MENTAL HEALTH COURT STANDARDS AND GUIDELINES FOR EFFECTIVENESS AND EVALUATION

While major objectives of the mental health court are effective community management and long-term rehabilitation of eligible offenders, community safety is the overarching goal of the mental health court.

Statement of Policy - The Goals of Drug and Mental Health Courts

The Idaho Legislature established the following goals for drug [and mental health] courts:

- To reduce the overcrowding of jails and prisons
- To reduce alcohol and drug abuse and dependency among criminal and juvenile offenders
- To hold offenders accountable
- To reduce recidivism, and
- To promote effective interaction and use of resources among the courts, justice system personnel and community agencies.

The Drug Court and Mental Health Court Act requires the Idaho Supreme Court to establish a Drug Court and Mental Health Court Coordinating Committee to develop guidelines addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision and evaluation.

It is the intention of the Idaho Supreme Court Drug Court and Mental Health Court Coordinating Committee that Mental Health Court Standards and Guidelines will be useful in:

- assisting Idaho courts in establishing mental health courts that are based on available research-based or widely-accepted best practices
- maintaining consistency of key mental health court operations across the state, and establishing a foundation for valid evaluation of the results and outcomes achieved by Idaho's mental health courts

It is the intention of the Coordinating Committee that mental health court standards assure:

- consistent, cost-effective operation
- adherence to legal and evidence-based practices
- effective use of limited public resources, including the human resources of collaborating agencies

Standards / Guidelines Description

The purpose of this document is to set forth both required standards and recommended guidelines to provide a sound and consistent foundation for the operation and the evaluation of Idaho's mental health courts.

These standards and guidelines are not rules of procedure and have no effect of law. They are not the basis of appeal by any mental health court participant and lack of adherence to any

standard or guideline is not the basis for withholding any sanction or readmitting a participant who is terminated for any cause.

The standards and guidelines provide a basis for each mental health court to establish written policies and procedures that reflect the standards and guidelines, the needs of participants, and the resources available in the community.

The standards and guidelines are based on principles gleaned from current research and credible published resources in the areas of criminal justice, mental health and addiction treatment, with specific focus on mental health courts. The standards and guidelines were developed and refined through input from Idaho mental court professionals and stakeholders, as well as acknowledged national experts, and represent a consensus about appropriate practice guidance.

The *Idaho Drug Court and Mental Health Court Act* states "The district court in each county may establish a drug [and mental health] court which shall include a regimen of graduated sanctions and rewards, substance abuse treatment, close court monitoring and supervision of progress, educational or vocational counseling as appropriate, and other requirements as may be established by the district court, **in accordance with standards developed by the Idaho Supreme Court Drug Court and Mental Health Court Coordinating Committee.**

In addition, the Idaho Drug Court and Mental Health Court Act states: "The [Drug Court and Mental Health Court Coordinating] committee shall also develop **guidelines for drug [and mental health] courts addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision, and evaluation".**

These standards and guidelines are organized under these statutory headings. In addition, **Coordination of Services** has been added to encompass guidelines related to the establishment and maintenance of the partnerships, also envisioned in the statute, that are so vital to effective and sustainable mental health courts.

Standards of effectiveness and evaluation will be designated by showing them in **bold font.** Mental health courts will be accountable to the Coordinating Committee and to the Supreme Court for operating in compliance with the standards.

Guidelines are shown in normal font and are guidance for operations in ways that are consistent with sound practice but for which local courts will have greater latitude in operation to meet local circumstances.

Compliance Policies

The intent of Statewide Guidelines and Standards is to assure that scarce public resources are used in ways that assure the greatest positive return on the investment. Research has now clearly shown that certain operational practices are essential to achieve cost-beneficial outcomes and the DCMHCCC has identified such practices as **Standards of Operation**. Because of the variations in communities and their available resources, it is recognized that achieving total compliance with the Standards must be an ongoing process over a reasonable period of time. However, how

a court "measures up" to these practices and makes a good faith effort to achieve full compliance will become the foundation for receiving ongoing state funding.

As always, the Supreme Court is committed to providing the guidance and support to enable all mental health courts to become and remain fully compliant with approved Standards.

Courts that are out of compliance with any approved standard must submit a **plan of improvement** that describes:

- What corrective actions will be taken
- What time line is required to implement the planned actions
- How the court will maintain the improvement and resulting compliance
- Any barriers or resource needs the court must address to implement and maintain compliance

The plan of improvement, will be reviewed by the Statewide Coordinator, and approved by the Statewide DCMHCCC and / or its Executive Committee.

Courts would be granted up to one year to fully implement the plan of improvement and to receive a reassessment. Based on demonstrated efforts, an additional six months could be granted to complete the plan of improvement. In addition, in unusual cases, a court could request a time-limited waiver of a Standard for good cause, if it can be shown that a proposed alternative practice is likely to achieve similar positive outcomes.

Remedies for Non-compliance
Courts unable or unwilling to substantially comply with the Standards after this period would be subject to a Provisional Termination Notice. Such a notice would require that no new admissions be accepted into the court and that a plan for completion of existing participants be submitted to the Statewide Coordinator.

A Court receiving a Provisional Termination Notice would be allowed an opportunity to present a request for continuance of operations to the Executive Committee of the DCMHCCC and this request could include a new plan of improvement or other proposals that would allow continued operation for a specified period of time.

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

Bold = Standards
Guidance for Standards: standards are based on statutory language, well-established policy and/or research.

1.0 ELIGIBILITY

1.1 No person has a right to be admitted into mental health court. [I.C. 19-5609]

1.2 Mental health courts should focus on persons whose mental illness is related to their current charge and/or for whom mental health treatment and effective supervision in a court managed program can be expected to foster recovery and reduce further criminal behavior.

1.3 Each mental health court should only include those defendants who meet the following criteria:

A. Serious and Persistent Mental Illness (SPMI) including a primary diagnosis of:
- Schizophrenia
- Schizoaffective Disorder
- Bipolar I
- Bipolar II
- Major Depressive Disorder (Severe, Recurrent)
- Psychotic Disorder Not Otherwise Specified (NOS) – For a maximum of 120 days without conclusive diagnosis

B. Accompanied by at least **two (2) or more** of the following conditions of sufficient severity to cause a substantial disturbance in role performance or coping skills in at least two (2) of the following functional areas in the last six (6) months

- Vocational or educational, or both
- Financial
- Social relationships or support, or both
- Family
- Basic daily living skills
- Housing
- Community or legal, or both
- Health or medical, or both

Commentary: Such disturbances may manifest in observed difficulty consistently performing practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; maintaining personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, or relatives. In addition the following may demonstrate these disturbances including difficulty maintaining

employment at a self-sustaining level or significant difficulty carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities or significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing.

C. And having **one or more** of the following problems, which are indicators of continuous high service needs (i.e., greater than eight hours per month):

- High use of acute psychiatric hospitals or psychiatric emergency services (e.g., two or more admissions or emergency room contacts per year)
- Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal)
- Coexisting substance use disorder of significant duration (e.g., greater than 6 months)
- High risk or recent history of criminal justice involvement (e.g., arrest, incarceration)
- Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless
- Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available
- Difficulty effectively utilizing traditional office-based outpatient services

Commentary: Admission criteria are taken from IDAPA Rule 16.07.33.010.17 and the Idaho Adult Mental Health Assertive Community Treatment (ACT) Standards.

1.4 Individuals with a sole diagnosis of substance use disorder are not the intended client group.

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

1.6 Each mental health court shall determine criminogenic risks and needs, including criminal attitudes and thinking patterns with the LSI-R

1.7 Each mental health court shall consider the degree to which the Individual represents a safety risk to the community, to other participants or to staff.

1.8 Mental Health Court is not intended for offenders with low criminogenic risk of recidivism. Mental Health Court is intended for offenders with a moderate-high to high risk of recidivism (excluding a high risk of violence) and a high level of criminogenic needs.

Commentary: When an individual's specific criminogenic needs are identified through a validated assessment and addressed through evidence-based supervision practices and services, the risk of future criminal behavior and community harm is reduced. Idaho re-norming of the LSI-R will establish an appropriate range of scores to denote moderate-high to high risk.

1.9 Consistent with the foregoing eligibility criteria, the final decision regarding acceptance rests with the mental health court judge.

1.10 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.

Commentary: Swift placement is preferable 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.

1.11 Participants should not be excluded from admission solely because of prior treatment failures or a current lack of motivation for treatment, or because of prior participation in a problem-solving court.

1.12 No one, who is otherwise eligible, should be denied participation solely because of inability to afford participation costs.

2.0 IDENTIFICATION AND ASSESSMENT

2.1 Each mental health court shall establish written criteria for the screening and application process.

2.2 The Coordinator will initially review the current charge(s), Idaho criminal history, mental health diagnosis and any treatment history, if available, of prospective mental health court participants to determine the likelihood of eligibility for mental health court. (See eligibility criteria in Section 1.2).

2.3 Based on the findings of the initial review, the Coordinator will gather the following information for the application:

(a) Consent for Release(s) of Information
(b) LSI-R/Criminogenic Risk Assessment report
(c) Prior mental health / substance abuse treatment reports / records or the elements of the Idaho Standard Behavioral Health Assessment as necessary to determine clinical eligibility.
(d) Physical and medical considerations
(e) PSI report information, if available
(f) GAIN Assessment, if available
(g) Trauma history or trauma symptom screening report

2.4 Team will review all available information for recommendation of:

(a) Denial with referral(s)/recommendations
(b) Acceptance

2.5 Participants shall be reassessed by both court and treatment personnel annually, as follows:

(a) LSI-R, at a minimum, annually and/or at graduation or termination;
(b) Idaho Standard Behavioral Health Assessment update (1 year) annually

3.0 TREATMENT AND TREATMENT PROVIDERS

3.1 The Treatment Model for mental health courts will be Assertive Community Treatment (ACT). Treatment will address substance use disorders, mental illnesses, and criminogenic risks and needs with a comprehensive, integrated system of care.

3.2 Treatment will be provided to address the specific individualized criminogenic risks and needs identified in the LSI-R.

3.3 An individualized treatment plan will be developed based upon assessments, including, but not limited to, criminogenic needs as identified by the LSI-R and functional skills deficits as identified in the following domains of the Idaho Standardized Behavioral Health Assessment, including:

(a) Legal
(b) Health /medical
(c) Family
(d) Financial
(e) Housing
(f) Basic living skills
(g) Community
(h) Vocational/educational
(i) Psychiatric
(j) Substance abuse
(k) Social

3.4 Treatment should assess and address the participant's trauma history and current trauma symptoms.

3.5 Treatment will include evidence-based cognitive behavioral interventions, designed to address criminal thinking.

3.6 For individuals with co-occurring substance use disorders treatment should include techniques to accommodate and address participant stages of change to enhance motivation and engagement in treatment. For individuals without co-occurring substance use disorders treatment should address participant motivation and engagement in treatment.

Commentary: 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 strategies to reduce client defensiveness, foster engagement, and improve retention.

3.7 Peer support provided by trained peer support specialists should be an integral part of the treatment provided to participants in the mental health court

3.8 Treatment should include 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.

3.9 Treatment should include incorporation of parenting and child custody issues, child support issues, and the needs of children in the participant's family in the treatment plan and address them through the effective use of community resources

3.10 Treatment providers should cooperate with the prosecutor's office and victim services coordinator to address victim's rights and should consider efforts to facilitate opportunities for victim-offender mediation.

3.11 Monitoring of abstinence through random, observed urinalysis or other approved drug testing methodology will occur no less often than eight times per month throughout mental health court participation.

3.12 A staffing by the court team to review progress, participant strengths and other clinical issues of each participant should be held no less than twice a month in phases I and II, and no less than once per month during phases III and IV.

3.13 There must be 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.

3.14 Mental health court and 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 specified 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) Phase I Orientation and Engagement

The goals of the *Orientation and Engagement Phase* are to establish the participant's initial understanding of 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 engagement in treatment, identification of mental health symptoms and implementation of effective coping strategies; maintain 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 and assessed life skills 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.

3.15 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.

3.16 Mental health court and treatment services will apply evidence-based integrated services for persons with co-occurring mental and substance use disorders, including medication as appropriate to address both the substance use disorder and the non-addiction mental health disorder, and other treatment interventions.

3.17 Treatment services should be trauma informed and responsive to ethnicity, gender, age, and other significant characteristics of the participant.

3.18 It is expected that mental health court will be *recovery-focused* and *trauma informed* 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 have a plan for and continue clinically appropriate mental health services after graduation.

3.19 Graduation should not be withheld pending full payment of fines, fees or restitution but a period of unsupervised probation may be imposed until restitution is paid.

4.0 CASE MANAGEMENT AND SUPERVISION

4.1 Each participant will appear in court for a status hearing at least twice per month. Frequency may be adjusted in response to the participant's adherence to 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 and who attend court review hearings. 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, law enforcement representative 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, and other relevant stakeholders.

4.5 All mental health court team members will be specifically identified by position or role and, where possible, by name in the "consent(s) for disclosure of confidential information," signed by the participant. Consents should be renewed by the participant annually or more frequently if necessary due to team member turnover.

4.6 The judge shall serve as the leader of the mental health court team, and maintain an active role in 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 Community supervision should play a significant role in the mental health court program. Contacts including 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 other appropriate supervision agency to arrange for home visits and other community supervision to meet the following minimums:

The following tables will amplify the proposed changes from the current Idaho Department of Correction policy, 701.04.02.001, to the proposed Phase supervision minimum requirements for each Problem Solving Court.

PHASE I – High Risk

Proposed PSC Phase I Minimum Requirements	**Standard**
Home Contact	1 Monthly
Treatment Provider	1 Monthly
Employment	Waived until employed
Collateral Contact	1 Monthly
Face to Face	2 Monthly

PHASE I – Moderate-High Risk

Proposed PSC Phase I Minimum Requirements	**Standard**
Home Contact	Every 90 days
Treatment Provider	1 Monthly
Employment	Waived until employed
Collateral Contact	1 monthly
Face to Face	2 Monthly

PHASE II – High Risk

Proposed PSC Phase II/III Minimum Requirements	Standard
Home Contact	Every 90 days
Treatment Provider	1 Monthly
Employment	1 Monthly
Collateral Contact	1 Monthly
Face to Face	2 Monthly

PHASE II – Moderate-High Risk

Proposed PSC Phase II/III Minimum Requirements	Standard
Home Contact	Every 90 days
Treatment Provider	1 Monthly
Employment	1 Monthly
Collateral Contact	1 Monthly
Face to Face	2 Monthly

PHASE III -High Risk

Proposed PSC Phase II/III Minimum Requirements	Standard
Home Contact	Every 90 days
Treatment Provider	1 Monthly
Employment	1 Monthly
Collateral Contact	1 Monthly
Face to Face	2 Monthly

PHASE III – Moderate-High Risk

Proposed PSC Phase II/III Minimum Requirements	Standard
Home Contact	Every 180 days
Treatment Provider	1 Monthly
Employment	Every 90 days
Collateral Contact	Every 90 days
Face to Face	Every 90 days

Phase IV Participants

Mental Health Court participants in Phase IV – Maintenance Phase should be supervised as dictated by the supervision agencies' polices for supervision and management of probationers, based upon the current risk assessment.

4.8 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.

4.9 Each mental health court shall have a written drug testing policy and protocol describing how the testing will be administered, standards for observation and documentation of identity of participant to ensure reliable specimen collection, laboratory to be used, procedures for confirmation, procedures for maintaining proper chain of custody of the specimen and process for reporting and acting on results.

4.10 Drug testing should be utilized on weekends and holidays when randomization requires it.

4.11 Monitoring of abstinence through random, observed urinalysis or other approved drug testing methodology will occur no less often than eight times per month throughout mental health court participation. (See section 3.10)

4.12 Mental health court team should have drug testing results within 48 hours of the testing.

4.13 Payment of fees, fines, and/or restitution is an important part of a participant's treatment, but phase advancement and graduation should not be delayed for payment of outstanding fees, fines or restitution. Unsupervised probation may be an option to address unpaid restitution.

4.14 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.

4.15 Research has shown that rewards are more important than punishment in changing behavior. In addition, for rewards or sanctions to be effective, they must be, in order of importance: (a) certain, (b) swift, (c) perceived as fair, and (d) appropriate in magnitude. Strengths assessment should help to identify meaningful incentives for the individual. Organized contingency management strategies may be utilized in conjunction with other incentives and sanctions. While sanctions for noncompliance should generally be consistent, management strategies 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 all participants to lessen the chance that he or she, or his or her peers, will perceive the sanction as unfair.

4.16 Any increase in treatment intensity should be in addition to a sanction imposed for noncompliance and not imposed as a sanction. 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 shall be based upon clinical need.

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

4.18 The mental health court will 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 and other confidentiality requirements.

4.19 Participants must sign an appropriate consent for disclosure, upon application for entry into mental health court, to allow sharing of important information among team members. (See section 4.5)

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

4.21 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.

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

4.22 Grounds for Termination. Entry into a mental health court is voluntary. The judge may involuntarily terminate a participant from the program when the safety or wellbeing of the community, other participants, or staff is jeopardized by a participant's continued participation or when all reasonable treatment efforts have been exhausted and the participant demonstrates continued unwillingness or inability to comply with the requirements of mental health court. Although a substance use relapse is not generally grounds for termination, a continual inability to meet treatment goals may result in termination. There are several other 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
- Possession of a weapon in participant's residence, car or on his or her person
- New charges, particularly 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

As in eligibility determination, the overriding criteria for termination are an unacceptable risk to the safety of the community or to other participants or staff.

4.23 It is expected that participants will be clearly counseled that their behavior is putting their continued participation at risk prior to the decision to seek termination, unless there are unusual circumstances.

4.24 The termination process must provide an opportunity for a formal court hearing, with the participant and his or her counsel being notified in advance of the proposed hearing and being provided with an opportunity to present mitigating evidence in his or her behalf. The participant's participation in group activities may be suspended pending the conclusion of such a hearing.

5.0 EVALUATION

5.1 The district court of each county which has implemented a mental health court 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 on *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 designated Idaho court management information system 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 10th 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, as resources permit, to determine outcomes of the mental health courts.

5.7 A client feedback evaluation will be conducted twice-per-year by each mental health court using the statewide survey, at a minimum, with the option for additional court specific questions.

5.8 Evaluation results, client feedback and guidelines compliance results should be reviewed by the mental health court team at least annually and should be 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 should 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.

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 Each mental health court shall have a written agreement (such as an MOU) to provide the foundation for collaboration, working relationships, and operating policies and procedures at the local level, among the key agencies responsible for the operation of the mental health court. The agreement will be signed by the executive authority for each key agency including at a minimum, the judicial district, the prosecutor, public defender, probation agency, Health and Welfare Regional Behavioral Health Manager, other treatment provider(s), and County Commission, updated as needed.

6.4 The Trial Court Administrator and Administrative District Judge in each District should convene a meeting on an annual basis engaging the executive authority of each stakeholder agency or organization to identify and address districtwide issues affecting the operations and outcomes of the district's problem-solving courts.

6.5. The Coordinator for each mental health court shall convene a team meeting for addressing program issues such as program evaluation results, policy changes, program development, quality assurance, communication and problem-solving at least twice a year.

6.6 The Judge for each mental health court shall convene meetings at least twice a year 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 training. Local, state or national training or conferences as well as various distance learning opportunities such as video presentations or webinars are resources for such training.

6.7 A local coordinating or support 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.

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

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

6.10 Information on national and regional, mental health court training opportunities will be disseminated to all mental health courts, by the Statewide Coordinator.

7.0 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 a temporary 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.