

# Behavioral Health Docket (BHD) Application Review Checklist

2018

Standard/Best Practice	Application	Request Clarification/Additional information
<p><b>Standard 1: Administration.</b> Each docket must have a policy and procedure manual that sets forth its established goals and objectives, general administration, organization, personnel, and budget matters.</p>		
<p>The policy and procedure manual sets forth its goals and objectives, general administration, organization, personnel, and budget matters. The P&amp;P Manual should include all forms used by the docket.</p>		
<p>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.</p>		
<p>Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing.</p>		

<p><b>Standard 2: Team.</b> A behavioral health docket team should include, at a minimum, the judge, a representative from the local Behavioral Health Authority/Community Services Board, and a representative from community corrections. The Commonwealth’s Attorney and the Defense Attorney are encouraged, but are not required, to participate as members of the court docket team.</p>		
Participants ordinarily appear before the same judge(s) throughout their enrollment in the BHD.		
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<p><b>Standard 3: Evidence-Based Practices.</b> The docket should establish and adhere to practices that are evidence-based and outcome-driven and should be able to articulate the research basis for the practices it uses.</p>		
The BHD should establish and adhere to practices, programs & policies that are evidence-based.		
<p><b>Standard 4: Voluntary and Informed Participation.</b> All docket participants should be provided with a clear explanation of the docket process. Participation in the docket must be completely voluntary. Participants must have capacity to consent to participation in the docket.</p>		
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be completely voluntary and evidenced in writing.		
Participants must have capacity to consent to participation in the docket and such consent will be in writing The BHD must demonstrate the process used to determine capacity.		
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 in writing.		
Upon entering the BHD, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing as well as clinical participation.		
<b>Standard 5: Eligibility Criteria.</b> Criteria regarding eligibility for participation in the docket must be well-defined and written, and must address public safety and the locality's treatment capacity. The criteria should focus on defendants whose mental illness is related to their current offenses.		
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The criteria should focus on defendants whose mental illness is related to their current offenses and who are recommended for participation by the Commonwealth's Attorney.		<i>Focus on moderate to severe mental illness and medium to high criminogenic risk.</i>

<p>Participants are not excluded from participation in BHD because they lack a stable place of residence. Eligibility and exclusion criteria are defined objectively. Eligibility and exclusion criteria are specified in writing.</p>		
<p>The BHD team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.</p>		
<p>Candidates for the BHD are assessed for eligibility using validated risk-needs assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision, by community corrections office, and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.</p>		
<p>Candidates for the BHD 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 by qualified mental health professional.</p>		
<p><b>Standard 6: Program Structure.</b> A behavioral health docket program should be structured so that participants progress through phases of orientation, stabilization, community reintegration,</p>		

maintenance, successful completion and transition out of the program.		
The BHD should be structured so that participants progress through phases such as orientation, stabilization, community reintegration, maintenance, successful completion and transition out of the program.		
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.		
For at least the first ninety days after discharge from the BHD, 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.		
Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program.		
Status hearings are scheduled no less frequently than every four weeks until participants graduate.		
Drug testing is random, and is		

<p>available on weekends and holidays.</p>		
<p>Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled.</p>		
<p>Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration.</p>		
<p>The BHD utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen.</p>		
<p>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.</p>		
<p><b>Standard 7: Treatment and Support Services.</b> Behavioral health docket must provide prompt admission to continuous, comprehensive, evidence-based treatment and rehabilitation services to participants. All treatment providers used by the docket should be appropriately licensed by the applicable state regulatory authority and trained to deliver the necessary services according to the standards of their profession.</p>		
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<p>All treatment providers used by the BHD should be appropriately licensed by the applicable state regulatory authority and trained to deliver the necessary services according to the standards of their profession.</p>		
<p>The BHD offers a continuum of care for mental health treatment, including but not limited to: case management, psychiatric, individual/group therapies, peer services, and outpatient services. The BHD also offers a continuum of substance abuse treatment, including but not limited to: detox, residential, sober living, day treatment, intensive outpatient and outpatient services. The BHD must tailor services based upon the individual's needs identified during the assessment phase.</p>		
<p>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.</p>		
<p>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.</p>		
<p>Participants with co-occurring substance abuse issues regularly attend self-help or peer support</p>		

groups in addition to professional counseling.		
The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions.		
Treatment fees are based on a sliding fee schedule.		
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.		
Female participants receive trauma-related services in gender-specific groups.		
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.		
<p><b>Standard 8: <i>Participant Compliance.</i></b> Behavioral health dockets should have written procedures for incentives, rewards, sanctions, and therapeutic responses to participant behavior while under court supervision. These procedures must be provided to all team members and the participant at the start of a participant’s participation in the program.</p>		
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<p>The BHD has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.</p>		
<p>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.</p>		
<p>The BHD regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants.</p>		
<p>Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions.</p>		
<p>Jail sanctions are definite in duration and typically last no more than three to five days.</p>		
<p>If a participant is terminated</p>		

<p>from the BHD because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program.</p>		
<p>The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.</p>		
<p>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.</p>		
<p>The judge makes these decisions after taking into consideration the input of other BHD team members and discussing the matter in court with the participant.</p>		
<p><b>Standard 9: Confidentiality.</b> Behavioral health docket programs must protect confidentiality and privacy rights of individuals and proactively inform them about those rights. Information gathered as part of a participant's court-ordered treatment program or services should be safeguarded in the event that the participant is returned to traditional court processing.</p>		
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<p>treatment program or services should be safeguarded in the event that the participant is returned to traditional court processing.</p>		
<p><b>Standard 10: <i>Evaluation and Monitoring.</i></b> Behavioral health docket programs must establish case tracking and data collection practices. At a minimum, data should be collected regarding 1) Characteristics of the Participants, 2) Clinical Outcomes, and 3) Legal Outcomes. All behavioral health docket programs are subject to annual fiscal and program monitoring by the Office of the Executive Secretary.</p>		
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<p>All BHDs are subject to annual fiscal and program monitoring by the Office of the Executive Secretary.</p>		
<p>The BHD 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.</p>		
<p>A skilled and independent evaluator examines the BHD's adherence to best practices and participant outcomes no less frequently than every five years.</p>		

<p>Information relating to the services provided and participants' in-program performance is entered into an electronic database as required by OES specialty dockets. Statistical summaries from the database provide staff with real-time information concerning the BHD's adherence to best practices and in-program outcomes.</p>		
<p>Outcomes are examined for all eligible participants who entered the BHD regardless of whether they graduated, withdrew, or were terminated from the program.</p>		
<p>Current or prior offenses may disqualify candidates from participation in the BHD if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a BHD.</p>		
<p><b>Standard 11: Education.</b> All team members, including the judge, should be knowledgeable about underlying medical or social-science research relevant to the docket. All team members should attend continuing education programs or training opportunities to stay current regarding the legal aspects of a behavioral health docket and the clinical aspects of mental illness and substance abuse.</p>		
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<p>current regarding the legal aspects of a behavioral health docket and the clinical aspects of mental illness and substance abuse.</p>		
<p>Before starting a BHD, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Mental Health Dockets and develop fair and effective policies and procedures for the program.</p>		