

Utah Mental Health Court Certification Checklist

October, 2015 Draft

*Standards followed by an **R** are required features of a mental health court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.

1. Eligibility and exclusion criteria are defined objectively. **R BPS I A**
2. Eligibility and exclusion criteria are specified in writing. **R BPS I A**
3. Eligibility and exclusion criteria are communicated to potential referral sources.
P BPS I A
4. The Mental Health Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
5. 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. **R BPS I C**
6. Candidates for the Mental Health Court are assessed for eligibility using a validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction and a validated clinical assessment tool that produces a mental health diagnosis. **R BPS* I C**
7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
8. Current or prior offenses may disqualify candidates from participation in the Mental Health Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental Health Court. **R BPS I D**

9. The Mental Health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R** BPS II B, BPS X E
10. The Mental Health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R** BPS II D
11. 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. **P** BPS II F
12. 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. **P** BPS III A
13. The judge presides over the Mental Health Court for no less than two consecutive years. **P** BPS III B
14. Participants ordinarily appear before the same judge throughout their enrollment in the Mental Health Court. **R** BPS III C
15. 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. **R** BPS III D
16. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R** BPS III E
17. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R** BPS* III E
18. The Judge spends an average of at least three minutes with each participant. **R** BPS* III F
19. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R** BPS III G
20. 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. **R BPS IV B**
21. 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. **R BPS III H, BPS VIII D**
 22. 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. **R BPS III H, BPS VIII D**
 23. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**
 24. 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. **R BPS IV A**
 25. 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. **R BPS IV A**
 26. The Mental Health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
 27. 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. **R BPS IV A**
 28. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives. **P BPS IV I**
 29. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
 30. Drug test results are available within 48 hours. **P BPS VII H**
 31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. **R BPS VII B**

32. 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. P BPS VII D*
33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
35. 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). P BPS VII G
36. 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 such conclusions are reached by an expert trained in toxicology, pharmacology or a related field. R BPS VII G*
37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. R BPS VII I
38. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. R BPS IV J
39. Jail sanctions are definite in duration and typically last no more than three to five days. R BPS IV J
40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. R BPS IV J
41. 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. R BPS IV K
42. The Mental Health Court offers a continuum of care for mental health treatment, and substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. B BPS V A
43. Standardized patient placement criteria govern the level of care that is provided. P BPS V A

44. 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. **P BPS V A**
45. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to mental health services, detoxification services or sober living quarters. **R BPS V B***
46. 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. **B BPS V E**
47. 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 psychiatric symptoms. **P BPS V E***
48. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**
49. 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. **B BPS V J**
50. 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. **P BPS VI D**
51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
53. 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. **B BPS VI F**
54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**

56. 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. **B BPS VI J**
57. Clients are placed in the program within 50 days of arrest. **R**
58. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
59. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R BPS VIII A***
60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
61. Team members are assigned to Mental Health Court for no less than two years. **P**
62. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**
63. 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. **R BPS VIII C**
64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
65. 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. **P BPS VIII F**
66. 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. **P BPS VIII F**
67. Court fees are reasonable and based on each participant's ability to pay. **R**

68. Treatment fees are based on a sliding fee schedule. **R**
69. 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. P BPS X A
70. 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. B BPS X B*
71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. P BPS X C
72. 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. R BPS X D
73. 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. R BPS X D
74. 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. B BPS X F
75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. P BPS X G
76. 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. B BPS X H
77. The program conducts an exit interview for self improvement. **P**

