prejudiced about [an] individual that comes in to [the court]."

With these considerations in mind, staff participants desire to foster positive and effective communication in the RMHC/RVC by incorporating more space to listen to a CII (e.g., "I think we're focusing too much on control than creating a therapeutic environment, as much as possible, client-centered, I guess you could say, for progress."). One practical way to incorporate this suggestion is to elicit more CII feedback about services (e.g., "I think it would be really nice to once people either graduate or for some reason are revoked out, to talk to them. Maybe have their feedback on what was helpful and what wasn't. I think it is hard to measure that without it. Or even individuals in the screening process."). Moreover, communication should not only occur for duration of the program, but also after a CII graduates from the program as one past CII described, ". . . that may be something that the Veterans Court should consider, kind of research out to use subsequently, even years later, to see how we're doing."

Marshalling More Resources to Serve CIIs

A majority of participants named fulfilling CIIs' basic needs as a key means of supporting CIIs' success and stability. Specifically, staff participants named housing resources as the most essential: "We need a lot of residential housing, I think – I think the lack of residential housing is … the main, the source of the crisis in my opinion." Another staff participants noted, "If [CIIs] stayed [in housing] for a period of time there may – there may be a chance that they can even stabilize enough to sort of get on their own eventually, live a productive life."

RECOMMENDATIONS FOR ADDITIONAL RESOURCES

- More housing options
- More transportation options
- Alternative interventions

Additional resources that staff participants mentioned included a need for more transportation options (e.g., "You're asking them to go to all these appointments, but you're not really – it would be nice to be able to give our like the right bus cards for the person.") and alternative interventions (i.e. therapy dogs, art, harm reduction, meaningful activities).

DISCUSSION

In this report, we triangulated various data sources, including program documentation, interviews, EAB meeting transcripts, and naturalistic observation, to document the aims, structure and processes of the RMH/RVC. Additionally, we focused on the words of staff, CIIs and other stakeholders to document perceptions of and identify areas of improvement for the RMHC/RVC.

RMHC/RVC and the National Context of Therapeutic and Problem-solving Courts

The aims, structure, and processes of the RMHC/RVC that were outlined in this report are comparable to other mental health courts nationwide, which include points of emphasis on reducing recidivism and incarceration time, improving mental health outcomes, and increasing connections to treatments/services.[8] Like the RMHC/RVC, nationally, the structure of mental health courts are similar but not identical. Variance in the structure and process of therapeutic courts exists to meet the unique needs of the individual courts,[23] and as such, unlike drug court, there are no compulsory national standards for mental health court. Some common features include a) taking a problem-solving approach to court processing in exchange of more traditional court procedures for certain CIIs with psychiatric disorders; b) having judicially supervised, individualized, community-based treatment plans for each CII participating in the court, which a team of court staff and mental health professionals helps design and implement; c) incorporating regular hearings at which treatment plans and other conditions are periodically reviewed, incentives are offered to reward compliance with court conditions, and sanctions are imposed on participants who do not adhere to the conditions of participation; and d) including criteria defining a participant's graduation from the program.[22] The RMHC/RVC shares these characteristics and is operating well within the context of these national guidelines.

Meta-analyses of dozens of research studies have indicated that mental health courts are effective in reducing recidivism rates.[15,24,25] Some evaluations of specific mental health courts have indicated promise around improved outcomes for substance use, mental health, psychiatric hospitalizations, or homelessness.[25,26] However, researchers have indicated that the heterogeneity of these programs makes it challenging to generalize findings. Further, a 2015 scientific review indicated generally inconclusive findings for associations between mental health court participation and connection to case management, improvement in medication adherence and psychiatric symptoms, and health-related quality of life.[15]

Research on the effectiveness of Veterans courts is limited due to the highly individualized structure of these programs.[27] Fortunately, a quantitative evaluation of the RMHC/RVC is currently being conducted by the Washington State Department of Social and Health Health Services (DSHS) that will speak to how well the RMHC/RVC is fulfilling its current mission, which is to engage, support and facilitate the sustained stability of individuals with psychiatric disorders within the criminal justice system, while reducing recidivism and increasing community safety.

Specifically, the DSHS report will test the effectiveness of the RMHC/RVC on criminal justice, health care and employment outcomes.

Participants' Perceptions of the RMHC/RVC: Strengths, Challenges and Recommendations

Strengths of the RMHC/RVC included embracing an alternative approach to the "court system as usual" to engage a strong, interdisciplinary and collaborative network of professionals; afford more flexibility to staff in working with CIIs; help CIIs navigate and address their psychiatric disorders, legal difficulties, and basic needs; and humanize CIIs' struggles to reduce stigma of psychiatric disorders. Participants also pointed out potential points for program enhancement that could alleviate some of the challenges to the RMHC/RVC, including changes to the structure and process, staffing adjustments, improving staff collaboration and communication, continuing education and professional support for staff, building in more CII-centered approaches for engagement, and marshalling more resources to serve CIIs.

Limitations

Some limitations of this report should be noted. First, the analyses comprised only 2 CII participants' perspectives. Due to court regulations and privacy concerns, potential CII participants were contacted by RMHC/RVC staff and not by the UW evaluation team. According to discussions in EAB meetings, there were concerns that involvement in the evaluation may have somehow been perceived to impact a CII's court case. Future evaluations should work to center the voices of CIIs who have gone through RMHC/RVC to ensure that a more complete description of the court process can be documented.

This report represents stakeholders' perspectives on the RMHC/RVC in their own words. The qualitative approach used in this report is key to understanding potential mechanisms of action that underlie the RMHC/RVC. However, it cannot replace the value of a quantitative evaluation of the effectiveness of the RMHC/RVC. Fortunately, in the coming months, DSHS is conducting a separate quantitative analysis that will supplement and complement the findings from this qualitative report.

Conclusions and Future Directions

Despite its limitations, this report provides useful information about experience with and perceptions of the RMHC/RVC from various key stakeholders' perspectives. These data provide policy-makers and program management with points to consider in striving to meet the RMHC/RVC's stated goals (e.g., reducing recidivism and criminal justice system utilization) as well as program improvement and future replication. Subsequent, planned quantitative evaluations from DSHS will respond to outstanding questions about the RMHC/RVC's effectiveness in improving employment outcomes as well as criminal justice and health care utilization outcomes.

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APPENDIX A

One-on-One Interview Prompts with RMHVC Court staff, management, and key stakeholders

Informed Consent: (Receive verbal yes/no from participants before proceeding with informed consent. If the participant is interested, go over informed consent form with participants. Have them read the form and sign it. Provide them with their own copy of this form.

[After the consent] Thank you for agreeing to meet with me today!

As you may know, over the past several weeks, we have been observing activities at the RMHVC and interviewing guests, staff, management and key stakeholders to gain a better understanding of the day-to-day operations.

Our ultimate goal is to provide a set of recommendations to the City of Seattle, based on our collective findings. In this report, we will highlight what is working well, areas for improvement and identify potential areas for program enhancement.

We really appreciate all perspectives.

- **(After Informed Consent Signed):** If you're ready, let's begin.

PIQ

First, with your permission, I'd like to ask you some demographic information:

1. Age: _____ **2. DOB:** _____

3. Sex Assigned at Birth:

- ❑ Male (0)
- ❑ Female (1)
- ❑ Other (Please specify):_____

4. Gender: _____

5. Ethnic Background:

Are you Hispanic or Latino(a)?

- ❑ No (0)
- ❑ Yes (1)

6. Racial Background (please check one):

- ❑ African American (1)
- ❑ American Indian /Alaska native (2) (please specify tribal affiliation):_____
- ❑ Asian (3)
- ❑ Native Hawaiian or Pacific Islander (4)
- ❑ White/ Caucasian (5)
- ❑ More than one race (Please specify): _____
- ❑ Other (Please specify):_____

7. What is the highest level of education you have completed (please check one, do not read choices, except if necessary)?

- ❑ 7th grade or less (1)
- ❑ 8th grade (2)
- ❑ 9th grade (3)
- ❑ 10th grade (4)
- ❑ 11th grade (5)
- ❑ 12th grade (6)
- ❑ GED (7)
- ❑ Vocational school (8)
- ❑ Some college (9)
- ❑ College graduate (10)
- ❑ Some graduate school (11)
- ❑ Advanced degree (please specify):_____ (12)
- ❑ Unsure (13)

8. What is your current employment status? (please check one, do not read choices, except if necessary)?

- ❑ Full-time employment (1)
- ❑ Part-time employment (2)
- ❑ Disability (SSI/SSDI) (3)
- ❑ Unemployed (no assistance) (4)
- ❑ Unemployed (GAU, GAX, ABD) (5)
- ❑ retired (6)
- ❑ other (please specify):
  _____ (7)

9. Have you experienced homelessness in the past 30 days (i.e., living on the streets, in vehicles, uninhabited buildings, emergency shelters, transitional housing)?

- ❑ No (0)
- ❑ Yes (1)

10. Have you ever served in the US military or Armed Forces? (If yes, ask 12-14. If no, skip to 15.)

- ❑ No (0) -> Skip to #15.
- ❑ Yes (1) -> Continue to #12.

11. In which branch of the military did you serve?

- ❑ Air force (1)
- ❑ Army (2)
- ❑ Marines (3)
- ❑ Navy (4)
- ❑ Coast Guard (5)

12. How old were use when you joined the military? _____ years old

13. How old were you when you left the military? _____ years old

Thank you.

Note to evaluation team: After each question, use additional probes, such as "tell me more," "what else," "how so," and "anything else?" to elicit more information from respondents. Please steer away from judgment phrases, such as, "that's great!" "how terrible", etc. and instead try to listen with compassion, while being as neutral as possible. Useful responses and ones that show you are listening are: "Thank you." "mmm-mmm"

Interview prompts (Note: Allow participants to discuss each topic for about 5 minutes before moving on, depending on the richness of the data.)

- How long have you been working for RMHVC?
- What is your primary role (describe?)
- What does your day-to-day experience of RMHVC look like from your perspective?
- What is your understanding of the RMHVC? (Prompts: What is this place for? What is its intention? Why was created?)
- What would make your experience at the RMHVC better? What would make your client's experience at the RMHVC better?
- How do you think the processes could be improved at the RMHVC?
- What are some things you like about the RMHVC? Things you would like to change?
- How can someone be the most successful in this program?
- What are some services that you would like to see offered here? (that aren't already being offered)
- What are your hopes and vision for the RMHVC?
- What is your ideal vision for how the court operates?
- What would indicate to you that the RMHVC is "successful"? (Prompts: what do you think this place needs to be doing in order to fulfill its mission?)
- Is there anything else you feel like we should know?

(Thank participants for their time, provide them with their payment, and have them sign receipt.)

APPENDIX B

One-on-One Interview Prompts with RMHVC Participants

Thank you for meeting with me today. My name is [xxxx} and I am a [insert your title] who works at the University of Washington. Our team at the UW has been contracted by DSHS to learn more about participants' experiences of the Regional Mental Health and Veterans Court, participants' process and decision making around choosing to enter the program, and general thoughts/ideas that guests have on ways to improve the services offered here at the RMHVC to make it the best program it can be.

To do this, I am hoping you might be willing to share some of your experiences with me about your time here at the RMHVC, and the decisions that led you to accept the offer for you to participate. I will ask you questions about what it's been like to go through the court process, your thoughts on what things you think would be useful/helpful to enhance your experience, and any other things that you want to share to help improve future participants' experiences of the RMHVC.

Whether or not you participate is totally up to you. If you feel uncomfortable, you can choose to skip a question or to stop the interview at any time. You will not experience any negative consequences and will still be able to receive services here at the RMHVC regardless of your participation in this independent evaluation (assure people that we are third party evaluators). Your responses will be anonymous and will not be attached to your name. We will not share with RMHVC staff or management that you have taken part in this interview, if you do not want us to. This interview will take about 45-60 minutes, and you will receive $20 in cash or equivalent gift card [if interview is over phone and/or participant is not local] at the end of the interview for your time. Are you interested in participating?

- **Informed Consent: (Receive verbal yes/no from participants before proceeding with informed consent. If the participant is interested, go over informed consent form with participants. Have them read the form and sign it. Provide them with their own copy of this form.)**

- **(After Informed Consent Signed):** If you're ready, let's begin.

PIQ

First, with your permission, I'd like to ask you some demographic information:

1. Age: _____ 2. DOB: _____

3. Sex Assigned at Birth:

- ❑ Male (0)
- ❑ Female (1)
- ❑ Other (Please specify):_____

4. Gender: _____

5. Ethnic Background:

Are you Hispanic or Latino(a)?

- ❑ No (0)
- ❑ Yes (1)

6. Racial Background (please check one):

- ❑ African American (1)
- ❑ American Indian /Alaska native (2) (please specify tribal affiliation):_____
- ❑ Asian (3)
- ❑ Native Hawaiian or Pacific Islander (4)
- ❑ White/ Caucasian (5)
- ❑ More than one race (Please specify): _____
- ❑ Other (Please specify):_____

7. What is the highest level of education you have completed (please check one, do not read choices, except if necessary)?

- ❑ 7th grade or less (1)
- ❑ 8th grade (2)
- ❑ 9th grade (3)
- ❑ 10th grade (4)
- ❑ 11th grade (5)
- ❑ 12th grade (6)
- ❑ GED (7)
- ❑ Vocational school (8)
- ❑ Some college (9)
- ❑ College graduate (10)
- ❑ Some graduate school (11)
- ❑ Advanced degree (please specify):_____ (12)
- ❑ Unsure (13)

8. What is your current employment status? (please check one, do not read choices, except if necessary)?

- ❑ Full-time employment (1)
- ❑ Part-time employment (2)
- ❑ Disability (SSI/SSDI) (3)
- ❑ Unemployed (no assistance) (4)
- ❑ Unemployed (GAU, GAX, ABD) (5)
- ❑ retired (6)
- ❑ other (please specify):
  _____ (7)

9. Have you experienced homelessness in the past 30 days (i.e., living on the streets, in vehicles, uninhabited buildings, emergency shelters, transitional housing)?

- ❑ No (0)
- ❑ Yes (1)

10. Have you ever served in the US military or Armed Forces? (If yes, ask 12-14. If no, skip to 15.)

- ❑ No (0) -> Skip to #15.
- ❑ Yes (1) -> Continue to #12.

11. In which branch of the military did you serve?

- ❑ Air force (1)
- ❑ Army (2)
- ❑ Marines (3)
- ❑ Navy (4)
- ❑ Coast Guard (5)

12. How old were use when you joined the military? _____ years old

13. How old were you when you left the military? _____ years old

14. Which court program were you a part of?

- ❑ Mental Health Court (1)
- ❑ Veterans Court (2)

Thank you.

Note to evaluation team: After each question, use additional probes, such as "tell me more," "what else," "how so," and "anything else?" to elicit more information from respondents. Please steer away from judgment phrases, such as, "that's great!" "how terrible", etc. and instead try to listen with compassion, while being as neutral as possible. Useful responses and ones that show you are listening are: "Thank you." "mmm-mmm"

Interview prompts (Note: Allow participants to discuss each topic for about 5 minutes before moving on, depending on the richness of the data.)

- How long have you been in the program or how long were you in the program?
- What led you to choose to opt-in to the program (prompts: what were some of the other choices that were offered to you)?
- What is your understanding of the RMHVC? (Prompts: What is this place for? What is its intention? Why was created?)
- What were your expectations when you first entered the program?
- What did the day-to-day experience of being part of the program look like? (Prompts: Who do you meet with? How do you get connected with the resources? How often do you meet?)
- What would have made your experience at the RMHVC better?
- What was it like to go from where you were before entering the program to engaging with the program?
    - What made you say YES? (this is related to the opt-in questions, so may be redundant)
    - What were the barriers that you experienced?
    - Were there things that made it difficult to stay engaged?
- Were you receiving mental health services prior to entering the court?
- What was your understanding of the rules?
- What are some things you like about the RMHVC? Things you would like to change?
- In your opinion, how can someone be the most successful in this program?
- What kind of support did you receive in the program? Did you receive support after your completion of the program?
- What was it like reintegrating back into the community after your time in the program was over?
- What are some services that you would like to see offered as part of Mental Health [or Veterans Court]? (i.e., ones that you feel would have made your experience here better).
- What were the most helpful components of the program?
- What is the role of substance use in your life (current, past?)
- What are your hopes and vision for the RMHVC?
- What would indicate to you that the RMHVC is "successful"? (Prompts: what do you think this place needs to be doing in order to fulfill its mission?)
- Is there anything else you feel like we should know?

(Thank participants for their time, provide them with their payment, and have them sign receipt.)

APPENDIX C

UNIVERSITY OF WASHINGTON
CONSENT FORM
REGIONAL MENTAL HEALTH & VETERANS COURT PARTICIPANT

PROJECT CONTACT
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To contact any of the above project staff members, please email: harrtlab@uw.edu

* We cannot guarantee the confidentiality of e-mail communication

EVALUATORS' STATEMENT
We are asking you to take part in an evaluation interview being conducted by the University of Washington. The purpose of this consent form is to give you the information you will need to decide whether you'd like to be included in the evaluation results or not. Please read the form carefully. You may ask questions about the purpose of the evaluation, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the evaluation or this form that is not clear. When we have answered all your questions, you can decide if you want to take part in the evaluation or not. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE EVALUATION
The purpose of this interview is to help us learn more about your experiences at the Regional Mental Health and Veterans Court so that we can: a) document what is working well, b) what your ideas are to make Seattle's RMHVC the best place it can be, and b) identify potential areas of improvement to help enhance the service options Seattle's RMHVC offers.

EVALUATION PROCEDURES
We are asking you to participate in a 45-60 minute one on one interview with UW project staff. If you choose to take part in this interview, we will ask you

questions, primarily around your experience going through the RMHVC process. Questions may include:

- What is a typical day for your like here at the RMHVC?
- What are some things you like about the RMHVC?
- What are some things you would like to change about the RMHVC?

You may choose not to respond to any questions that you don't want to answer, and you may stop the interview at any time without any negative repercussions. We will de-identify all interviews and will not be sharing your individual responses. Your responses will not be attached to your name and will not be shared with court staff and administration.

AUDIO RECORDING

We will also ask if we can audio record the interview. The recording will be used to make sure we accurately record all the information you give us. We will also write down your answers. The evaluation team will not label the recording with your name or other personal identification. The recording will be stored on a password-protected, secure server on a password-protected computer. The recording will be destroyed at the completion of the evaluation, no later than October 1, 2018. No one but the UW project staff will have access to the recording.

RISK, STRESS, OR DISCOMFORT

Risks associated with participation are primarily related to the sensitivity of some of the questions we may ask you. For example, you will be asked about your thoughts, feelings, and experiences about the RMHVC process, that may be private. If you are upset by any of the process or you become concerned for any reason as a result of your participation in this interview, please feel free to contact the project lead, Seema Clifasefi (**seemac@uw.edu**) to discuss your concerns.

BENEFITS OF THE EVALUATION

There may be no direct benefit to you for participating in this evaluation; however, your participation may lead to the development of more effective programming at Seattle's RMHVC and help the City of Seattle and RMHVC staff better help people in the future.

SOURCE OF FUNDING

The evaluators at the University of Washington have been subcontracted by the Washington State Department of Social and Health Services to conduct this work.

CONFIDENTIALITY OF EVALUATION INFORMATION

Your participation in the interview is confidential. That means everything you tell us will be kept private.

- Your name will not be on the interview.
- The information you provide to us through these interviews will not be linked to your name (we separate this consent form with your interview responses). Your information will be marked with an evaluation ID instead. Your data will therefore be collected without identifiers.
- We will keep the audio recording from the interview on password-protected computers. The audio recording will be destroyed at the end of the evaluation, no later than October 1, 2018.
- Your name will not be used in any reports or publications from this evaluation without your consent.

However, if we learn that you intend to harm yourself or others, we must report that to the authorities.

OTHER INFORMATION

It is your choice to participate in this evaluation interview. Nothing bad will happen to you if you choose not to participate. We will not share your decision to participate or not with anyone else. You can stop the interview at any time.

If you have any questions, we can answer them now. You can also contact any one of the people listed at the beginning of this form.

Printed name of evaluation staff obtaining consent **Signature** **Date**

DO YOU HAVE ANY QUESTIONS?

PARTICIPANT'S STATEMENT

√ This evaluation has been explained to me.
√ I volunteer to take part in this evaluation.
√ I have had a chance to ask questions.
√ If I have questions later about the evaluation, I can ask one of the project staff listed above.
√ √ I will receive a copy of this consent form.

___ Yes ___ No	Please mark whether or not you would like to participate in the audio recording sessions.

Printed name of participant **Signature of participant** **Date**

Copies to: Evaluators, Participant

APPENDIX D

UNIVERSITY OF WASHINGTON
CONSENT FORM
REGIONAL MENTAL HEALTH & VETERAN'S COURT PARTICIPANT

PROJECT CONTACT

Seema Clifasefi, Lead Evaluator, PhD, (206) 543-3452, seemac@uw.edu

KEY PROJECT PERSONNEL

Susan Collins, PhD, Co-Evaluator, (206) 744-9181, collinss@uw.edu

University of Washington Project Staff: Tatiana Ubay
To contact any of the above project staff members, please email: harrtlab@uw.edu

* We cannot guarantee the confidentiality of e-mail communication

EVALUATORS' STATEMENT

We are asking you to take part in an evaluation interview being conducted by the University of Washington. The purpose of this consent form is to give you the information you will need to decide whether you'd like to be included in the evaluation results or not. Please read the form carefully. You may ask questions about the purpose of the evaluation, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the evaluation or this form that is not clear. When we have answered all your questions, you can decide if you want to take part in the evaluation or not. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE EVALUATION

The purpose of this interview is to help us learn more about your experiences at the Regional Mental Health and Veterans Court so that we can: a) document what is working well, b) what your ideas are to make Seattle's RMHVC the best place it can be, and b) identify potential areas of improvement to help enhance the service options Seattle's RMHVC offers.

EVALUATION PROCEDURES

We are asking you to participate in a 45-60 minute one on one interview with UW project staff. If you choose to take part in this interview, we will ask you

questions, primarily around your experience going through the RMHVC process. Questions may include:

- What is a typical day for your like here at the RMHVC?
- What are some things you like about the RMHVC?
- What are some things you would like to change about the RMHVC?

You may choose not to respond to any questions that you don't want to answer, and you may stop the interview at any time without any negative repercussions. We will de-identify all interviews and will not be sharing your individual responses. Your responses will not be attached to your name and will not be shared with court staff and administration.

AUDIO RECORDING

We will also ask if we can audio record the interview. The recording will be used to make sure we accurately record all the information you give us. We will also write down your answers. The evaluation team will not label the recording with your name or other personal identification. The recording will be stored on a password-protected, secure server on a password-protected computer. The recording will be destroyed at the completion of the evaluation, no later than October 1, 2018. No one but the UW project staff will have access to the recording.

RISK, STRESS, OR DISCOMFORT

Risks associated with participation are primarily related to the sensitivity of some of the questions we may ask you. For example, you will be asked about your thoughts, feelings, and experiences about the RMHVC process, that may be private. If you are upset by any of the process or you become concerned for any reason as a result of your participation in this interview, please feel free to contact the project lead, Seema Clifasefi (seemac@uw.edu).

BENEFITS OF THE EVALUATION

There may be no direct benefit to you for participating in this evaluation; however, your participation may lead to the development of more effective programming at Seattle's RMHVC.

SOURCE OF FUNDING

The evaluators at the University of Washington have been subcontracted by the Washington State Department of Social and Health Services to conduct this work.

CONFIDENTIALITY OF EVALUATION INFORMATION

Your participation in the interview is confidential. That means everything you tell us will be kept private.

- Your name will not be on the interview.
- The information you provide to us through these interviews will not be linked to your name (we separate this consent form with your interview responses). Your information will be marked with an evaluation ID instead. Your data will therefore be collected without identifiers.
- We will keep the audio recording from the interview on password-protected computers. The audio recording will be destroyed at the end of the evaluation, no later than October 1, 2018.
- Your name will not be used in any reports or publications from this evaluation.

However, if we learn that you intend to harm yourself or others, we must report that to the authorities.

OTHER INFORMATION

It is your choice to participate in this evaluation interview. Nothing bad will happen to you if you choose not to participate. The services you receive from RMHVC staff or other providers involved with the RMHVC will not be affected in any way by your decision to participate or not participate in this evaluation. You can stop the interview at any time and that will not affect your current or future services with the RMHVC.

You will receive a $20 cash honorarium for completing the interview.

If you have any questions, we can answer them now. You can also contact any one of the people listed at the beginning of this form.

Printed name of evaluation staff obtaining consent **Signature** **Date**

DO YOU HAVE ANY QUESTIONS?

PARTICIPANT'S STATEMENT

√ This evaluation has been explained to me.
√ I volunteer to take part in this evaluation.
√ I have had a chance to ask questions.
√ If I have questions later about the evaluation, I can ask one of the project staff listed above.
√ √ I will receive a copy of this consent form.

___ Yes ___ No	Please mark whether or not you would like to participate in the audio recording sessions.

Printed name of participant **Signature of participant** **Date**

Copies to: Evaluators, Participant