Section IV
Adult Mental Health Court Treatment Standards

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Section IV
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1. Screening

1.1 Legal: Mental health court programs should work with an interdisciplinary team that consists of a judge, prosecutor, defense attorney, mental health provider, law enforcement, probation, and coordinator to ensure systematic, early identification, and early engagement of the target population.

1.1.1 Recommended tool: Brief Jail Mental Health Screen at jail and/or first appearance.

1.2 Clinical: Mental health courts will enroll participants who meet diagnostic criteria for severe and persistent mental illness and/or dual diagnosis and whose needs can be met by the program.

1.2.1 Recommended tools: Texas Christian University, Substance Abuse II (TCUDS); Addiction Severity Index-Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-2 (SASSI-2); Brief Jail Mental Health Screen, National GAINS Center.

2. Assessment

2.1 Mental health courts will employ an assessment tool that captures offenders' risk of recidivism and treatment needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R) starting January 2013 and/or Short-Term Assessment of Risk and Treatability (START) for utilization with mental health court participants of all levels of impairment.

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

2.3 An assessment tool should also be suitable for use as a repeat measure. Programs should re-administer the tool as a measure of program effectiveness and offender progress.

3. Level of Treatment

3.1 Mental health courts will offer an appropriate level of evidence based treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Dual Diagnosis participants (PPC-2R).

3.1.2 Recommended clinical assessment: START to determine level of need for participants with primary mental health issues.

3.2 Mental health courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. Program length should be a minimum of 12 months for misdemeanor programs and 18 months for felony programs.

4. Treatment/Case Management Planning

4.1 Mental health courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with treatment and recidivism.

4.2 Mental health court case managers will link participants with the appropriate level of treatment in the community.

4.2.1 This treatment can include linkage to a private psychiatrist and therapist if private insurance is available.

4.2.2 This treatment can also include linkage to the local Community Service Board for indigent or state-served clients.

4.3 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

4.4 Mental health court programs will offer and/or collaborate with community partners to offer a comprehensive range of mental health and dual diagnosis treatment services. These services include:

(1) Group counseling
(2) Individual counseling
(3) Drug testing
(4) Psychosocial rehabilitation
(5) Family support
(6) Medication management.

4.5 Mental health court programs should ideally offer:

(1) Family counseling
(2) Gender specific counseling
(3) Domestic violence counseling
(4) Health screening
(5) Assessment and counseling for co-occurring substance use issues.

4.6 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

(1) Employment counseling and assistance
(2) Educational component
(3) Medical and dental care
(4) Transportation
(5) Housing
(6) Mentoring and alumni groups
(7) Assistance with government funded/community based assistance programs.

4.7 Aftercare services are an important part of program services to ensure transition to less supervised services. Aftercare is lower in intensity and follows higher-intensity programming.

5. Mental Health Treatment Interventions

5.1 Mental health courts will use a manualized curriculum and structured [e.g. Cognitive Behavior Therapy (CBT)] approach when applicable to a participant for treating mental health symptoms.

5.1.1 Recommended tool: Wellness Recovery Action Plan (WRAP).

5.2 Mental health courts will use a manualized curriculum and structured approach to address trauma/abuse symptoms and will be done in gender-specific groups and/or individual treatment.

5.2.1 Recommended tools: Seeking Safety; Trauma Focused Cognitive Behavioral Therapy.

6. Dual Diagnosis Treatment Interventions

6.1 Mental health courts will use a manualized curriculum and structured (e.g. CBT) approach to treating dual diagnosis.

6.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET); Hazelden Co-Occurring Disorders Program; TCU Mapping-Enhanced Counseling; Integrated Dual Disorders Treatment.

6.2 Abstinence is monitored by frequent alcohol and other drug testing. This is the cornerstone of dual diagnosis treatment.

6.2.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

6.2.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization. This can pose a problem in more rural counties.

6.2.3 All mental health courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

6.2.4 All drug testing shall be directly observed by an authorized, same sex member of the mental health court team, a licensed/certified medical professional, or other approved official of the same sex.

6.2.5 Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.

6.2.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

6.2.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

6.2.8 Each mental health court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

6.2.9 Creatinine violations and drug screens scheduled and missed without a valid excuse as determined by the presiding judge shall be considered as a positive drug screen.

7. Recidivism/Criminality Treatment Interventions

7.1 Mental health courts will incorporate programming that addresses criminogenic risk factors for those offender characteristics that are related to risk of recidivism.

7.1.1 Recommended tools: Moral Reconation Therapy (MRT); Thinking for a Change (TFAC). These tools are appropriate for participants who are assessed as “stable” and of moderate-risk (or higher) for recidivism.

7.2 Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

8. Information Management Systems

8.1 Mental health courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

9. Oversight and Evaluation

9.1 Mental health courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

9.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increase legitimacy of the process and lead to improved outcomes.