MENTAL HEALTH COURT GUIDELINES FOR EFFECTIVENESS AND EVALUATION

Each district court should establish written policies and procedures that describe how the mental health court(s) will implement these statewide guidelines as well as any additional guidelines, policies, and procedures necessary to govern its operations.

1.0 ELIGIBILITY

1.1 No person has a right to be admitted into mental health court. [I.C. 19-5604]

1.2 Mental health courts should focus on defendants whose mental illness is related to their current charge and/or for whom mental health treatment in a court supervised program can be expected to foster recovery and reduce recidivism.

1.3 Each mental health court should only include those defendants that have been diagnosed by a mental health professional as seriously and persistently mentally ill with one or more of the following disorders:

(a) Schizophrenia;
(b) Psychotic disorders (Schizoaffective Disorder);
(c) Bipolar Disorder; and
(d) Clients with other psychiatric illnesses are eligible dependent on the level of the long-term disability

1.4 Persons with complex physical conditions should not be excluded as long as they are willing and able to meet requirements of participation with reasonable accommodations for necessary medical treatment.

1.5 Each mental health court shall evaluate for criminogenic risks and needs with the LSI-R prior to final acceptance and should give preference to medium to high criminogenic risk offenders.

1.6 Each mental health court will establish a written procedure for deciding how individuals will be considered for acceptance into mental health court, including who will have input into that decision and giving final control to the mental health court judge.

1.7 Each mental health court should identify eligible individuals quickly, screen them as soon as possible, advise them about the program and the merits of participating, and place them promptly for participation in the mental health court in order to capitalize on a triggering event, such as an arrest or probation violation, which can persuade or compel participants to enter and remain in treatment.

1.8 Participants should not be excluded from admission solely because of prior treatment failures or a current lack of motivation for treatment. Mental health courts should implement motivational enhancement strategies to engage participants and keep them in treatment.

1.9 Payment of fees, fines, and/or restitution is an important part of a participant's treatment, but no one, who is otherwise eligible, should be denied participation solely because of financial status, although graduation may be delayed until balances are paid.

1.10 Cooperation among mental health courts is encouraged, within the constraints of available resources, to facilitate transfer of eligible applicants or current participants to the mental health court that is most accessible to them. Receiving district will determine the appropriateness of ongoing placement.

A participant once accepted into Mental Health Court, will be considered *clinically eligible* for participation in any district, for purposes of transfer.

2.0 Identification and Assessment

2.1 Prospective mental health court participants should be identified through a structured screening process designed to determine if they meet the mental health court eligibility criteria.

2.2 Screening shall include:

(a) Application – Mental Health Court Coordinator shall complete:
1. Consent for Release(s) of Information, and
2. Idaho Mental Health Court pre-screening instrument.

(b) Team will review application and provide recommendation for:
1. Denial with referral(s)/recommendations
2. Referral for further screening

(c) Coordinator will gather necessary further screening information
1. PSI report information, if available
2. LSI-R/Criminogenic Risk Assessment report
3. GAIN Assessment, if available
4. Prior mental health/substance abuse treatment reports/records or the necessary elements of the Idaho Common Mental Health assessment to determine clinical eligibility.
5. Physical and medical considerations

(d) Team will review all available information for recommendation of:
1. Denial with referral(s)/recommendations
2. Acceptance

2.3 Assessment elements after acceptance into mental health court shall include:

(a) Review of all collected screening information
(b) Idaho Common Mental Health Assessment/Comprehensive Assessment
(c) GAIN-I, if indicated
(d) Motivational Level
(e) Strengths Assessment
(f) Medication Evaluation

2.4 Participants shall be reassessed by both court and treatment personnel annually as follows:
(a) LSI-R, annually and/or at graduation or termination;
(b) Idaho Common Mental Health Assessment, annually; and
(c) GAIN follow up at least annually.

3.0 Treatment and Treatment Providers

3.1 The Treatment Model for mental health courts will be Assertive Community Treatment (ACT) delivered by the Department of Health & Welfare with any exceptions approved by the Statewide Drug Court and Mental Health Court Coordinating Committee. Treatment will address substance use disorders, mental illness, and criminality with a comprehensive, integrated system of care.

3.2 Treatment is primarily intended for severely and persistently mentally ill individuals assessed as being of medium to high criminogenic risk. Low-risk individuals, if accepted, should be treated in a specialized, separate track.

3.3 Treatment should be provided to address the specific individualized criminogenic needs identified in the LSI-R.

3.4 Treatment should address the following elements / expectations:

(a) Assertive Community Treatment as specified in the Idaho ACT standards

(b) individualized treatment plans will be developed based upon assessments

(c) a cognitive behavioral model, including interventions designed to address criminal thinking patterns, including *Moral Reconation Therapy, Breaking Barriers* and *Cognitive Self- Change*

(d) techniques to accommodate and address participant stages of change

Members of the mental health court team should work together to engage participants and motivate participation including consistent use of techniques such as motivational interviewing and motivational enhancement therapy to reduce client defensiveness, foster engagement, and improve retention.

(e) family treatment to address patterns of family interaction that increase the risk of re-offending, to develop family understanding of mental illness and

substance use disorders and recovery, and to create an improved family support system

(f) referral of family members to appropriate community resources to address other identified service needs, including referral to NAMI's (National Alliance on Mental Illness) Family-to-Family program

(g) incorporation of parenting and child custody issues, child support issues, and the needs of children in the participant's family into the treatment plan and addressing them through the effective use of community resources

(h) cooperate with the prosecutors office and victims services coordinator to address victim's rights and consider efforts to facilitate opportunities for victim-offender mediation. Participant's prior victimization issues should also be considered and addressed where appropriate.

(i) monitoring of abstinence through random, **observed** urinalysis or other approved drug testing methodology that occurs no less often than eight times per month in phases I and II and no less often than once per month during the remainder of mental health court participation

(j) staffing to review treatment goals, progress, participant strengths, and other clinical issues of each participant by the court team, no less than twice a month in phases I and II, and during phases III and IV, no less than once per month.

(k) prompt and systematic reporting by all team members to the mental health court team regarding the participant's behavior, compliance with, and progress in treatment; the participant's achievements; the participant's compliance with the mental health court program or probation requirements, and any of the participant's behavior that does not reflect a recovery lifestyle.

3.5 Mental health court and the treatment should be organized into progressive phases with clearly-identified goals for each participant. Movement through the phases of treatment should be based on participant progress and demonstrated competencies in attaining the goals and not merely upon the participant's length of time in a phase.

Mental health court progressive phases should include the goals described below:

(a) <u>Phase I Orientation and Engagement</u>

The goals of the *Orientation and Engagement Phase* are to establish the participant's initial compliance with treatment requirements; demonstrate initial willingness to participate in all treatment activities; become compliant with the conditions of participation in mental health court, which include conditions of probation; establish an initial therapeutic relationship; and commit to a plan for active treatment.

(b) Phase II Intensive Treatment

The goals of the *Intensive Treatment Phase* are to have the participant demonstrate continued efforts at achieving treatment compliance, symptom management and gaining abstinence; develop an understanding of mental illness/substance abuse and offender recovery tools, including relapse prevention; develop an understanding and/or ability to employ the tools of cognitive restructuring of criminal/risk thinking; develop the use of a recovery support system; and begin to assume or resume socially accepted life roles, including education or work and responsible family relations.

(c) Phase III Transition / Community Engagement

The goals of the *Transition/Community Engagement Phase* are to have the participant demonstrate continued compliance with treatment identification of mental health symptoms and implementation of effective coping strategies; continued abstinence; demonstrate competence in using recovery and cognitive restructuring skills, in progressively more challenging situations; develop further cognitive skills such as anger management, negotiation, problem-solving and decision-making, financial and time management; connect with other community treatment or rehabilitative services matched to identified criminogenic needs; demonstrate continued use of a community recovery support system; and demonstrate effective performance of socially-accepted life roles.

(d) Phase IV Maintenance / Aftercare

The goals of the *Maintenance/Aftercare Phase* are to have the participant demonstrate internalized recovery skills and effective management of mental health symptoms with reduced program support; demonstrate ability to identify relapse issues, and intervene; contribute to and support the development of others in earlier phases of the mental health court program; and maintain effective performance of socially-accepted life roles.

3.6 Treatment intensity/phase assignment should be based on treatment need, and not adjusted as a means of imposing a sanction for non-compliance, unless such non-compliance indicates a need for more intensive treatment.

3.7 Mental health court and treatment services will apply the best evidence-based practices in the delivery of integrated services for persons with co-occurring mental and substance use disorders including medication and other treatment interventions.

3.8 Treatment services shall be responsive to ethnicity, gender, age, and other characteristics of the participant.

3.9 It is expected that mental health court will be *recovery-focused* and that participants will graduate upon demonstration of the established competencies. Generally, mental health court graduations are expected to take a minimum of

eighteen (18) months. Participants are expected to continue clinically appropriate mental health services after graduation.

4.0 CASE MANAGEMENT AND SUPERVISION

4.1 Each participant should appear in court for a status hearing at least twice per month. Frequency may be adjusted if the participant is not in compliance with mental health court requirements or during later phases of mental health court.

4.2 Prior to each of his or her court appearances, each participant's treatment progress and program compliance should be discussed at a staffing by the mental health court team. During that staffing, the mental health court team should also discuss rewards or sanctions for the participant and phase movement or graduation.

4.3 Mental health court team members are those personnel who regularly meet during mental health court staffings to consider participant acceptance into mental health court, to monitor progress, and to discuss sanctions and phase movement or graduation. The mental health court should specify who will be members of the mental health court team.

4.4 The mental health court team includes the judge, prosecutor, defense attorney, probation/community supervision officer, treatment providers, and coordinator. It may also include other members, by agreement of the team, such as health providers, drug testing personnel, vocational services personnel, child support and child protection staff, NAMI, law enforcement, and other stakeholders.

4.5 All mental health court team members should be specifically identified in the "consent(s) for disclosure of confidential information," signed by the participant.

4.6 The judge shall serve as the leader of the mental health court team, and should maintain an active role in the mental health court processes, including mental health court staffing, conducting regular status hearings, imposing behavioral rewards, incentives and sanctions, and seeking development of consensus-based problem solving and planning.

4.7 The mental health court team should meet quarterly in a forum dedicated to addressing program issues such as cross-training, operational policy development and changes, program development, quality assurance, communication, community resource development, and problem solving. Such meetings may include other community stakeholders.

4.8 Community supervision should play a significant role in the mental health court program. Home visits conducted by appropriately-trained personnel are a key element in community supervision. Each mental health court should work with the Department of Correction or an appropriate agency to arrange for home visits and other community supervision to meet the following minimum standard:

(a) Phase I
- four (4) face-to-face contacts per month, excluding court sessions

- one (1) home visit every two (2) months or when the offender changes residence

(b) Phase II
- three (3) face-to-face contacts per month, excluding court sessions
- one (1) home visit every two (2) months or when the offender changes residence

(c) Phase III
- two (2) face-to-face contacts per month, excluding court sessions
- one (1) home visit every three (3) months or when the offender changes residence

(d) Phase IV
- one (1) face-to-face contact per month, excluding court sessions
- one (1) home visit every four months or when the offender changes residence

(e) Additional probation visits will be made as needed.

4.9 Each mental health court should have a written drug testing policy and protocol describing how the testing will be administered, standards for observation to ensure reliable specimen collection, laboratory to be used, procedures for confirmation, and process for reporting and acting on results.

4.10 Drug testing should be available on weekends to assure true randomization.

4.11 Drug testing is an integral part of effective integrated mental health and substance abuse treatment and is an expected responsibility of all mental health court components.

4.12 The mental health court shall give each participant a handbook setting forth the expectations and requirements of participation and the general nature of the rewards for compliance and sanctions for noncompliance, including potential termination and shall regularly reinforce these expectations and requirements.

4.13 Research has shown that rewards are more important in changing behavior than punishment. In addition, for sanctions to be effective, they must be, in order of importance: (a) certain, (b) swift, (c) perceived as fair, and (d) appropriate in magnitude. While sanctions for noncompliance should generally be consistent, they may need to be individualized as necessary to increase effectiveness for particular participants. When a sanction is individualized, the reason for doing so should be communicated to the participant to lessen the chance that he or she, or his or her peers, will perceive the sanction as unfair.

Any increase in treatment intensity should be in addition to a sanction imposed for noncompliance. It is important that the judge convey to the participant that the sanction for noncompliance is separate from the change in treatment intensity.

Changes in treatment intensity or specific treatment interventions should be based upon clinical need and not imposed as a sanction for noncompliance.

4.14 Positive responses, incentives, or rewards to acknowledge desired participant behavior should be emphasized over negative sanctions or punishment. Strengths assessment should help to identify meaningful incentives for the individual. Organized contingency management strategies should be utilized to reward desired behaviors and promote positive behavior change. (See Appendix C)

4.15 All members of the mental health court team should maintain frequent, ongoing communication of accurate and timely information about participants to ensure responses to compliance and noncompliance are certain, swift, and coordinated.

4.16 The mental health court should have a written policy and procedure for adhering to appropriate and legal confidentiality requirements and should provide all team members with an orientation regarding the confidentiality requirements of 42 USC 290dd-2, 42 CFR Part 2.

4.17 Participants must sign an appropriate consent for disclosure upon application for entry into mental health court.

4.18 Care should be taken to prevent the unauthorized disclosure of information regarding participants.

(a) Progress reports, drug testing results, and other information regarding a participant and disseminated to the mental health court team, must not be placed in a court file that is open to examination by members of the public.

(b) Information regarding one participant should not be placed in another participant's file.

4.19 Grounds for Termination. Mental health court is a voluntary program. A participant can voluntarily terminate from the program at any time, however, the original sentence will be imposed. The judge and staffing team can also involuntarily terminate a participant from the program for non-compliance, new criminal charges, bench warrants, or drug testing problems. Although a relapse is not absolute grounds for termination, a continual inability to meet the treatment goals will result in expulsion. There are several grounds for possible termination. These include:

- Possession of alcohol, drugs, or paraphernalia at participant's residence, in participant's car, or on his or her person
- Attending a treatment group under the influence
- Possession of a weapon in participant's residence, car or on his or her person
- New charges, in particular violent or sexual crimes
- Corrupting or negatively influencing another participant
- Tampering with a drug test sample, submitting the urine of someone else or allowing someone else to use his or her urine for their sample

5.0 EVALUATION

5.1 The district court of each county which has implemented drug court(s) or mental health courts shall annually evaluate the program's effectiveness and provide a report to the Supreme Court, in the manner and form requested. [I.C. 19-5605]

5.2 An annual report, *The Effectiveness of Idaho Drug Courts and Mental Health Courts* will be presented to the Governor and the Legislature by the Idaho Drug Court and Mental Health Court Coordinating Committee, no later than the first day of the legislative session. [I.C. 19-5605].

5.3 Mental health courts shall utilize the ISTARS Module for mental health court to record the specified minimum data set on every participant admitted into mental health court.

5.4 Mental health courts will provide the specified utilization report to the Idaho Supreme Court promptly by the 5th of each month.

5.5 Each mental health court coordinator will complete, with the team, an annual guidelines compliance review for purposes of program improvement and annual reporting to the Supreme Court using the approved statewide checklist.

5.6 Statewide evaluations using appropriate comparison groups will be implemented to determine long-term outcomes of the mental health courts.

5.7 A client feedback evaluation should be conducted twice-per-year by each mental health court in order to inform the team on ways to improve the Mental Health Court using the statewide minimum survey with the option for additional court specific questions.

5.8 Evaluation results should be reviewed at least annually and used to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.

5.9 Evaluation results should be shared widely.

6.0 PARTNERSHIPS/COORDINATION OF SERVICES

6.1 Formal written agreements provide the foundation for collaboration and working relationships at the state level, between the Idaho Supreme Court, the Idaho Department of Health and Welfare and the Idaho Department of Correction as well as locally between the Court, prosecutor, public defender, Department of Correction, other participating probation agencies, the Department of Health and Welfare and other participating entities, including any private treatment provider.

6.2 Each mental health court shall work to establish effective partnerships with public and private agencies and community-based organizations in order to generate local support and enhance mental health court program effectiveness.

6.3 A local coordinating or steering committee of representatives from organizations and agencies such as the court, community organizations, law enforcement, corrections, treatment and rehabilitation providers, educators, health and social service agencies, and faith community should meet regularly to provide guidance and direction to the mental health court program and aid in the acquisition and distribution of resources related to the mental health court.

6.4 A successful mental health court requires the active participation of both the prosecuting attorney and defense counsel in a cooperative manner, consistent with their ethical responsibilities.

6.5 Quarterly mental health court team meetings should be held to provide for cross-disciplinary and team development training for all members. The Judge, as team leader, is responsible for assuring participation. The Mental Health Court Coordinator is responsible for assessing training needs and arranging for such training.

6.6 A state training conference for mental health court teams should be held annually, budget funds permitting.

6.7 Information on national and regional, mental health court training opportunities will be disseminated to all mental health courts, by the Statewide Drug Court and Mental Health Court Coordinator.

7.0 Rule Compliance

7.1 A District can apply, on behalf of a mental health court, to the Statewide Drug Court and Mental Health Court Coordinating Committee for waiver or modification of compliance with any guideline because of hardship or lack of available resources or for substitution of a different provision, through a letter from the District's Trial Court Administrator outlining the desired change or waiver from guideline, the reasons for the requested change, and the proposed substitute practice.

7.2 There must be substantial compliance with these guidelines in order to become and remain eligible for state funding for the court activities or related treatment.