



Introduction

This observation tool was developed in order to help visitors to the Bureau of Justice Assistance Mental Health Court Learning Sites get the most out of their site visit. The tool has been developed using the "Essential Elements of a Mental Health Court" document, which is still currently under revision, as a guideline. For a copy of the Essential Elements please visit: <http://consensusproject.org/mhcp/essential.elements>. As such, the observation tool contains questions -- organized under headings that match those of the "Essential Elements" -- that will help visitors determine how each court addresses elements considered essential to mental health court operation.

The questions included in this tool are not meant to be exhaustive. Visitors to the learning sites are encouraged to ask their own questions and note features and strategies that may help them in their own jurisdictions.

A. Planning and Administration

1. *Was the planning of the court guided by a planning group? If so:*
 - a. How was this group established?
 - b. How often did this group meet?
 - c. For how long did the planning group meet?

2. *Does the MHC now have an advisory or oversight group?*
 - a. Who forms part of this group?
 - b. What are the group's specific functions?

3. *Does the MHC have buy-in from relevant stakeholders (e.g. Depts. of Mental Health, Probation, and Parole; the court system; the defender's office; the DA's office; Public Benefits, etc.)?*
 - a. Were some of those listed above not considered "relevant stakeholders" for this court? If so, why?

4. How does the MHC coordinate with the following criminal justice agencies: the jail, pre-trial services, probation and parole?
5. If the MHC does not coordinate with one or more of these agencies, what are the reasons why?
6. How does the MHC achieve day-to-day coordination with community/mental health agencies and/or providers?
7. Does the MHC have documents that define its goals and outline its procedures? How were these developed?
8. Has the MHC identified areas for improvement and acted to advance these areas?

Notes on Planning and Administration:

B. Court Team

1. How were MHC team members trained before they began work in the MHC?
2. What type of training is available for current criminal justice staff (judge, prosecutors, defense attorneys, probation officers, etc.) on mental health issues?
3. What type of training is available for current mental health staff (social workers, psychiatrists, case-managers, etc.) on criminal justice issues?
4. What is the MHC's mechanism to keep training updated?
5. Does the court require that team members participate in continuing education activities, specifically related to work in a mental health or other specialty court?
6. How does the MHC provide opportunities for the continued professional development of its team members?
7. How does the MHC promote a team approach to decision making?
8. Does the team meet on a regular basis to discuss cases? If so, how are decisions about participants' treatment plans, sanctions and incentives made at these meetings?

Notes on Court Team:

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C. Timely Participant Identification and Linkage to Services

1. How does the referral process ensure that a majority of people who are screened are eligible for the MHC?
2. Are candidates identified for participation as early as the court's design can allow?
3. How does the court ensure that potential treatment providers are identified and treatment plans developed expediently?
4. Could the program shorten the length of time it takes for accepted MHC participants to be placed?
5. Does the MHC have a timely mechanism to apply for and/or reinstate entitlements (particularly Medicaid) for MHC participants? How does it work?
6. Where do accepted MHC participants await placement?
 - a. In Jail
 - b. At Home (including the street if homeless)
 - c. Other (please specify) _____

Notes on Participant Identification and Linkage to Services:

D. Target Population

1. Is the MHCs target population well defined?
2. Are there people who are part of the target population but **do not** get into the MHC? (i.e., people with sever and persistent mental illness who remain in the traditional system.)
3. How are the treatment criteria for this population related to available services in the community? (i.e., if participants can enter the MHC with a diagnosis of organic brain injury; are there treatments specifically available for that diagnosis?)
4. What other initiatives (if any) exist in the continuum of the criminal justice system for the MHCs target population?

Notes on Target Population:

E. Terms of Participation

1. How are terms of participation designed to provide the least restrictive environment necessary, while ensuring treatment engagement?
2. How does the MHC ensure individualized terms of participation?
3. How does the program ensure that terms of participation take into account—and are proportional to—the severity of the offense?
4. How do the terms of participation take into account the impact of guilty pleas on individuals' records?
5. Do participants receive the terms of participation in writing? Why or why not?
6. Do participants sign a contract or agreement when entering the program? Why or why not?

Notes on Terms of Participation:

F. Informed Choice

1. How does the program ensure that the terms of participation are clearly explained to participants before they accept entry into the program?
2. Do the participants have access to defense counsel when making the decision to enter the mental health court? If not, how does the court ensure that participants are making an informed choice?
3. If participants have access to legal representation, is this representation meaningful in the decision to enter the court (i.e. defense counsel spends time explaining the various options and emphasizing the implications of the decision to enter)?
4. What steps does the MHC take to ensure that participation is voluntary?
5. Does the court have a mechanism to resolve issues of competency that is independent from other mechanisms existing in the jurisdiction?

Notes on Informed Choice:

G. Confidentiality

1. What protocols does the court have to ensure that treatment information is safeguarded in open court?
2. Are treatment and medical related documents safeguarded to prevent disclosure to non-necessary parties? If so, how?
3. Is treatment information verbally discussed only with necessary parties?
4. Are written release of information forms used to authorize the release of treatment information between providers and the courts?
5. Does the court protect the confidentiality of treatment records with regard to future legal proceedings (i.e. ensures that treatment information does not needlessly become part of the criminal justice record)?

Notes on Confidentiality:

H. Treatment Supports and Services

1. Do community mental health programs collaborate with and contribute to the MHC?
2. How does the MHC make use of available services in the community?
3. Is the amount and quality of services adequate for the population served?
4. If there are gaps in quantity or quality, has the MHC taken steps to address—or developed a plan to address, these issues?
5. Is case management part of the mental health court services provided?
6. Are the treatment plans individualized for each participant?
7. Are treatment plans revised periodically to account for changes in participant's symptoms and to ensure continued adequacy of the treatment plan?
8. Do the services available address most if not all of the needs of each participant?
9. Are services accessible in terms of distance, language, physical disabilities, and hours of operation? If not, what steps has the MHC taken steps or plans to take to address accessibility issues?
10. Does the MHC have a mechanism to assess the quality of services provided to participants?

Notes on Treatments and Supports:

I. Monitoring Adherence to Court Requirements

1. Does the court have and utilize a wide range of available options to reward compliance?
 - a. How were these developed?
 - b. How are they used?

2. Does the court have and utilize a range of graduated sanctions? How were these developed? How are they used?

3. Are treatment modifications available when participants relapse?
 - a. How were these developed?
 - b. How are they used?

4. How does the court ensure that a participant's failure in a treatment program is not related to failures by the treatment provider or an inadequate treatment plan?

5. How are status hearings designed to promote adherence to court requirements (frequency and content)?

Notes on Monitoring Adherence to Court Requirements:

J. Sustainability

1. How did the court (or its advisory group) address issues of data collection and evaluation at the planning stages?
2. Does the court use data to help manage, monitor, and improve its processes and seek future funding?
3. Is there a team member specifically charged with data collection duties? How was this task developed for that team member?
4. How does the court ensure that program data is collected in a format that can be used for evaluation?
5. Is the court planning or currently participating in an evaluation of the program by an outside consultant? If so, how did details of that evaluation evolve?
6. Does the MHC have a sustainability plan?
 - a. Does that plan include:
 - strategies for funding,
 - coordination with other programs, and
 - encouraging community and elected official involvement?
 - b. How was the sustainability plan developed?
7. Does the court have a plan for transition, rotation, and re-training of court staff in the event of staff turnover?

Notes on Sustainability: