UTAH JUDICIAL COUNCIL
MENTAL HEALTH COURT CERTIFICATION CHECKLIST
REVISED AND ADOPTED 2020

COURT LOCATION: _____

NAME: _____

REVIEW DATE: _____

*Many of the criteria enumerated in this certification checklist are restatements of the Adult Drug Court Best Practice Standards, Volume I and Volume II, published by the National Association of Drug Court Professionals (NADCP). Those are indicated by a citation in the **BPS** column following the standard. An asterisk indicates a modification of the NADCP standard.*

YES	NO	#	REQUIRED CERTIFICATION CRITERIA *Adherence to these standards is required for certification.*	BPS
☐	☐	**1**	Eligibility and exclusion criteria are defined and applied objectively.	I.A.
☐	☐	**2**	Eligibility and exclusion criteria are specified in writing.	I.A.
☐	☐	**3**	The program admits only participants who are high-risk high-need as measured by the RANT or some other approved and validated assessment tool.	I.B.*
☐	☐	**4**	Candidates for the Mental health Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.	I.C.
☐	☐	**5**	Candidates for the Mental health Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction.	I.C.
☐	☐	**6**	Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.	I.C.
☐	☐	**7**	Current or prior offenses may not disqualify candidates from participation in the Mental health Court unless empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental health Court.	I.D.
☐	☐	**8**	Offenders charged with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Mental health Court.	I.D.
☐	☐	**9**	If adequate treatment is available, candidates are not disqualified from participation in the Mental health Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication.	I.E.
☐	☐	**10**	The program has a written policy addressing medically assisted treatment.	
☐	☐	**11**	Participants ordinarily appear before the same judge throughout their enrollment in the Mental health Court.	III.C.
☐	☐	**12**	The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Mental health Court team.	III.D.
☐	☐	**13**	Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. In rural areas, some allowance may be made for	III.E.

YES	NO	#	REQUIRED CERTIFICATION CRITERIA *Adherence to these standards is required for certification.*	BPS
			other appearances or administrative reviews when the judge is unavailable.	
☐	☐	14	Status hearings are scheduled no less frequently than every four weeks until participants graduate. In rural areas, some allowance may be made for other appearances or administrative reviews when the judge is unavailable.	III.E.*
☐	☐	15	The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.	III.G.
☐	☐	16	If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations.	IV.B.
☐	☐	17	The judge is the ultimate arbiter of factual controversies and makes the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty.	III.H. VIII.D.
☐	☐	18	The judge makes these decisions after taking into consideration the input of other Mental health Court team members and discussing the matter in court with the participant or the participant's legal representative.	III.H. VIII.D.
☐	☐	19	The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions.	III.H.
☐	☐	20	Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Mental health Court participants and team members.	IV.A.
☐	☐	21	The policies and procedures provide a clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, graduation, and termination from the program; and the legal and collateral consequences that may ensue from graduation and termination.	IV.A.
☐	☐	22	The Mental health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.	IV.E.
☐	☐	23	For goals that are difficult for participants to accomplish, such as abstaining from substance use or obtaining employment, the sanctions increase progressively in magnitude over successive infractions. For goals that are relatively easy for participants to accomplish, such as being truthful or attending counseling sessions, higher magnitude sanctions may be administered after only a few infractions.	IV.E.
☐	☐	24	Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including but not limited to alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance.	IV.F.
☐	☐	25	Drug testing is performed at least twice per week.	VII.A.*
☐	☐	26	Drug testing is random, and is available on weekends and holidays.	VII.B.*
☐	☐	27	Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration.	VII.E* VII.F.*
☐	☐	28	Drug testing utilized by the Mental health Court uses scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen.	VII.G.
☐	☐	29	Metabolite levels falling below industry- or manufacturer-recommended cutoff scores are not interpreted as evidence of new substance use or changes in substance use patterns, unless	VII.G.*

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			such conclusions are reached by an expert trained in toxicology, pharmacology or a related field.	
☐	☐	**30**	Upon entering the Mental health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing.	VII.I.
☐	☐	**31**	The program requires a period of at least 90 consecutive days drug-free to graduate.	
☐	☐	**32**	The minimum length of the program is twelve months.	
☐	☐	**33**	Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions.	IV.J.
☐	☐	**34**	Jail sanctions are definite in duration and typically last no more than three to five days.	IV.J.
☐	☐	**35**	Participants are given access to counsel and a fair hearing if a jail sanction might be imposed.	IV.J.
☐	☐	**36**	Participants are not terminated from the Mental health Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community.	IV.K.
☐	☐	**37**	If a participant is terminated from the Mental health Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program.	IV.K.
☐	☐	**38**	Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.	V.B.
☐	☐	**39**	Treatment providers are licensed or certified to deliver substance abuse treatment, as required by the Department of Human Services or other relevant licensure or certification entity.	V.H.*
☐	☐	**40**	Participants regularly attend self-help or peer support groups in addition to professional counseling.	V.I.
☐	☐	**41**	The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.	V.I.
☐	☐	**42**	There is a secular alternative to 12-step peer support groups.	
☐	☐	**43**	Participants complete a final phase of the Mental health Court focusing on relapse prevention and continuing care.	V.J.
☐	☐	**44**	Participants are not excluded from participation in Mental health Court because they lack a stable place of residence.	VI.D.
☐	☐	**45**	Participants diagnosed with mental illness receive appropriate mental health services beginning in the first phase of Mental health Court and continuing as needed throughout their enrollment in the program.	VI.E.*
☐	☐	**46**	Participants are not required to participate in job seeking or vocational skills development in the early phases of mental health court.	VI.I.*
☐	☐	**47**	At a minimum, the prosecutor / assistant attorney general, defense counsel, treatment representative, law enforcement, a guardian ad litem (in dependency courts), and the judge attend each staffing meeting.	VIII.B.*
☐	☐	**48**	At a minimum, the prosecutor / assistant attorney general, defense counsel, treatment representative, law enforcement, a guardian ad litem (in dependency courts), and the judge attend each Mental health Court session.	VIII.A.*

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☐	☐	**49**	Pre-court staff meetings are presumptively closed to participants and the public unless the court has good reason for a participant to attend discussions related to that participant's case.	VIII.B.
☐	☐	**50**	Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements.	VIII.C.
☐	☐	**51**	Court fees are disclosed to each participant, are reasonable, and are based on each participant's ability to pay. Any fees assessed by the Mental health Court must be reasonably related to the costs of testing or other services.	
☐	☐	**52**	Treatment fees are based on a sliding fee schedule and are disclosed to each participant.	
☐	☐	**53**	The Mental health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices.	X.D.*
☐	☐	**54**	The Mental health Court has written policies and procedures that ensure confidentiality and security of participant information, which conform to all applicable state and federal laws, including, but not limited to, Utah's Governmental Records Access and Management Act (GRAMA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 42 C.F.R. 2 (Confidentiality of Substance Abuse Disorder Patient Records).	VIII.C.*

YES	NO	#	PRESUMED CERTIFICATION CRITERIA *There is a presumption that these standards must be met. If your program can show sufficient compensating measures, compliance with the standard may be waived.*	BPS
☐	☐	**1**	Eligibility and exclusion criteria are communicated to potential referral sources.	I.A.
☐	☐	**2**	The Mental health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants.	II.D.
☐	☐	**3**	Each member of the Mental health Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.	II.F.
☐	☐	**4**	The Mental health Court judge attends current training events on legal and constitutional issues in Mental health Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision.	III.A.
☐	☐	**5**	The judge presides over the Mental health Court for no less than two consecutive years.	III.B.
☐	☐	**6**	The Judge spends an average of at least three minutes with each participant.	III.F.*
☐	☐	**7**	The Mental health Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available.	IV.F.
☐	☐	**8**	Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time.	IV.I.
☐	☐	**9**	Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use.	IV.I.
☐	☐	**10**	Testing regimens are not scheduled in seven-day or weekly blocks. The chances of being tested should be at least two in seven every day.	VII.B.*

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☐	☐	**11**	Drug test results are available within 48 hours.	VII.H.
☐	☐	**12**	Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled.	VII.B.
☐	☐	**13**	Randomly selected specimens are tested periodically for a broader range of substances to detect any new drugs of abuse that might be emerging in the Mental health Court population.	VII.D.
☐	☐	**14**	If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis using an instrumented test, such as gas chromatography/mass spectrometry (GC/MS).	VII.G.
☐	☐	**15**	Standardized patient placement criteria govern the level of care that is provided.	V.A.
☐	☐	**16**	Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Mental health Court's programmatic phase structure.	V.A.
☐	☐	**17**	Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction.	V.D.
☐	☐	**18**	Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program.	V.E.
☐	☐	**19**	Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms.	V.E.
☐	☐	**20**	Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.	V.F. VI.G
☐	☐	**21**	Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models.	V.F.
☐	☐	**22**	Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices.	V.H.
☐	☐	**23**	Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy.	V.I.
☐	☐	**24**	Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Mental health Court.	V.J.
☐	☐	**25**	Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental health Court and continuing as necessary throughout their enrollment in the program.	VI.D.
☐	☐	**26**	Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD).	VI.F.
☐	☐	**27**	All Mental health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services.	VI.F.
☐	☐	**28**	Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Mental health Court.	VI.I.
☐	☐	**29**	Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose.	VI.L.

YES	NO	#	PRESUMED CERTIFICATION CRITERIA *There is a presumption that these standards must be met. If your program can show sufficient compensating measures, compliance with the standard may be waived.*	BPS
☐	☐	**30**	Clients are placed in the program within 50 days of eligibility screening.	
☐	☐	**31**	Team members are assigned to Mental health Court for no less than two years.	
☐	☐	**32**	All team members use electronic communication to contemporaneously communicate about Mental health Court issues.	
☐	☐	**33**	Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental health Courts.	VIII.F.
☐	☐	**34**	New staff hires receive a formal orientation training on the Mental health Court model and best practices in Mental health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter.	VIII.F.
☐	☐	**35**	The Mental health Court has more than 15 but less than 125 active participants.	IX.A.*
☐	☐	**36**	The Mental health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions.	X.A.
☐	☐	**37**	New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental health Court.	X.C.
☐	☐	**38**	A skilled and independent evaluator examines the Mental health Court's adherence to best practices and participant outcomes no less frequently than every five years.	X.D.
☐	☐	**39**	Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events.	X.G.
☐	☐	**40**	The program conducts an exit interview for self- improvement.	

YES	NO	#	NON-CERTIFICATION-RELATED BEST PRACTICE STANDARDS *These are best practice standards that research has shown will produce better outcomes. Failure to meet these standards will not result in decertification.*	BPS
☐	☐	**1**	The Mental health Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.	V.A.
☐	☐	**2**	Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators.	V.E.
☐	☐	**3**	Treatment providers have substantial experience working with criminal justice populations.	V.H.
☐	☐	**4**	For at least the first ninety days after discharge from the Mental health Court, treatment providers or clinical case managers attempt to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated.	V.J.
☐	☐	**5**	Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Mental health Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders.	VI.E.

YES	NO	#	NON-CERTIFICATION-RELATED BEST PRACTICE STANDARDS *These are best practice standards that research has shown will produce better outcomes. Failure to meet these standards will not result in decertification.*	BPS
☐	☐	**6**	Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety.	VI.F.
☐	☐	**7**	Female participants receive trauma-related services in gender-specific groups.	VI.F.
☐	☐	**8**	Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Mental health Court.	VI.I.
☐	☐	**9**	Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment.	VI.J.
☐	☐	**10**	Before starting a Mental health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Mental health Courts and develop fair and effective policies and procedures for the program.	VIII.F.
☐	☐	**11**	Supervision caseloads do not exceed fifty active participants per supervision officer.	IX.B.
☐	☐	**12**	Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services.	IX.C.
☐	☐	**13**	The Mental health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals.	X.B.*
☐	☐	**14**	Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental health Court's adherence to best practices and in-program outcomes.	X.F.
☐	☐	**15**	Outcomes are examined for all eligible participants who entered the Mental health Court regardless of whether they graduated, withdrew, or were terminated from the program.	X.H.
☐	☐	**16**	The Mental health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.	II.B. X.E.