

5 KEY QUESTIONS about COURT-ORDERED EVALUATION AND TREATMENT

October 2022

Behavioral Health in Civil Court Systems

Data are a critical tool in the state courts' fight to address behavioral health needs in state courts. At the level of individual cases, high-quality data are crucial for ensuring that litigants and families move through court-ordered evaluation and treatment processes as efficiently and justly as possible and that their behavioral health needs are being fully addressed.

The [Behavioral Health Data Elements Guide](#) provides a framework for data collection and data analysis by state courts. Collecting and using the data elements laid out in this guide alongside other agencies and stakeholders in the legal and behavioral health systems will enable court leaders to better meet the needs of individuals who are involved in cases that seek court-ordered mental health evaluation and treatment. These reforms will also reduce the strain that unmet behavioral health needs place on the court system's resources.

What Questions Can We Answer with Data?

Data allows the courts to answer five key questions about cases that involve petitions for court-ordered mental health evaluation and treatment. This short report outlines the key questions. The full [Behavioral Health Data Elements Guide](#) describes the data elements needed to answer each key question and provides more detailed guidance on measurement and analysis.

1. WHAT ARE THE KEY CHARACTERISTICS OF INDIVIDUALS WHO ARE SUBJECT TO PETITIONS FOR COURT-ORDERED MENTAL HEALTH EVALUATION OR TREATMENT?

Using data, the court can determine the important demographic characteristics of litigants who are subject to petitions for court-ordered mental health evaluation or treatment. Key characteristics include important social identities, such as race, ethnicity, and gender. They can also include information about any barriers to accessing services, such as certain indicators of socioeconomic status, insurance status, disability, housing status, and English language proficiency. This information is critical for providing full access to courts, ensuring culturally responsive behavioral health services, and examining court processes and outcomes for disparities and disproportionality.

2. HOW MANY CASES ARE FILED SEEKING COURT-ORDERED MENTAL HEALTH EVALUATION OR TREATMENT? ARE FILINGS AND ORDERS FOR COURT-ORDERED TREATMENT EQUITABLE?

Using data, the courts can determine how many civil cases involve petitions for court-ordered evaluation and/or treatment and how many cases result in orders for court-ordered evaluation and/or treatment. The court can also determine the rate at which individuals receive outpatient treatment (sometimes referred to as Assisted Outpatient Treatment or AOT), inpatient treatment, and combined inpatient/outpatient orders. This information is crucial for assessing any unmet opportunities for addressing individuals' behavioral health needs in the least restrictive settings possible. The court can also examine whether there are disparities or disproportionality in filings or treatment orders based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

3. WHAT PREVIOUS SYSTEM CONTACTS HAVE LITIGANTS (WHO ARE SUBJECT TO PETITIONS FOR COURT-ORDERED EVALUATION OR TREATMENT) HAD? WHAT CURRENT SYSTEM CONTACTS DO THESE SAME LITIGANTS HAVE? ARE SERVICES, SYSTEM CONTACTS, AND LENGTHS OF STAY EQUITABLE?

Using data gathered in collaboration with law enforcement departments, jails, and health agencies and providers in the community, the courts can get a better understanding of litigants' previous experiences with behavioral health screening and assessments, criminogenic risk and needs assessments, court involvement, arrest, incarceration, emergency department access, community mental health treatment, and hospitalization (including both the frequency of either inpatient or community

court ordered treatment and the length of stay). This information is critical for understanding how it is that litigants end up in the court system with unmet behavioral health needs and what services in the courts and community might reduce the extent of unmet need. The court can also examine whether there are disparities or disproportionality in services, system contacts, and length of treatment stays based on the demographic categories of those with behavioral health needs such as race, socioeconomic status, disability, limited English proficiency, and more.

4. HOW LONG DOES IT TAKE TO RESOLVE PETITIONS FOR COURT-ORDERED EVALUATION AND TREATMENT? IS CASE PROCESSING EQUITABLE?

Using these data elements, the court can determine how long it takes litigants to move through the court-ordered treatment process. Specifically, the court can examine the time individuals spend confined before petitions are filed, the time from petition to referral, the time from referral to evaluation, the time from evaluation to hearing, and the time from hearing to placement. The court can also examine the frequency and pacing of subsequent review hearings. This information is critical for ensuring that litigants aren't confined longer than necessary and that those who need treatment receive that care quickly. The court can also examine whether there are disparities or disproportionality in case processing based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

5. WHAT ARE THE SUCCESS RATES FOR COURT-ORDERED TREATMENT?

Using these data elements, the court can evaluate whether individuals who are subject to court-ordered treatment are experiencing positive outcomes. Positive outcomes might include meeting individualized clinical goals, or they may involve having reduced future contact with law enforcement, the courts, or crisis services. The court can also examine whether there are disparities or disproportionality in treatment outcomes based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

For additional information, contact Andrea Miller, PhD, JD, NCSC Research Division at amiller@ncsc.org.

This document was developed under the Mental Health Initiative: Phase II Grant #SJI-20-P-054 from the State Justice Institute and approved by the Task Force Executive Committee. The points of view expressed do not necessarily represent the official position or policies of the State Justice Institute.

