

## JUDICIAL COUNCIL MEETING

### AGENDA

Monday, July 18, 2016  
Judicial Council Room  
Matheson Courthouse  
Salt Lake City, Utah

*Chief Justice Matthew B. Durrant, Presiding*

1. 9:30 a.m. Welcome & Approval of Minutes . . . . Chief Justice Matthew B. Durrant  
(Tab 1 - Action)
2. 9:35 a.m. Chair's Report. . . . . Chief Justice Matthew B. Durrant
3. 9:40 a.m. Administrator's Report. . . . . Daniel J. Becker
4. 9:50 a.m. Reports: Management Committee. . . . Chief Justice Matthew B. Durrant  
Liaison Committee. . . . .  
Policy and Planning . . . . . Judge Reed Parkin  
Bar Commission. . . . . John Lund, esq.  
(Tab 2 - Information)
5. 10:00 a.m. Rules for Final Action. . . . . Keisa Williams  
(Tab 3 - Action)
6. 10:10 a.m. Problem Solving Court Certifications. . . . . Judge Dennis Fuchs  
(Tab 4 – Action) Rick Schwermer
7. 10:25 a.m. Judicial Performance Evaluation Commission Update. . . . . Jennifer Yim  
(Information) Ann Marie McIff Allen  
10:45 a.m. Break
8. 11:00 a.m. Board of Juvenile Court Judges Update. . . . . Judge Paul Lyman  
(Information) Dawn Marie Rubio
9. 11:20 a.m. Standing Committee on Children and Family  
Law (SCCFL) Update. . . . . Judge Paul Lyman  
(Information) Ray Wahl



**TAB 1**

# JUDICIAL COUNCIL MEETING

## Minutes

Monday, June 27, 2016  
Judicial Council Room  
Matheson Courthouse  
Salt Lake City, Utah

**Chief Justice Matthew B. Durrant, Presiding**

### **ATTENDEES:**

Chief Justice Matthew B. Durrant  
Justice Thomas Lee  
Hon. Marvin Bagley  
Hon. Ann Boyden  
Hon. Mark DeCaria  
Hon. Paul Farr  
Hon. Thomas Higbee  
Hon. David Marx  
Hon. Mary Noonan  
Hon. Reed Parkin  
Hon. Derek Pullan  
Hon. Randall Skanchy  
Hon. Kate Toomey  
John Lund, esq.

### **STAFF PRESENT:**

Daniel J. Becker  
Jody Gonzales  
Debra Moore  
Dawn Marie Rubio  
Rick Schwermer  
Tim Shea  
Geoff Fattah  
Melisse Stiglich  
Nancy Sylvester  
Keisa Williams  
James Ishida

### **GUESTS:**

Hon. Rick Romney  
Colin Winchester

### **EXCUSED:**

1. **WELCOME AND APPROVAL OF MINUTES: (Chief Justice Matthew B. Durrant)**

Chief Justice Matthew B. Durrant welcomed everyone to the meeting.

**Motion:** Judge Toomey moved to approve the minutes from the May 23, 2016 Judicial Council meeting. Judge Skanchy seconded the motion, and it passed unanimously.

**OATH OF OFFICE: (Chief Justice Matthew B. Durrant)**

Chief Justice Durrant administered the Oath of Office to Judge Derek Pullan.

2. **CHAIR'S REPORT: (Chief Justice Matthew B. Durrant)**

Chief Justice Durrant mentioned that this would be Mr. Shea's last Council meeting. He acknowledged Mr. Shea's many contributions to the Utah court system and wished him well in his upcoming retirement.

Recently the Supreme Court requested an audit of the Bar's disciplinary process. Members of the Supreme Court met with the ABA audit team last week to provide preliminary thoughts and improvements to be considered as they review the Utah State Bar's Office of Professional Conduct. A report should be prepared and disseminated in a couple of months.

### 3. **ADMINISTRATOR'S REPORT: (Daniel J. Becker)**

Mr. Becker reported on the following items:

Retirement. Mr. Becker expressed his appreciation and gratitude to Mr. Shea as a valued member of the Utah courts. Mr. Shea will be missed.

Appellate Court Administrator. Mr. Becker introduced and welcomed Mr. James Ishida to the Council. He provided his background and work experience.

Supreme Court Decision – Jury Trials in Small Claims Cases. Mr. Becker provided background information on the decision and the effect on small claims cases. It was determined to create an ad hoc committee to address the matter further. Membership of the ad hoc committee would be appointed jointly by the Supreme Court and the Judicial Council. Members of the committee include:

- Judge Kate Toomey, committee chair; Judge Ryan Harris; Judge George Harmond; Judge Brendan McCullagh; Judge Catherine Hoskins; Judge Reuben Renstrom; and Mr. Rod Andreason
- Staff – Ms. Keisa Williams and Mr. Rick Schwermer

Provo Courthouse. The groundbreaking ceremony for the new Provo Courthouse was held on May 24 with the Chief Justice providing an introduction and comments.

First District TCE. Mr. Brett Folkman was appointed as the First District trial court executive. Mr. Becker provided his background and work experience and mentioned that he begins working in this capacity today.

Justice Court Administrator. The job announcement for the justice court administrator position closed last Thursday. A review of the applicants is taking place. Interviews are forthcoming.

Nominating Commission. Mr. Becker reviewed the nominating commission process and schedule as outlined by Mr. Ron Gordon, Executive Director of the Utah Commission on Criminal and Juvenile Justice, regarding the timeliness of filling judicial vacancies.

A new administrative rule concerning the judicial nominating process will be issued by the Governor's office to go out July 1. The rule is intended to codify, in rule, information that is on the application currently. He highlighted the three additions to the administrative rule regarding the evaluation criteria: 1) when evaluating applicants interested in judgeships in juvenile court, commission members should consider the applicant's interest in understanding of and experience with issues and problems facing children and families; 2) when evaluating applicants interested in judgeships in the Appellate Courts, commission members shall consider the applicants ability to give and receive criticism of opinions and arguments without taking offense; and 3) when reviewing applicants whose qualifications, taken as a whole are comparable, it is relevant to consider the background and experience of the applicant in relation to the current composition of the bench of which the appointment is being made. Gender and race and other relevant factors can be taken into consideration at this time.

Study Committee on the Representation of Indigent Criminal Defendants in Juvenile Court. Mr. Becker mentioned that the Management Committee, at their June meeting, approved the study committee membership. Members of the study committee include:

- Staff – Brent Johnson and Mr. Rick Schwermer
- Justice John Pearce, committee chair; Judge Kim Hornak; Judge Ryan Evershed; Representative Lowry Snow; Mr. Ron Gordon; Mr. Ben Gordon; Mr. Jason Richards; Ms Pam Vickery; Ms. Carol Verdoia; Ms. Stacey Snyder; Mr. Lincoln Schurtz; and Mr. Jonathan Pace

Council Terms. Mr. Becker reminded members of the council terms expiring this year.

- Justice Thomas Lee's term filling the remainder of Justice Jill Parrishes' second term
- Judge Toomey's term filling the remainder of Judge James Davis' first term
- Judge Pullan serving the balance of Judge David Mortensen's second term
- Judge Randall Skanchy's first term
- Judge Thomas Higbee's first term

#### 4. **COMMITTEE REPORTS:**

##### ***Management Committee Report:***

Chief Justice Durrant reported that the Management Committee meeting minutes accurately reflect the issues discussed. The items needing to be addressed by the Council have been placed on today's agenda.

##### ***Liaison Committee Report:***

No meeting was held in June.

##### ***Policy and Planning Meeting:***

Judge Parkin reported that the Policy and Planning Committee met last week, and they will not meet in July. There are no items for consideration on today's agenda.

##### ***Bar Commission Report:***

Mr. Lund reported on the following items: 1) the Bar's upcoming Summer Convention to be held July 6-9 at the Loews Coronado Bay Resort in Coronado, CA; 2) provided an update on the launch of the online lawyer directory; and 3) creation of a card with information of the online lawyer directory to be handed to court patrons is progressing.

#### 5. **LANGUAGE ACCESS COMMITTEE UPDATE: (Judge Rick Romney and Keisa Williams)**

Chief Justice Durrant welcomed Judge Romney and Ms. Williams to the meeting.

Judge Romney highlighted the following in his update: 1) membership of the committee, 2) accomplishments, 3) routine matters, and 4) items to address in the future.

Ms. Williams demonstrated use of a Language Map application developed by the Department of Justice to provide data in counties across the United States on non-English languages spoken in each county which would be valuable in evaluating future interpretation needs.

The status of providing remote interpretation statewide was questioned. Mr. Becker provided a response, noting that staff interpreters from Salt Lake City provide the remote interpretation services to the various remote access locations. The ability to provide remote interpretation statewide would require additional funding.

Judge Romney was asked a question regarding the matter of capturing the foreign language for the record. He provided a response. Ms. Williams responded by noting that the issue is relative to not capturing whispered conversations during the proceedings and conversations outside of the courtroom that would be pertinent to capture relative to the case. A subcommittee meeting will be held this week to address the matter further. The systems being used by the National Center for State Courts for delivering remote interpretation will be reviewed for possible application in Utah.

Chief Justice Durrant thanked Judge Romney and Ms. Williams for their update.

**6. JUDICIAL CONDUCT COMMISSION UPDATE: (Colin Winchester)**

Chief Justice Durrant welcomed Mr. Winchester to the meeting.

Mr. Winchester highlighted the following in his update: 1) the Commission currently meets bi-monthly or six times yearly; 2) the Commission has received 90 complaints this fiscal year; 3) requested permission from Ms. Cynthia Gray of the National Center for State Courts (NCSC) to be able to distribute a copy of a publication entitled *Ethical Issues for New Judges* to new judges--awaiting approval; 4) acknowledged current Commission appointments and reappointments.

Appointments/Reappointments. Mr. Winchester reported that Judge Todd Shaughnessy, Judge Stephen Roth and Mr. James Jardine were reappointed to the Commission. Two Commission appointments by the Governor's office are pending.

Questions were asked of Mr. Winchester, and he provided responses.

Chief Justice Durrant thanked Mr. Winchester for his update.

**7. COURT COMMISSIONER CONDUCT COMMITTEE UPDATE: (Rick Schwermer)**

Mr. Schwermer provided an update on behalf of Judge Michele Christiansen. The committee received two complaints in the last year with the complaints stemming from the outcome of the court cases. He reminded the Council that all members of the committee are ex officio members.

**8. LEGISLATIVE UPDATE AND INTERIM HIGHLIGHTS: (Rick Schwermer)**

Mr. Schwermer highlighted the following in his legislative and interim committee update:

1) the interim committee met earlier this month, 2) the matter of tobacco settlement funds before the Executive Appropriations Committee, 3) update of justice reinvestment initiative matters, 4) the Judiciary Interim Committee's study on justice courts and the effect of JRI implementation on justice courts, 5) the change of moving Class C misdemeanors to infractions, 6) sunset review of the Crime Reparation Board, 7) discussion of death penalty costs before the Law Enforcement Committee, 8) Representative Lowry Snow offered to open a bill to address the needs for an additional judgeship in the Fifth District Court, and 9) members of the Indigent Defense Commission (IDC) were confirmed by the Senate.

Members of the Indigent Defense Commission include:

Sam Alba, Patrick Anderson, Wally Bugden, Mary Corporon, Nicole Cottle, Ron Gordon, Claudia Jarrett, Ryan Loose, Senator Todd Weiler, David Wilson, retired judge Michael Zimmerman, and Rick Schwermer (non-voting member).

A meeting of the Commission will take place next week to review the applicants for the executive director position.

**9. FOURTH DISTRICT LOCAL RULE: (Debra Moore)**

Ms. Moore reviewed the Rule 10-1-407 – Time to charge – the proposed local rule for the Fourth District as approved by the Board of District Court Judges, effective August 1, 2016. The Board of District Court Judges recommended approval of the rule for public comment.

Ms. Moore highlighted the rule to include:

- A person arrested for a non-petty offense, who is unable to post bail and remains in custody, shall be taken before a district judge before the close of business on the fourth business day after arrest.

- If a criminal information has not been filed by the time of the hearing, the arrestee shall be discharged and the matter closed without prejudice unless the State is allowed additional time to screen and charge.
- The court shall consider a request for additional time to screen and prepare charges if presented in writing, by counsel for the State. The request shall be granted for a reasonable period of time upon a showing of good cause.
- If a criminal information has not been prepared and no order for additional time to screen and file charges has been made, the arrestee will be released without requirement for bail or surety but upon promise to appear on the first appearance calendar one week or less at a future date.

Judge Pullan provided background information regarding preparation of Rule 10-1-407 – Time to charge as a proposed local rule for the Fourth District.

Discussion took place.

The process for approving a local rule and the Standing Committee on Pretrial Release planned consideration of a related issue was noted.

**Motion:** Mr. Lund moved to approve Rule 10-1-407 – Time to charge, on an expedited basis for public comment, as a local rule for the Fourth District, effective August 1, 2016. Judge Toomey seconded the motion, and it passed unanimously.

#### **10. SENIOR JUDGE CERTIFICATION: (Nancy Sylvester)**

Judge Lee Bunnell has applied for appointment as an active senior Judge. He meets the minimum performance standards, and the Board of Justice Court Judges recommended his appointment as an active senior judge.

**Motion:** Judge Marx moved to forward the recommendation to appoint Judge Lee Bunnell as an active senior judge, on behalf of the Council, to the Supreme Court. Justice Lee seconded the motion, and it passed unanimously.

#### **11. JUSTICE COURT NOMINATING COMMISSION MANUAL AND APPLICATION CHANGES: (Melisse Stiglich)**

Chief Justice Durrant welcomed Ms. Stiglich to the meeting.

Mr. Schwermer introduced Ms. Stiglich, Justice Court Program Administrator, to the Council members and outlined what her position encompasses. He mentioned that she will also manage the ODP program.

Ms. Stiglich reported on the changes made to the *Manual of Procedures for Justice Court Nominating Commissions* and the *Application for Judicial Office* for justice court judge applicants.

Due to legislation passed in the 2016 Legislative Session with regard to HB 160 – Justice Court Amendments, the proposed changes were made to the *Manual of Procedures for Justice Court Nominating Commissions* to include:

- It is a requirement in counties of the first and second class that a justice court judge shall have a degree from a law school that makes one eligible to apply for admission to a bar in any state.

- If, in counties of the first and second class, there are not at least three qualified applicants; the position shall be re-advertised and applications may be accepted from applicants, statewide, rather than from applicants who are residents of the county or adjacent county in which the court is located. With these circumstances, the applicants would only be required to have, at a minimum, a high school diploma or GED.

Ms. Stiglich reviewed the changes made to the *Application for Judicial Office* for justice court judge applicants to include: 1) changes resulting from HB 160, 2) formatting changes, 3) instruction clarifications, and 4) the issue of diversity as shown on the current application, determining that no changes would be made.

The matter of diversity, as outlined on the justice court judge application, was discussed further.

**Motion:** Judge Toomey moved to approve the proposed changes as recommended for the *Manual of Procedures for Justice Court Nominating Commissions* and the *Application for Judicial Office* for justice court judge applicants. Judge Pullan seconded the motion, and it passed unanimously.

**Motion:** Judge Skanchy moved to enter into an executive session to address a personnel matter. Judge Bagley seconded the motion, and it passed unanimously.

## **12. EXECUTIVE SESSION**

An executive session was held at this time.

## **13. ADJOURN**

The meeting was adjourned.

# Administrative Office of the Courts

Chief Justice Matthew B. Durrant  
Utah Supreme Court  
Chair, Utah Judicial Council

Daniel J. Becker  
State Court Administrator  
Raymond H. Wahl  
Deputy Court Administrator

## Sworn Statement under Rule 2-103(4)(B) of the Utah Code of Judicial Administration Regarding Judicial Council Meeting Closure

I, Justice Matthew B. Durrant, state as follows:


1. On June 27<sup>th</sup> (date), the Judicial Council closed its meeting. The meeting was closed only to discuss:

- ☒ the character, competence, or physical or mental health of an individual;
- ☒ litigation;
- ☐ the deployment of security personnel, devices, or systems;
- ☐ allegations of criminal misconduct;
- ☐ consideration of a private, protected, sealed, juvenile court social, juvenile court legal, or safeguarded record;
- ☐ the purchase, or exchange or lease of real property because public discussion would prevent the Council from completing the transaction on the best possible terms; or
- ☐ the sale of real property because public discussion would prevent the Council from completing the transaction on the best possible terms.

2. For the reason(s) noted above, a recording and minutes were not kept during the closed portion of the meeting.

I declare under penalty of perjury that the statements made in this document are true and correct.

6-27-16  
Date

  
Justice Matthew B. Durrant  
Chair, Utah Judicial Council

The mission of the Utah judiciary is to provide the people an open, fair,  
efficient, and independent system for the advancement of justice under the law.

**TAB 2**

**JUDICIAL COUNCIL MANAGEMENT COMMITTEE  
MINUTES**

**Tuesday, July 12, 2016  
Matheson Courthouse  
450 South State Street  
Salt Lake City, Utah 84111**

**MEMBERS PRESENT:**

Chief Justice Matthew B. Durrant, Chair  
Hon. Randall Skanchy  
Hon. Thomas Higbee  
Hon. David Marx  
Hon. Kate Toomey

**STAFF PRESENT:**

Daniel J. Becker  
Ray Wahl  
Jody Gonzales  
Dawn Marie Rubio  
Alyn Lunceford  
Nancy Sylvester  
Emily Iwasaki  
Tom Langhorne  
Brent Johnson

**EXCUSED:**

**GUESTS:**

**1. WELCOME AND APPROVAL OF MINUTES: (Chief Justice Matthew B. Durrant)**

Chief Justice Durrant welcomed everyone to the meeting. After reviewing the minutes, the following motion was made:

**Motion:** Judge Toomey moved to approve the June 14, 2016 Management Committee meeting minutes. Judge Marx seconded the motion, and it passed unanimously.

**2. ADMINISTRATOR'S REPORT: (Daniel J. Becker)**

Mr. Becker provided the following update:

Justice Court Administrator. Initial interviews for the justice court administrator position will be held on July 20.

October Management Committee Meeting. The October Management Committee meeting was scheduled before the Annual Conference dates were finalized. With the Annual Conference being held October 5-7 and the Council meeting being held on October 4, Mr. Becker suggested that a short Management Committee meeting be held at the end of the September 12 Council meeting.

Members of the Management Committee agreed to the date change for the October Management Committee meeting to be held at the end of the September 12 Council meeting.

Judge of the Year Award. Judge Dane Nolan received the Judge of the Year Award at the Bar's Annual Conference last week.

Executive Session. An executive session will be needed at the end of the today's meeting.

**3. COMMITTEE APPOINTMENTS: (Alyn Lunceford and Nancy Sylvester)**

The Committee on Resources for Self-Represented Parties has a vacancy for a juvenile court judge due to the recent resignation of Judge Ryan Evershed.

Judge Elizabeth Knight expressed interest in serving on the committee. The Board of Juvenile Court Judges recommended the appointment of Judge Elizabeth Knight to serve on the Committee on Resources for Self-Represented Parties.

**Motion:** Judge Skanchy moved to approve the appointment of Judge Elizabeth Knight to serve as the juvenile court representative on the Committee on Resources for Self-Represented Parties and place it on the July Judicial Council consent calendar. Judge Higbee seconded the motion, and it passed unanimously.

The Court Facilities Planning Committee has a vacancy for an architect representative due to Ms. Mimi Locher's third term expiring.

Mr. Archie Philips was recommended to fill the vacancy for an architect representative. Mr. Lunceford provided background information on his work experience.

**Motion:** Judge Toomey moved to approve the appointment of Mr. Archie Philips to fill the vacancy for an architect representative on the Court Facilities Planning Committee and place it on the July Judicial Council consent calendar. Judge Higbee seconded the motion, and it passed unanimously.

**4. JUVENILE COURT FINE AND BAIL SCHEDULE: (Emily Iwasaki)**

Chief Justice Durrant welcomed Ms. Iwasaki to the meeting.

Ms. Iwasaki reported on revisions to the Juvenile Fine and Bail Schedule where recommended standard fines were lowered to match the recommended fines on the Adult Fine and Bail Schedule. Approval of the proposed revisions is being sought.

**Motion:** Judge Higbee moved to approve the proposed revisions to the Juvenile Fine and Bail Schedule as recommended and place it on the July Judicial Council consent calendar. Judge Toomey seconded the motion, and it passed unanimously.

**5. PROPOSED GUIDELINES FOR RULE 3-403 – JUDICIAL BRANCH EDUCATION – NEW APPELLATE JUDGES ORIENTATION: (Tom Langhorne)**

Chief Justice Durrant welcomed Mr. Langhorne to the meeting.

Mr. Langhorne provided background information regarding new appellate judges and their attendance at new judge orientation as set by Rule 3-403 – Judicial branch education.

Proposed Guidelines for Fulfilling Rule 3-403(3)(A)(i) Program Requirements for New Judge Orientation, as they pertain to new appellate judges, were created to serve two purposes:

- Clarify the methods by which new appellate court judges can satisfy the new judge orientation rule, and
- Offer guidance to how the new appellate judges' orientation program might be formalized and enhanced through the collaborative efforts between the Utah Supreme Court, the Utah Court of Appeals, and the Administrative Office of the Courts.

Mr. Langhorne reviewed the following options that would allow new appellate court judges to satisfy the new judge orientation requirements contained in Rule 3-403(3)(A)(i):

- Regardless of prior judicial experience, the new appellate judge attends the “New Appellate Judges Seminar” by the New York University School of Law’s Institute of Judicial Administration, and the new appellate judge should also complete the Court of Appeals or Supreme Court’s in-house orientation program.
- If the new appellate judge has previously served as a district or juvenile court judge and has attended the new judge orientation for that judicial level, that judge may satisfy Rule 3-403 by attending the first full day of the AOC’s week-long new judge orientation, and the new appellate judge must complete the Court of Appeals or Supreme Court’s in-house orientation program.
- If the new appellate judge has not previously served as a district or juvenile judge or has not attended new judge orientation for those judicial levels, the judge may satisfy Rule 3-403 by attending the first full day of the AOC’s week-long new judge orientation, as well as, selected classes offered during the AOC’s week-long new judge orientation, and the new appellate judge must complete the Court of Appeals or Supreme Court’s in-house orientation program.

Discussion took place.

**Motion:** Judge Toomey moved to approve the proposed guidelines as recommended but amend option 1 from the new appellate judge should also complete the Court of Appeals or Supreme Court’s in-house orientation program to the new appellate judge must also complete the Court of Appeals or Supreme Court’s in-house orientation program. Judge Higbee seconded the motion, and it passed unanimously.

**6. PROPOSED GUIDELINES – BEST MENTORING PRACTICES/MENTORING RESOURCES: (Tom Langhorne)**

Mr. Langhorne provided background information regarding development of the proposed guidelines – best mentoring practices/mentoring resources. The objectives of the Mentoring Committee, as they prepared the proposed guidelines, included:

- Recommend guidelines and best practices for mentors, mentees, presiding judges and trial court executives for mentoring of Utah judges.
- Define the essential functions and roles of Utah judicial mentors (including time of the mentoring assignment, frequency of contacts with the mentee, checklists for mentors and mentees).
- List proven benefits to judicial systems, judicial mentors and their mentees resulting from successful judicial mentoring programs.
- Help the education department develop mentoring resources and training opportunities for both mentors and mentees.

The first draft of the proposed guidelines – best mentoring practices/mentoring resources was prepared by the Mentoring committee and then reviewed by the Standing Committee on Education and by the presiding judges, clerks of court, and trial court executives at their conference in April. Feedback from these groups was incorporated into the proposed guidelines.

Questions and feedback was provided on aspects of the guidelines. Discussion took place.

Mr. Becker asked Mr. Langhorne to review training curriculum currently in place for justice court judges and determine whether changes need to be made.

**Motion:** Judge Higbee moved to approve the proposed guidelines – best mentoring practices/mentoring resources as recommended. Judge Skanchy seconded the motion, and it passed unanimously.

**7. JUVENILE REPRESENTATION COMMITTEE: (Daniel J. Becker)**

Mr. Becker reported that upon approval of the membership for the Study Committee on the Representation of Indigent Criminal Defendants in Juvenile Court, he spoke with Justice Pearce regarding his appointment on the study group as the committee chair. At that time, Justice Pearce suggested to Mr. Becker that Senator Weiler be included as member of the study group due to his involvement with the adult study group.

Members of the Management Committee were in agreement to expanding the Study Committee on the Representation of Indigent Criminal Defendants in Juvenile Court to include Senator Todd Weiler.

**8. APPROVAL OF JUDICIAL COUNCIL AGENDA: (Chief Justice Matthew B. Durrant)**

Chief Justice Durrant reviewed the proposed Judicial Council agenda for the July 18 Council meeting.

**Motion:** Judge Toomey moved to approve the agenda for the July 18 Judicial Council meeting. Judge Skanchy seconded the motion, and it passed unanimously.

**Motion:** Judge Skanchy moved to enter into an executive session to discuss a matter of professional competence. Judge Toomey seconded the motion, and it passed unanimously.

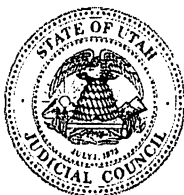
**9. EXECUTIVE SESSION:**

An executive session was held at this time.

**10. ADJOURN**

The meeting was adjourned.

**TAB 3**



# Administrative Office of the Courts

Chief Justice Matthew B. Durrant  
Utah Supreme Court  
Chair, Utah Judicial Council

## MEMORANDUM

Daniel J. Becker  
State Court Administrator  
Raymond H. Wahl  
Deputy Court Administrator

To: Judicial Council  
From: Keisa L. Williams *KLW*  
Date: July 5, 2016  
Re: Rule for Final Action

---

The public comment period for Rule 4-401.03 of the Utah Code of Judicial Administration has closed. The rule became effective on May 10, 2016 under Rule 2-205 of the Utah Code of Judicial Administration, subject to change after the comment period. The proposal received no public comments. The Policy and Planning Committee recommended the proposal as written for final action by the Council.

**CJA 04-0401.03. Notice to Public of Recording.** New. Establishes uniform standards and procedures for notifying the public when court proceedings are being recorded, consistent with Utah Code section 78A-2-208.

This rule will remain effective as of May 10, 2016 if the Judicial Council approves the attached proposal.

Encl. CJA 4-401.03

The mission of the Utah judiciary is to provide the people an open, fair,  
efficient, and independent system for the advancement of justice under the law.

450 South State Street / POB 140241 / Salt Lake City, Utah 84114-0241 / 801-578-3821 / Fax: 801-578-3843 / email: keisaw@utcourts.gov

1        **Rule 4-401.03. Notice to public of recording.**

2        **Intent:**

3        To establish uniform standards and procedures for notifying the public when court proceedings are being  
4 recorded, consistent with Utah Code section 78A-2-208.

5        **Applicability:**

6        This rule applies to the courts of record and not of record.

7        This rule governs all judicial proceedings.

8        **Statement of the Rule:**

9        When an electronic or digital recording system is used, courts will post written notice to the public that the  
10 proceedings are being recorded.

**TAB 4**

## CERTIFICATION SUMMARY

Salt Lake County Juvenile Mental Health, 3<sup>rd</sup> District, Judge Nolan-----Recommend Certification

Davis County Adult Mental Health, 2<sup>nd</sup> District, Judge Dawson-----Recommend Certification

Salt Lake County Adult Mental Health, 3<sup>rd</sup> District, Judge Boyden-----Recommend Certification

Salt Lake County Adult Mental Health, 3<sup>rd</sup> District, Judge Trease-----Recommend Certification

Washington County Adult Mental Health, 5<sup>th</sup> District, Judge Walton---Recommend Certification

Provo City Justice Adult Mental Health, Provo City, Judge Romney-----Recommend Certification

Weber County Juvenile Drug Court, 2<sup>nd</sup> District, Judge Dillon-----Recommend Certification

Salt Lake Juvenile Drug Court, 3<sup>rd</sup> District, Judge Hornak-----Recommend Certification

Weber County Dependency Drug Court, 2<sup>nd</sup> District, Judge Sipes-----Recommend Certification

Salt Lake County Dependency Drug Court, 3<sup>rd</sup> District, Judge Behrens—Recommend Certification

Salt Lake County Dependency Drug Court, 3<sup>rd</sup> District, Judge Hornak----Recommend Certification

Salt Lake County Dependency Drug Court, 3<sup>rd</sup> District, Judge Jimenez---Recommend Certification (W.J.)

Utah County Dependency Drug Court, 4<sup>th</sup> District, Judge Noonan-----Recommend Certification

Utah County Dependency Drug Court, 4<sup>th</sup> District, Judge Smith-----Recommend Certification

Utah County dependency Drug Court, 4<sup>th</sup> District, Judge Bartholomew-Recommend Certification

Utah County Dependency Drug Court, 4<sup>th</sup> District, Judge Bazzelle-----Recommend Certification

Washington County Dependency Drug Court, 5<sup>th</sup> District, Judge Leavitt-Recommend Certification

Grand County Dependency Drug Court, 7<sup>th</sup> District, Judge Manley-----Recommend Certification

Davis County Adult Drug Court, 2<sup>nd</sup> District, Judge Morris-----Recommend Certification

Salt Lake County Adult Drug Court, 3<sup>rd</sup> District, Judge Hogan-----Recommend Certification (W.J.)

Wasatch County Adult Drug Court, 4<sup>th</sup> District, Judge Griffith-----Recommend Certification

Juab County Adult Drug Court, 4<sup>th</sup> District, Judge Brady-----Recommend Certification

Iron County Adult Drug Court, 5<sup>th</sup> District, Judge Barnes-----Recommend Certification

Washington County Adult Drug Court, 5<sup>th</sup> District, Judge Wilcox-----Recommend Certification

Grand County Adult Drug Court, 7<sup>th</sup> District, Judge Manley-----Recommend Certification

San Juan County Adult Drug Court, 7<sup>th</sup> District, Judge Anderson-----Recommend Certification

Uinta County Adult Drug Court, 8<sup>th</sup> District, Judge McClellan-----Recommend Certification

Utah County Veteran Court, 4<sup>th</sup> District, Judge McVey-----Recommend Conditional  
Certification pending the establishment of an acceptable drug and alcohol testing program within the  
next 60 days.

**Salt Lake County – Juvenile  
Mental Health Court  
Judge Dane Nolan**

Court *SALT LAKE COUNTY Juvenile*

Judge *No/on*

Date *3/10*

## Utah Mental Health Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a mental health court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

- | Yes                                 | NO                       |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively. <b>R BPS I A</b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. <b>R BPS I A</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Eligibility and exclusion criteria are communicated to potential referral sources. <b>P BPS I A</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. The Mental Health Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. <b>R BPS I A</b> |

In  
state

☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☐ ☒ ☐  
☐ ☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐

5. Candidates for the Mental Health Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.  
**R BPS I C**
6. Candidates for the Mental Health Court 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. **R BPS\* I C**
7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.  
**R BPS I C**
8. Current or prior offenses may disqualify candidates from participation in the Mental Health Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental Health Court.  
**R BPS I D**
9. The Mental Health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.  
**R BPS II B**
10. The Mental Health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
11. Each member of the Mental Health Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. **P BPS II F**
12. The Mental Health Court judge attends current training events on legal and constitutional issues in Mental Health Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
13. The judge presides over the Mental Health Court for no less than two consecutive years. **P BPS III B**
14. Participants ordinarily appear before the same judge throughout their enrollment in the Mental Health Court.  
**R BPS III C**
15. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Mental Health Court team. **R BPS III D**
16. Participants appear before the judge for status hearings no

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

*In process of  
being  
rewritten*

- less frequently than every two weeks during the first phase of the program. **R BPS III E**
17. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**
18. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**
19. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
20. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
21. 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. **R BPS III H**
22. The judge makes these decisions after taking into consideration the input of other Mental Health Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**
23. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**
24. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Mental Health Court participants and team members. **R BPS IV A**
25. 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. **R BPS IV A**
26. The Mental Health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
27. 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

A handwritten logo for TASC. The word "TASC" is written in a stylized, cursive font across the center. Surrounding the text is a grid of checkboxes. The top row has one checked box on the left and one empty box on the right. The second row has one empty box on the left and one checked box on the right. The third row has one empty box on the left and one checked box on the right. The bottom row has one checked box on the left and one empty box on the right. Diagonal lines are drawn through the top-left and bottom-right checked boxes, and through the top-right and bottom-left empty boxes.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

34. If a participant is terminated from the Mental Health Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. **R BPS IV K**

B BPS V A

37. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Mental Health Court's programmatic phase structure.

38. 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.

39. 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. **B BPS V E**

41. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

☒ ☐

42. For at least the first ninety days after discharge from the Mental Health Court, 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. **B BPS V J**

☒ ☐

43. Clients are placed in the program within 50 days of arrest. **R**

☒ ☐

44. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R**

☒ ☐

45. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R**

☒ ☐

46. Team members are assigned to Mental Health Court for no less than two years. **P**

☒ ☐

47. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**

☒ ☐

48. Participants agree in writing to a release of information for records necessary for each participating entity. **R**

☒ ☐

49. Court fees are reasonable and based on each participant's ability to pay. **R**

☒ ☐

50. Treatment fees are based on a sliding fee schedule. **R**

☒ ☐

51. The program conducts an exit interview for self improvement. **P**

☒ ☐

52. The program maintains adequate data for program monitoring. **R**

**Davis County – Farmington**  
**Adult Mental Health Court**  
**Judge Glen Dawson**

Court *Formington (Davis Co.) Mental Health*

Judge *Dawson*

Date *1/26/16*

## Utah Mental Health Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a mental health court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

- | Yes                                 | NO                       |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively. <b>R</b> BPS I A   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. <b>R</b> BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Eligibility and exclusion criteria are communicated to potential referral sources. <b>P</b> BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. The Mental Health Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. <b>R</b> BPS I A |

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Candidates for the Mental Health Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.  
**R BPS I C**
6. Candidates for the Mental Health Court 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. **R BPS\* I C**
7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.  
**R BPS I C**
8. Current or prior offenses may disqualify candidates from participation in the Mental Health Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental Health Court.  
**R BPS I D**
9. The Mental Health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.  
**R BPS II B**
10. The Mental Health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
11. Each member of the Mental Health Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. **P BPS II F**
12. The Mental Health Court judge attends current training events on legal and constitutional issues in Mental Health Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
13. The judge presides over the Mental Health Court for no less than two consecutive years. **P BPS III B**
14. Participants ordinarily appear before the same judge throughout their enrollment in the Mental Health Court.  
**R BPS III C**
15. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Mental Health Court team. **R BPS III D**
16. Participants appear before the judge for status hearings no

☒ ☐

☐ ☒

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

less frequently than every two weeks during the first phase of the program. **R BPS III E**

17. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**

18. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**

19. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**

20. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**

21. 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. **R BPS III H**

22. The judge makes these decisions after taking into consideration the input of other Mental Health Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**

23. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

24. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Mental Health Court participants and team members. **R BPS IV A**

25. 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. **R BPS IV A**

26. The Mental Health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**

27. 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.

**R BPS IV A**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 28. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives. <b>P BPS IV I</b>   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 29. Drug testing is random, and is available on weekends and holidays. <b>R</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 30. Drug test results are available within 48 hours. <b>P</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 31. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. <b>R BPS IV J</b>  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 32. Jail sanctions are definite in duration and typically last no more than three to five days. <b>R BPS IV J</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 33. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. <b>R BPS IV J</b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 34. If a participant is terminated from the Mental Health Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. <b>R BPS IV K</b>            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 35. The Mental Health Court offers a continuum of care for mental health treatment, and substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. <b>B BPS V A</b> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 36. Standardized patient placement criteria govern the level of care that is provided. <b>P BPS V A</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 37. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Mental Health Court's programmatic phase structure. <b>P BPS V A</b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 38. 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. <b>R BPS V B*</b>                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 39. 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. <b>B BPS V E</b>  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 40. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and psychiatric symptoms. <b>P BPS V E*</b>        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 41. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. <b>R BPS V I</b>   |

☐☒

42. For at least the first ninety days after discharge from the Mental Health Court, 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. **B BPS V J**

☒☐

43. Clients are placed in the program within 50 days of arrest. **R**

☒☐

44. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R**

☒☐

45. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R**

☒☐

46. Team members are assigned to Mental Health Court for no less than two years. **P**

☒☐

47. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**

☒☐

48. Participants agree in writing to a release of information for records necessary for each participating entity. **R**

☒☐

49. Court fees are reasonable and based on each participant's ability to pay. **R**

☒☐

50. Treatment fees are based on a sliding fee schedule. **R**

☐☒

51. The program conducts an exit interview for self improvement. **P** *will start*

☒☐

52. The program maintains adequate data for program monitoring. **R**

**Salt Lake County – Adult  
Mental Health Court  
Judge Ann Boyden**

Court: SALT LAKE ADULT MENTAL HEALTH

Judge: BOYDEN

Date: 1/15

## Utah Mental Health Court Certification Checklist

October, 2013 Draft

*Standards followed by an R are required features of a mental health court, and adherence to these standards is required for certification. Standards followed by a P indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a B are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

- ✓ 1. Eligibility and exclusion criteria are defined objectively. R BPS I A
- ✓ 2. Eligibility and exclusion criteria are specified in writing. R BPS I A
- ✓ 3. Eligibility and exclusion criteria are communicated to potential referral sources.  
P BPS I A
- ✓ 4. The Mental Health Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A
- ✓ 5. Candidates for the Mental Health Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. R BPS I C
- ✓ 6. Candidates for the Mental Health Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. R BPS I C

- ✓ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. R BPS I C
- ✓ 8. Current or prior offenses may disqualify candidates from participation in the Mental Health Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental Health Court. R BPS I D

- ✓ 9. The Mental Health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. R BPS II B

- ✓ 10. The Mental Health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. R BPS II D

- ✓ 11. Each member of the Mental Health Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. P BPS II F

- MA YBF
- ✓ 12. The Mental Health Court judge attends current training events on legal and constitutional issues in Mental Health Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A

- ✓ 13. The judge presides over the Mental Health Court for no less than two consecutive years. P BPS III B

- ✓ 14. Participants ordinarily appear before the same judge throughout their enrollment in the Mental Health Court. R BPS III C

- ✓ 15. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Mental Health Court team. R BPS III D

- ✓ 16. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. R BPS III E

- ✓ 17. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E

*No - sometimes*

18. The Judge spends an average of at least three minutes with each participant.

R BPS\* III F

- ✓ 19. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G
- ✓ 20. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B
- ✓ 21. 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. R BPS III H
- ✓ 22. The judge makes these decisions after taking into consideration the input of other Mental Health Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
- ✓ 23. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H
- ✓ 24. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Mental Health Court participants and team members. R BPS IV A
- ✓ 25. 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. R BPS IV A
- ✓ 26. The Mental Health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. R BPS IV A
- ✓ 27. 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. R BPS IV A
- ✓ 28. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives. P BPS IV I

*No real phases*

*No weekends & holidays*

- ✓ 29. Drug testing is random, and is available on weekends and holidays. **R**
- ✓ 30. Drug test results are available within 48 hours. **P**
- ✓ 31. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ✓ 32. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ✓ 33. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ✓ 34. If a participant is terminated from the Mental Health Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. **R BPS IV K**
- ✓ 35. The Mental Health Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. **B BPS V A**
- ✓ 36. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ✓ 37. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Mental Health Court's programmatic phase structure. **P BPS V A**
- ✓ 38. 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. **R BPS V B\***
- ✓ 39. 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. **B BPS V E**
- ✓ 40. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and psychiatric symptoms. **P BPS V E\***
- not used* ✓ 41. Participants regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**
- ✓ 42. For at least the first ninety days after discharge from the Mental Health Court, 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. **B BPS V J**

✓ 43. Clients are placed in the program within 50 days of arrest. **R**

✓ 44. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R**

✓ 45. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R**

✓ 46. Team members are assigned to Mental Health Court for no less than two years. **P**

✓ 47. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**

✓ 48. Participants agree in writing to a release of information for records necessary for each participating entity. **R**

*None* ✓ 49. Court fees are reasonable and based on each participant's ability to pay. **R**

*None* ✓ 50. Treatment fees are based on a sliding fee schedule. **R**

✓ 51. The program conducts an exit interview for self improvement. **P**

✓ 52. The program maintains adequate data for program monitoring. **R**

**Salt Lake County – Adult  
Mental Health Court  
Judge Vernice Trease**

Court *S. C. Mental Health*

Judge *Trease*

Date *1/11/16*

## Utah Mental Health Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a mental health court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

- | Yes                                 | NO                       |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br><b>R</b> BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br><b>R</b> BPS I A   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Eligibility and exclusion criteria are communicated to potential referral sources. <b>P</b> BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. The Mental Health Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. <b>R</b> BPS I A |

☒ *ma*  
*working on it!* ☒ *DMF*

☒ ☐

☒ ☐

☒ ☐

☒ ☒ *ma*

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

☒ ☐

5. Candidates for the Mental Health Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.

**R BPS I C**

6. Candidates for the Mental Health Court 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. **R BPS\* I C**

7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.

**R BPS I C**

8. Current or prior offenses may disqualify candidates from participation in the Mental Health Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental Health Court.

**R BPS I D**

9. The Mental Health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.

**R BPS II B**

10. The Mental Health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**

11. Each member of the Mental Health Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. **P BPS II F**

12. The Mental Health Court judge attends current training events on legal and constitutional issues in Mental Health Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**

13. The judge presides over the Mental Health Court for no less than two consecutive years. **P BPS III B**

14. Participants ordinarily appear before the same judge throughout their enrollment in the Mental Health Court.

**R BPS III C**

15. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Mental Health Court team. **R BPS III D**

16. Participants appear before the judge for status hearings no

less frequently than every two weeks during the first phase of the program. **R BPS III E**

☒ ☐

17. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**

☒ ☐

18. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**

☒ ☐

19. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**

☒ ☐

20. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**

☒ ☐

21. 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. **R BPS III H**

☒ ☐

22. The judge makes these decisions after taking into consideration the input of other Mental Health Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**

☒ ☐

23. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

☒ ☐

24. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Mental Health Court participants and team members. **R BPS IV A**

☒ ☐

25. 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. **R BPS IV A**

☒ ☐

26. The Mental Health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**

☒ ☐

27. 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.

**R BPS IV A**

☒ ☐  
☐ ☒  
*working on it!*  
☐ ☒  
*working on it!*  
☒ ☐

28. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives. **P BPS IV I**

29. Drug testing is random, and is available on weekends and holidays. **R**

30. Drug test results are available within 48 hours. **P**

31. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions.

**R BPS IV J**

☒ ☐

32. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**

☒ ☐

33. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**

☒ ☐

34. If a participant is terminated from the Mental Health Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. **R BPS IV K**

☒ ☐

35. The Mental Health Court offers a continuum of care for mental health treatment, and substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.

**B BPS V A**

☒ ☐

36. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**

☒ ☐

37. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Mental Health Court's programmatic phase structure.

**P BPS V A**

☒ ☐

38. 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.

**R BPS V B\***

☒ ☐

39. 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. **B BPS V E**

☒ ☐

40. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and psychiatric symptoms. **P BPS V E\***

☒ ☐

41. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

☒ ☐

42. For at least the first ninety days after discharge from the Mental Health Court, 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. **B BPS V J**

☒ ☐

43. Clients are placed in the program within 50 days of arrest. **R**

☒ ☐

44. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R**

☒ ☐

45. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R**

☒ ☐

46. Team members are assigned to Mental Health Court for no less than two years. **P**

☒ ☐

47. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**

☒ ☐

48. Participants agree in writing to a release of information for records necessary for each participating entity. **R**

☒ ☐

49. Court fees are reasonable and based on each participant's ability to pay. **R**

☒ ☐

50. Treatment fees are based on a sliding fee schedule. **R**

☒ ☐

51. The program conducts an exit interview for self improvement. **P**

☒ ☐

52. The program maintains adequate data for program monitoring. **R**

*There are no fees!*  
*no fees*

**Washington County – Adult  
Mental Health Court  
Judge John Walton**

Court: *Washington County Mental Health*

Judge: *Walton*

Date: *9/18/16*

## Utah Mental Health Court Certification Checklist

October, 2013 Draft

*Standards followed by an R are required features of a mental health court, and adherence to these standards is required for certification. Standards followed by a P indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a B are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

- ✓ 1. Eligibility and exclusion criteria are defined objectively. R BPS I A
- ✓ 2. Eligibility and exclusion criteria are specified in writing. R BPS I A
- ✓ 3. Eligibility and exclusion criteria are communicated to potential referral sources.  
P BPS I A
- ✓ 4. The Mental Health Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A
- ✓ 5. Candidates for the Mental Health Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. R BPS I C
- ✓ 6. Candidates for the Mental Health Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. R BPS I C

✓ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. R BPS I C

✓ 8. Current or prior offenses may disqualify candidates from participation in the Mental Health Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental Health Court. R BPS I D

No

9. The Mental Health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. R BPS II B

✓ 10. The Mental Health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. R BPS II D

✓ 11. Each member of the Mental Health Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. P BPS II F

✓ 12. The Mental Health Court judge attends current training events on legal and constitutional issues in Mental Health Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A

✓ 13. The judge presides over the Mental Health Court for no less than two consecutive years. P BPS III B

✓ 14. Participants ordinarily appear before the same judge throughout their enrollment in the Mental Health Court. R BPS III C

✓ 15. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Mental Health Court team. R BPS III D

✓ 16. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. R BPS III E

✓ 17. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E

- ✓ 18. The Judge spends an average of at least three minutes with each participant.  
R BPS\* III F *Sometimes*
- ✓ 19. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G
- ✓ 20. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B
- ✓ 21. 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. R BPS III H
- ✓ 22. The judge makes these decisions after taking into consideration the input of other Mental Health Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
- ✓ 23. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H
- ✓ 24. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Mental Health Court participants and team members. R BPS IV A
- ✓ 25. 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. R BPS IV A
- ✓ 26. The Mental Health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. R BPS IV A
- ✓ 27. 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. R BPS IV A
- ✓ 28. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives. P BPS IV I

- ✓ 29. Drug testing is random, and is available on weekends and holidays. R
- ✓ 30. Drug test results are available within 48 hours. P
- ✓ 31. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. R BPS IV J
- ✓ 32. Jail sanctions are definite in duration and typically last no more than three to five days. R BPS IV J
- ✓ 33. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. R BPS IV J
- ✓ 34. If a participant is terminated from the Mental Health Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. R BPS IV K
- ✓ 35. The Mental Health Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. B BPS V A
- ✓ 36. Standardized patient placement criteria govern the level of care that is provided. P BPS V A
- ✓ 37. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Mental Health Court's programmatic phase structure. P BPS V A
- ✓ 38. 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. R BPS V B\*
- 39. 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. B  
BPS V E *Not always*
- ✓ 40. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and psychiatric symptoms. P BPS V E\*
- ✓ 41. Participants regularly attend self-help or peer support groups in addition to professional counseling. R BPS V I
- ✓ 42. For at least the first ninety days after discharge from the Mental Health Court, 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. B BPS V J

- ✓ 43. Clients are placed in the program within 50 days of arrest. R
- ✓ 44. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. R
- ✓ 45. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. R
- ✓ 46. Team members are assigned to Mental Health Court for no less than two years. P
- ✓ 47. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. P
- ✓ 48. Participants agree in writing to a release of information for records necessary for each participating entity. R
- ✓ 49. Court fees are reasonable and based on each participant's ability to pay. R
- ✓ 50. Treatment fees are based on a sliding fee schedule. R
- ✓ 51. The program conducts an exit interview for self improvement. P
- 52. The program maintains adequate data for program monitoring. R

?

**Provo City – Adult Mental  
Health Court  
Judge Rick Romney**

Court *Provo City Mental Health*  
Judge *Romney (Justice Court)*  
Date *3/2015*

## Utah Mental Health Court Certification Checklist

May, 2014 Draft

*Standards followed by an R are required features of a mental health court, and adherence to these standards is required for certification. Standards followed by a P indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a B are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

- | Yes                                 | NO                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3. Eligibility and exclusion criteria are communicated to potential referral sources. P BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 4. The Mental Health Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 5. Candidates for the Mental Health Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.<br>R BPS I C |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 6. Candidates for the Mental Health Court 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. R BPS* I C   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.<br>R BPS I C  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 8. Current or prior offenses may disqualify candidates from participation in the Mental Health Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Mental Health Court.<br>R BPS I D  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. The Mental Health Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.<br>R BPS II B  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 10. The Mental Health Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. R BPS II D  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11. Each member of the Mental Health Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. P BPS II F  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 12. The Mental Health Court judge attends current training events on legal and constitutional issues in Mental Health Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 13. The judge presides over the Mental Health Court for no less than two consecutive years. P BPS III B   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 14. Participants ordinarily appear before the same judge throughout their enrollment in the Mental Health Court.<br>R BPS III C   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 15. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Mental Health Court team. R BPS III D   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 16. Participants appear before the judge for status hearings no   |

- less frequently than every two weeks during the first phase of the program. R BPS III E
- ☒ ☐ 17. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E
- ☒ ☐ 18. The Judge spends an average of at least three minutes with each participant. R BPS\* III F
- ☒ ☐ 19. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G
- ☒ ☐ 20. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B
- ☒ ☐ 21. 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. R BPS III H
- ☒ ☐ 22. The judge makes these decisions after taking into consideration the input of other Mental Health Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
- ☒ ☐ 23. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H
- ☒ ☐ 24. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Mental Health Court participants and team members. R BPS IV A
- ☐ ☒ 25. 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. R BPS IV A
- ☒ ☐ 26. The Mental Health Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. R BPS IV A
- ☒ ☐ 27. 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.

**R BPS IV A**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 28. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives. <b>P BPS IV I</b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 29. Drug testing is random, and is available on weekends and holidays. <b>R</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 30. Drug test results are available within 48 hours. <b>P</b>  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 31. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. <b>R BPS IV J</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 32. Jail sanctions are definite in duration and typically last no more than three to five days. <b>R BPS IV J</b>  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 33. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. <b>R BPS IV J</b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 34. If a participant is terminated from the Mental Health Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. <b>R BPS IV K</b>            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 35. The Mental Health Court offers a continuum of care for mental health treatment, and substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. <b>B BPS V A</b> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 36. Standardized patient placement criteria govern the level of care that is provided. <b>P BPS V A</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 37. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Mental Health Court's programmatic phase structure. <b>P BPS V A</b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 38. 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. <b>R BPS V B*</b>                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 39. 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. <b>B BPS V E</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 40. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and psychiatric symptoms. <b>P BPS V E*</b>        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 41. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. <b>R BPS V I</b>   |

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 42. For at least the first ninety days after discharge from the Mental Health Court, 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. B BPS V J |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 43. Clients are placed in the program within 50 days of arrest. R  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 44. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. R   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 45. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. R  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 46. Team members are assigned to Mental Health Court for no less than two years. P   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 47. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. P   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 48. Participants agree in writing to a release of information for records necessary for each participating entity. R   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 49. Court fees are reasonable and based on each participant's ability to pay. R  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 50. Treatment fees are based on a sliding fee schedule. R  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 51. The program conducts an exit interview for self improvement. P   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 52. The program maintains adequate data for program monitoring. R  |

**Weber County – Ogden  
Juvenile Drug Court  
Judge Sherene Dillon**

Court *Ogden Juvenile Drug*

Judge *Dillon*

Date *11/14/14*

## Utah Juvenile Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes      No

☒      ☐

1. Eligibility and exclusion criteria are defined objectively.  
R BPS I A

- ☒ ☐ 2. Eligibility and exclusion criteria are specified in writing.  
**R BPS I A**
- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
- ☒ ☐ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.**R BPS I A**
- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by a validated risk and need assessment tool.  
**P BPS\* I B**
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. **R BPS I C**
- ☒ ☐ 7. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction.  
**R BPS I C**
- ☒ ☐ 8. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ☒ ☐ 9. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ☒ ☐ 10. Offenders charged with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ☒ ☐ 11. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**

- ☐ ☒ 12. The program has a written policy addressing medically assisted treatment. **R** *They need one*
- ☒ ☐ 13. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R** BPS II B
- ☒ ☐ 14. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R** BPS II D
- ☒ ☐ 15. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. **P** BPS II F
- ☒ ☐ 16. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P** BPS III A
- ☒ ☐ 17. The judge presides over the Drug Court for no less than two consecutive years. **P** BPS III B
- ☐ ☐ 18. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R** BPS III C
- ☒ ☐ 19. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R** BPS III D
- ☒ ☐ 20. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R** BPS III E
- ☐ ☐ 21. Status hearings are scheduled no less frequently than every four

weeks until participants graduate. R BPS\* III E

- ☒ ☐ 22. The Judge spends an average of at least three minutes with each participant. R BPS\* III F
- ☒ ☐ 23. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.  
R BPS III G
- ☒ ☐ 24. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations.  
R BPS IV B
- ☒ ☐ 25. 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. R  
BPS III H
- ☒ ☐ 26. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R  
BPS III H
- ☒ ☐ 28. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. R BPS IV A
- ☒ ☐ 29. 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.  
R BPS IV A

☒ ☐

30. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.  
**R BPS IV A**

☒ ☐

31. 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.**R BPS IV A**

☒ ☐

32. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**

☒ ☐

33. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**

☒ ☐

34. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time.  
**P BPS IV I**

☒ ☐

35. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**

☒ ☐

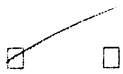
36. Drug testing is performed at least twice per week. **R**

☒ ☐

37. Drug testing is random, and is available on weekends and

holidays. R

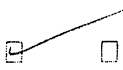
- ☐ ☒ 38. Drug test results are available within 48 hours. P  
*SOME TIMES TAKES 5 DAYS*
- ☒ ☐ 39. The program requires at least 90 days clean to graduate. R
- ☐ ☒ 40. The minimum length of the program is twelve months. R  
*Program is shorter in most instances.*
- ☒ ☐ 41. Unless a participant poses an immediate risk to public safety, detention sanctions are administered after less severe consequences have been ineffective at deterring infractions. R  
BPS\* IV J
- ☒ ☐ 42. Detention sanctions are definite in duration and typically last no more than three to five days. R BPS\* IV J
- ☒ ☐ 43. Participants are given access to counsel and a fair hearing if a detention sanction might be imposed. R BPS\* IV J
- ☒ ☐ 44. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. R  
BPS IV K
- ☒ ☐ 45. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
R BPS\* IV K
- ☒ ☐ 46. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, day treatment, intensive outpatient and outpatient services. B BPS\* V A
- ☒ ☐ 47. Standardized patient placement criteria govern the level of care that is provided. P BPS V A



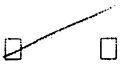
48. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P** BPS V A



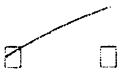
49. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services. **R** BPS\* V B



50. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. **P** BPS V D



51. 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. **B** BPS V E



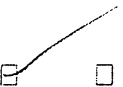
52. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P** BPS V E



53. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B** BPS V E



54. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the juvenile justice system. **B** BPS\* V F



55. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P** BPS V F

- ☒ ☐ 56. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**
- ☒ ☐ 57. Treatment providers have substantial experience working with juvenile justice populations. **B BPS V H**
- ☒ ☐ 58. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ☒ ☐ 59. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**
- ☒ ☐ 60. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group, as appropriate, after their discharge from the Drug Court. **B BPS\* V J**
- ☒ ☐ 61. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**
- ☐ ☒ 62. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 63. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement/probation and the judge attend each staffing meeting. **R**
- ☒ ☐ 64. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement/probation and the judge attend each Drug Court session. **R**
- ☒ ☐ 65. Team members are assigned to Drug Court for no less than two

years. **P**

☒ ☐

66. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**

☒ ☐

67. Participants agree in writing to a release of information for records necessary for each participating entity. **R**

☒ ☐

68. Court fees are reasonable and based on each participant's ability to pay. **R**

☒ ☐

69. Treatment fees are based on a sliding fee schedule. **R**

☐ ☒

70. The Drug Court has more than 15 but less than 125 active participants. **P** *less than 15.*

☒ ☐

71. The program conducts an exit interview for self improvement. **P**

☒ ☐

72. The program maintains adequate data for program monitoring. **R**

**Salt Lake County – Juvenile**

**Drug Court**

**Judge Kim Hornak**

Court MATHESON - Salt Lake

Judge HORNAK

Date 2/3/16

## Utah Juvenile Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes    No



1. Eligibility and exclusion criteria are defined objectively.

R BPS I A

- ☒ ☐ 2. Eligibility and exclusion criteria are specified in writing.  
R BPS I A
- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. P BPS I A
- ☒ ☐ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A
- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by a validated risk and need assessment tool.  
P BPS\* I B
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. R BPS I C
- ☒ ☐ 7. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction.  
R BPS I C
- ☒ ☐ 8. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. R BPS I C
- ☒ ☐ 9. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. R BPS I D
- ☒ ☐ 10. Offenders charged with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. R BPS I D
- ☒ ☐ 11. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. R BPS I D

- ☐ ☒ 12. The program has a written policy addressing medically assisted treatment. **R**
- ☒ ☐ 13. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ☒ ☐ 14. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ☒ ☐ 15. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. **P BPS II F** *CONFERENCE AND ETHICAL TRAINING ARE OFFERED THROUGH EACH RESPECTIVE AGENCY.*
- ☒ ☐ 16. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
- ☒ ☐ 17. The judge presides over the Drug Court for no less than two consecutive years. **P BPS III B**
- ☒ ☐ 18. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
- ☒ ☐ 19. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
- ☒ ☐ 20. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
- ☒ ☐ 21. Status hearings are scheduled no less frequently than every four

weeks until participants graduate. R BPS\* III E

- ☒ ☐ 22. The Judge spends an average of at least three minutes with each participant. R BPS\* III F
- ☒ ☐ 23. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.  
R BPS III G
- ☒ ☐ 24. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations.  
R BPS IV B
- ☒ ☐ 25. 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. R BPS III H
- ☒ ☐ 26. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H
- ☒ ☐ 28. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. R BPS IV A
- ☒ ☐ 29. 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.  
R BPS IV A

- ☒ ☐ 30. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.  
R BPS IV A WE HAVE A RANGE, HOWEVER, AT TIMES IT IS LIMITED.
- ☒ ☐ 31. 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. R BPS IV A
- ☒ ☐ 32. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. R BPS IV F
- ☒ ☐ 33. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. P BPS IV F
- ☒ ☐ 34. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time.  
P BPS IV I
- ☒ ☐ 35. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. P BPS IV I
- ☒ ☐ 36. Drug testing is performed at least twice per week. R
- ☒ ☐ 37. Drug testing is random, and is available on weekends and  
BEGINNING 2/6/16, WEEKEND TESTING WILL BECOME AVAILABLE. YOUTH HAVE BEEN TESTED ON HOLIDAYS, THE  
5 MOST RECENT BEING 1/1/16.

holidays. R

- ☒ ☐ 38. Drug test results are available within 48 hours. P
- ☒ ☐ 39. The program requires at least 90 days clean to graduate. R
- ☒ ☐ 40. The minimum length of the program is twelve months. R
- ☒ ☐ 41. Unless a participant poses an immediate risk to public safety, detention sanctions are administered after less severe consequences have been ineffective at deterring infractions. R  
BPS\* IV J
- ☒ ☐ 42. Detention sanctions are definite in duration and typically last no more than three to five days. R BPS\* IV J
- ☒ ☐ 43. Participants are given access to counsel and a fair hearing if a detention sanction might be imposed. R BPS\* IV J
- ☒ ☐ 44. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. R  
BPS IV K
- ☒ ☐ 45. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
R BPS\* IV K
- ☒ ☐ 46. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, day treatment, intensive outpatient and outpatient services. B BPS\* V A
- ☒ ☐ 47. Standardized patient placement criteria govern the level of care that is provided. P BPS V A

- ☒ ☐ 48. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 49. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services. **R BPS\* V B**
- ☒ ☐ 50. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. **P BPS V D**
- ☒ ☐ 51. 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. **B BPS V E**
- ☒ ☐ 52. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**
- ☒ ☐ 53. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**  
 THIS IS MY UNDERSTANDING, HOWEVER, I HAVE NOT OBSERVED TREATMENT GROUPS.
- ☒ ☐ 54. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the juvenile justice system. **B BPS\* V F**
- ☒ ☐ 55. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**

A  
ST  
S  
EL  
J  
-  
E

years. P

- ☒ ☐ 66. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
- ☒ ☐ 67. Participants agree in writing to a release of information for records necessary for each participating entity. R
- ☐ ☒ 68. Court fees are reasonable and based on each participant's ability to pay. R  
THERE ARE NO COURT FEES ASSOCIATED WITH OUR DRUG COURT.
- ☒ ☐ 69. Treatment fees are based on a sliding fee schedule. R  
HOWEVER, MOST FEES ARE FUNDED THROUGH DRUG COURT.
- ☒ ☐ 70. The Drug Court has more than 15 but less than 125 active participants. P THIS NUMBER FLUCTUATES THROUGHOUT THE YEAR  
CURRENT NUMBER OF PARTICIPANTS: 14
- ☒ ☐ 71. The program conducts an exit interview for self improvement.  
P THE PROBATION OFFICER MEETS WITH EACH CLIENT PRIOR TO GRADUATION & ASKS FOR FEEDBACK.
- ☒ ☐ 72. The program maintains adequate data for program monitoring.  
R

**Weber County – Dependency  
Drug Court  
Judge Sharon Sipes**

Court *WEBER COUNTY, DEPENDENCY*

Judge *STPES*

Date *3/2015*

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br><b>R BPS I A</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br><b>R BPS I A</b> |

- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
- ☐ ☒ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.  
**R BPS I A** *DCFS makes most of the referrals*
- ☐ ☒ 5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B** *DCFS makes most referrals. RANT is applied after entry.*
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
- ☒ ☐ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ☒ ☐ 8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ☒ ☐ 9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ☒ ☐ 10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
- ☒ ☐ 11. The program has a written policy addressing medically assisted treatment. **R**
- ☐ ☒ 12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ☒ ☐ 13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ☒ ☐ 14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

**P BPS II F**

- ☒ ☐ 15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A** *She has far exceeded expectations with on-line training.*
- ☒ ☐ 16. The judge presides over the Drug Court for no less than two consecutive years. **P BPS III B**
- ☒ ☐ 17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
- ☒ ☐ 18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
- ☒ ☐ 19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
- ☒ ☐ 20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**
- ☒ ☐ 21. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**
- ☒ ☐ 22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
- ☒ ☐ 23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
- ☒ ☐ 24. 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. **R BPS III H**
- ☒ ☐ 25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**
- ☒ ☐ 26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

- ☒ ☐ 27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**
- ☒ ☐ 28. 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. **R BPS IV A**
- ☒ ☐ 29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
- ☒ ☐ 30. 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. **R BPS IV A**
- ☒ ☐ 31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**
- ☒ ☐ 32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**
- ☒ ☐ 33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**
- ☒ ☐ 34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**
- ☒ ☐ 35. Drug testing is performed at least twice per week. **R**
- ☐ ☒ 36. Drug testing is random, and is available on weekends and holidays.  
*still not available on weekends and holidays.*

## R

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program. **P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. **B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction.

**P BPS V D**

- ☒ ☐ 50. 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 BPS V E**
- ☒ ☐ 51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**
- ☐ ☒ 52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**
- ☒ ☐ 53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **B BPS V F**
- ☒ ☐ 54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**
- ☒ ☐ 55. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**
- ☒ ☐ 56. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**
- ☒ ☐ 57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ☒ ☐ 58. Participants regularly attend self-help or peer support groups in addition to professional counseling. **P BPS V I**
- ☒ ☐ 59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R BPS V I**
- ☒ ☐ 60. There is a secular alternative to 12-step peer support groups. **R**
- ☒ ☐ 61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. **P BPS V I**
- ☒ ☐ 62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**
- ☐ ☐ 64. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. **R**
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. **R**
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. **R**
- ☒ ☐ 70. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 71. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants. **P**
- ☒ ☐ 73. The program conducts an exit interview for self improvement. **P**
- ☒ ☐ 74. The program maintains adequate data for program monitoring. **R**  
*through wisconsin County Substance Abuse*

**Salt Lake County –  
Dependency Drug Court  
Judge Charles Behrens**

Court MATTHESON - Salt Lake

Judge BETTENS

Date 2/9/16

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A |

- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
- ☒ ☐ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B**
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
- ☒ ☐ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ☒ ☐ 8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ☒ ☐ 9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ☒ ☐ 10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
- ☒ ☐ 11. The program has a written policy addressing medically assisted treatment. **R**
- ☒ ☐ 12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ☒ ☐ 13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ☒ ☐ 14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

P BPS II F

TRAINING INCLUDES CONFERENCES, INSERVICE MEETINGS & ETHICAL

☒ ☐

15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A

TRAINING THROUGH EACH RESPECTIVE AGENCY.

☒ ☐

16. The judge presides over the Drug Court for no less than two consecutive years. P BPS III B

☒ ☐

17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. R BPS III C

☒ ☐

18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. R BPS III D

☒ ☐

19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. R BPS III E

☒ ☐

20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E

☒ ☐

21. The Judge spends an average of at least three minutes with each participant. R BPS\* III F

☒ ☐

22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G

☒ ☐

23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B

☒ ☐

24. 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. R BPS III H

☒ ☐

25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H

☒ ☐

26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H

- ☒ ☐ 27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**
- ☒ ☐ 28. 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. **R BPS IV A**
- ☒ ☐ 29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
- ☒ ☐ 30. 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. **R BPS IV A**
- ☒ ☐ 31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**
- ☒ ☐ 32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**
- ☒ ☐ 33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**
- ☒ ☐ 34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**
- ☒ ☐ 35. Drug testing is performed at least twice per week. **R**
- ☒ ☐ 36. Drug testing is random, and is available on weekends and holidays.

TESTING IS PROVIDED BY TREATMENT PROVIDERS ONLY.  
TASC DOES NOT TEST ON WEEKENDS OR HOLIDAYS

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
**P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.  
**B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction.

P BPS V D

- ☒ ☐ 50. 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 BPS V E
- ☒ ☐ 51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. P BPS V E
- ☒ ☐ 52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. B BPS V E
- ☒ ☐ 53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. B BPS V F
- ☒ ☐ 54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. P BPS V F
- ☒ ☐ 55. Treatment providers are licensed or certified to deliver substance abuse treatment. R BPS V H
- ☒ ☐ 56. Treatment providers have substantial experience working with criminal justice populations. B BPS V H
- ☒ ☐ 57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. P BPS V H
- ☒ ☐ 58. Participants regularly attend self-help or peer support groups in addition to professional counseling. P BPS V I
- ☒ ☐ 59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. R BPS V I
- ☒ ☐ 60. There is a secular alternative to 12-step peer support groups. R
- ☒ ☐ 61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. P BPS V I WITH THE EXCEPTION OF FIRST STEP HOUSE. THEY UTILIZE RATIONAL RECOVERY.
- ☒ ☐ 62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. R BPS V J

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. P BPS V J
- ☐ ☒ 64. For at least the first ninety days after discharge from the Drug Court, 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. B BPS V J SERVICES ARE OFFERED THROUGH USARA. CLIENTS ARE NOT REQUIRED TO ENGAGE.
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. R
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. R
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. P
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. R
- ☐ ☐
- ☒ ☒ 70. Court fees are reasonable and based on each participant's ability to pay. R THERE ARE NO COURT FEES ASSOCIATED WITH FDDC.
- ☐ ☒ 71. Treatment fees are based on a sliding fee schedule. R TREATMENT FEES ARE FUNDED THROUGH FDDC.
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants. P THIS NUMBER FLUCTUATES THROUGHOUT THE YEAR. CURRENT NUMBER OF PARTICIPANTS: 12
- ☐ ☒ 73. The program conducts an exit interview for self improvement. P A TEAM MEETING IS CONDUCTED; THERE IS NO FORMAL EXIT
- ☒ ☐ 74. The program maintains adequate data for program monitoring. R INTERVIEW.

**Salt Lake County –  
Dependency Drug Court  
Judge Kim Hornak**

Court MATHESON - S.L. Dependency

Judge HORNAK

Date 2/2/16

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A |

- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
- ☒ ☐ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B**
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
- ☒ ☐ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ☒ ☐ 8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ☒ ☐ 9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ☒ ☐ 10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
- ☒ ☐ 11. The program has a written policy addressing medically assisted treatment. **R**
- ☒ ☐ 12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ☒ ☐ 13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ☒ ☐ 14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

P BPS II F **TRAINING INCLUDES CONFERENCES & INSERVICE MEETINGS & ETHICS TRAINING THROUGH RESPECTIVE AGENCIES.**

- ☒ ☐ 15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
- ☒ ☐ 16. The judge presides over the Drug Court for no less than two consecutive years. **P BPS III B**
- ☒ ☐ 17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
- ☒ ☐ 18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
- ☒ ☐ 19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
- ☒ ☐ 20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**
- ☒ ☐ 21. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**
- ☒ ☐ 22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
- ☒ ☐ 23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
- ☒ ☐ 24. 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. **R BPS III H**
- ☒ ☐ 25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**
- ☒ ☐ 26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

☒ ☐

27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**

☒ ☐

28. 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. **R BPS IV A**

☒ ☐

29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**

☒ ☐

30. 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. **R BPS IV A**

☒ ☐

31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**

☒ ☐

32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**

☒ ☐

33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**

☒ ☐

34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**

☒ ☐

35. Drug testing is performed at least twice per week. **R**

☒ ☐

36. Drug testing is random, and is available on weekends and holidays.

*WAS CONDUCTED BY TREATMENT PROVIDERS ONLY. TASC DOES NOT TEST ON WEEKENDS OR HOLIDAYS.*

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
**P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.  
**B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction.

**P BPS V D**

- ☒ ☐ 50. 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 BPS V E**
- ☒ ☐ 51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**
- ☒ ☐ 52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**
- ☒ ☐ 53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **B BPS V F**
- ☒ ☐ 54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**
- ☒ ☐ 55. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**
- ☒ ☐ 56. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**
- ☒ ☐ 57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ☒ ☐ 58. Participants regularly attend self-help or peer support groups in addition to professional counseling. **P BPS V I**
- ☒ ☐ 59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R BPS V I**
- ☒ ☐ 60. There is a secular alternative to 12-step peer support groups. **R**
- ☒ ☐ 61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. **P BPS V I** WITH THE EXCEPTION OF FIRST STEP HOUSE, THEY UTILIZE RATIONAL RECOVERY.
- ☒ ☐ 62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. P BPS V J
- ☐ ☒ 64. For at least the first ninety days after discharge from the Drug Court, 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. B BPS V J SERVICES THROUGH USARA ARE OFFERED TO CLIENTS. HOWEVER, CLIENTS ARE NOT REQUIRED TO ENGAGE.
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. R
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. R
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. P
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. R
- ☐ ☐
- ☐ ☒ 70. Court fees are reasonable and based on each participant's ability to pay. R THERE ARE NO COURT FEE'S ASSOCIATED WITH FDDC.
- ☐ ☒ 71. Treatment fees are based on a sliding fee schedule. R TREATMENT FEE'S ARE FUNDED THROUGH FDDC.
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants. P THIS NUMBER FLUCTUATES THROUGHOUT THE YEAR. CURRENT NUMBER OF PARTICIPANTS: 13
- ☐ ☒ 73. The program conducts an exit interview for self improvement. P A CHILD & FAMILY TEAM MEETING IS CONDUCTED. THERE IS NOT A FORMAL EXIT INTERVIEW.
- ☒ ☐ 74. The program maintains adequate data for program monitoring. R

**Salt Lake County – West  
Jordan Dependency  
Drug Court  
Judge Renee Jimenez**

Court WEST JORDAN - Salt Lake County

Judge JIMENEZ

Date 2/8/16

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

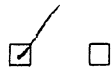
- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A |

- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
- ☒ ☐ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B**
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
- ☒ ☐ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ☒ ☐ 8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ☒ ☐ 9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ☒ ☐ 10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
- ☒ ☐ 11. The program has a written policy addressing medically assisted treatment. **R**
- ☒ ☐ 12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ☒ ☐ 13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ☒ ☐ 14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

P BPS II F

TRAINING INCLUDES CONFERENCES, INSERVICE MEETINGS & ETHICAL

15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A
16. The judge presides over the Drug Court for no less than two consecutive years. P BPS III B
17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. R BPS III C
18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. R BPS III D
19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. R BPS III E
20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E
21. The Judge spends an average of at least three minutes with each participant. R BPS\* III F AT TIMES THE AVERAGE IS LESS THAN 3 MINUTES DEPENDENT UPON THE CLIENT'S RESPONSE.
22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G
23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B
24. 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. R BPS III H
25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H



27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**



28. 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. **R BPS IV A**



29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**



30. 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. **R BPS IV A**



31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**



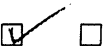
32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**



33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**



34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**



35. Drug testing is performed at least twice per week. **R**



36. Drug testing is random, and is available on weekends and holidays.

TESTING IS PROVIDED BY TREATMENT PROVIDERS ONLY.  
TASC DOES NOT TEST ON WEEKENDS OR HOLIDAYS

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
**P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.  
**B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction.

**P BPS V D**

☒ ☐

50. 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 BPS V E**

☒ ☐

51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**

☒ ☐

52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**

☒ ☐

53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **B BPS V F**

☒ ☐

54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**

☒ ☐

55. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**

☒ ☐

56. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**

☒ ☐

57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**

☒ ☐

58. Participants regularly attend self-help or peer support groups in addition to professional counseling. **P BPS V I**

☒ ☐

59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R BPS V I**

☒ ☐

60. There is a secular alternative to 12-step peer support groups. **R**

☒ ☐

61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. **P BPS V I**

☒ ☐

62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**

WITH THE EXCEPTION OF FIRST STEP HOUSE. THEY UTILIZE RATIONAL RECOVERY.

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. P BPS V J
- ☐ ☒ 64. For at least the first ninety days after discharge from the Drug Court, 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. B BPS V J SERVICES ARE OFFERED THROUGH USARA. CLIENTS ARE NOT REQUIRED TO ENGAGE.
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. R
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. R
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. P
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. R
- ☐ ☐
- ☐ ☒ 70. Court fees are reasonable and based on each participant's ability to pay. R THERE ARE NO COURT FEES ASSOCIATED WITH FDDC.
- ☐ ☒ 71. Treatment fees are based on a sliding fee schedule. R  
TREATMENT FEES ARE FUNDED THROUGH FDDC.
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants.  
P THIS NUMBER FLUCTUATES THROUGHOUT THE YEAR.  
CURRENT NUMBER OF PARTICIPANTS: 15
- ☐ ☒ 73. The program conducts an exit interview for self improvement. P  
A TEAM MEETING IS CONDUCTED; THERE IS NO FORMAL EXIT INTERVIEW.
- ☒ ☐ 74. The program maintains adequate data for program monitoring. R

**Utah County – Dependency  
Drug Court  
Judge Mary Noonan**

Court *UTAH COUNTY Dependency*

Judge *Noonan*

Date *3/1/16*

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume 1, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A <i>DCFS</i>  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A <i>DCFS</i> |

3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B**
6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
11. The program has a written policy addressing medically assisted treatment. **R**
12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B** *Not Sure*
13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

**P BPS II F**

- ☒ ☐ 15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
- ☒ ☐ 16. The judge presides over the Drug Court for no less than two consecutive years. **P BPS III B**
- ☒ ☐ 17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
- ☒ ☐ 18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
- ☒ ☐ 19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
- ☒ ☐ 20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**
- ☒ ☐ 21. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**
- ☒ ☐ 22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
- ☒ ☐ 23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
- ☒ ☐ 24. 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. **R BPS III H**
- ☒ ☐ 25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**
- ☒ ☐ 26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

☒ ☐

27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**

☒ ☐

28. 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. **R BPS IV A**

☒ ☐

29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**

☒ ☐

30. 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. **R BPS IV A**

☒ ☐

31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**

☒ ☐

32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**

☒ ☐

33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**

☒ ☐

34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**

☒ ☐

35. Drug testing is performed at least twice per week. **R**

☐ ☒

36. Drug testing is random, and is available on weekends and holidays.

*No weekends + holidays*

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program. **P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. **B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction. P BPS V D

- ☒ ☐ 50. 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 BPS V E
- ☒ ☐ 51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. P BPS V E
- ☒ ☒ 52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. *one* B BPS V E
- ☒ ☐ 53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. B BPS V F
- ☒ ☐ 54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. P BPS V F
- ☒ ☐ 55. Treatment providers are licensed or certified to deliver substance abuse treatment. R BPS V H
- ☒ ☐ 56. Treatment providers have substantial experience working with criminal justice populations. B BPS V H
- ☒ ☐ 57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. P BPS V H
- ☒ ☐ 58. Participants regularly attend self-help or peer support groups in addition to professional counseling. P BPS V I
- ☒ ☐ 59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. R BPS V I
- ☒ ☐ 60. There is a secular alternative to 12-step peer support groups. R
- ☒ ☐ 61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. P BPS V I
- ☒ ☐ 62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. R BPS V J

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**
- ☒ ☐ 64. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. **R**
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. **R**
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. **R**
- ☐ ☐
- ☒ ☐ 70. Court fees are reasonable and based on each participant's ability to pay. **R** *None*
- ☒ ☐ 71. Treatment fees are based on a sliding fee schedule. **R** *none*
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants. **P**
- ☒ ☐ 73. The program conducts an exit interview for self improvement. **P**
- ☒ ☐ 74. The program maintains adequate data for program monitoring. **R**

**Utah County – Dependency  
Drug Court  
Judge Rick Smith**

Court *UTAH COUNTY DEPENDENCY*

Judge *SMITH*

Date *1/15*

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an R are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a P indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a B are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

☒ ☐  
*DCPS*

1. Eligibility and exclusion criteria are defined objectively.  
R BPS I A

☒ ☐  
*DCPS*

2. Eligibility and exclusion criteria are specified in writing.  
R BPS I A

☒ ☐

3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**

☒ ☐

4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**

☐ ☒   
 ? DCF

5. The program admits only participants who are high risk high need as measured by the RANL or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B**

☒ ☐

6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**

☒ ☐

7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**

☒ ☐

8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**

☒ ☐

9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**

☒ ☐

10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**

☒ ☐

11. The program has a written policy addressing medically assisted treatment. **R**

☐ ☒   
 DCF

12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**

☒ ☐

13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**

☒ ☐

14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

P BPS II F

☒ ☐

15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A

☒ ☐

16. The judge presides over the Drug Court for no less than two consecutive years. P BPS III B

☒ ☐

17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. R BPS III C

☒ ☐

18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. R BPS III D

☒ ☐

19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. R BPS III E

☒ ☐

20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E

☒ ☐

21. The Judge spends an average of at least three minutes with each participant. R BPS\* III F

☒ ☐

22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G

☒ ☐

23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B

☒ ☐

24. 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. R BPS III H

☒ ☐

25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III I

☒ ☐

26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H



27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**



28. 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. **R BPS IV A**



29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**



30. 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. **R BPS IV A**



31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**



32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**



33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**



34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**



35. Drug testing is performed at least twice per week. **R**



36. Drug testing is random, and is available on weekends and holidays.

*TASC*

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
**P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.  
**B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

- addition. P BPS V D
50. 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 BPS V E ☒ ☐
51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria, including participants' gender, trauma histories and co-occurring psychiatric symptoms. P BPS V E ☒ ☐
52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. B BPS V E ☒ ☐ *only 9 participants*
53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. B BPS V F ☐ ☒
54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. P BPS V F ☐ ☒
55. Treatment providers are licensed or certified to deliver substance abuse treatment. R BPS V H ☐ ☒
56. Treatment providers have substantial experience working with criminal justice populations. B BPS V H ☐ ☒
57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. P BPS V H ☐ ☒
58. Participants regularly attend self-help or peer support groups in addition to professional counseling. P BPS V I ☐ ☒
59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. R BPS V I ☐ ☒
60. There is a secular alternative to 12-step peer support groups. R ☐ ☒
61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. P BPS V I ☐ ☒
62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. R BPS V J ☐ ☒

☒ ☐

63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**

☒ ☐

64. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**

☒ ☐

65. At a minimum, the attorney general, defense counsel, treatment representative, DCPS case worker, GAL and the judge attend each staffing meeting. **R**

☒ ☐

66. At a minimum, the attorney general, defense counsel, treatment representative, DCPS caseworker, GAL and the judge attend each Drug Court session. **R**

☒ ☐

67. Team members are assigned to Drug Court for no less than two years. **P**

☒ ☐

68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**

☒ ☐

69. Participants agree in writing to a release of information for records necessary for each participating entity. **R**

☐ ☐

☒ ☐

70. Court fees are reasonable and based on each participant's ability to pay. **R**

☒ ☐

71. Treatment fees are based on a sliding fee schedule. **R**

☐ ☒

72. The Drug Court has more than 15 but less than 125 active participants. **P**

☒ ☐

73. The program conducts an exit interview for self improvement. **P**

☒ ☐

74. The program maintains adequate data for program monitoring. **R**

**Utah County – Dependency  
Drug Court  
Judge Brent Bartholomew**

Court *UTAH COUNTY DEPENDENCY*

Judge *Bartholomew*

Date *1/20/16*

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

☒ ☐

1. Eligibility and exclusion criteria are defined objectively.  
**R BPS I A**

☒ ☐

2. Eligibility and exclusion criteria are specified in writing.  
**R BPS I A**

- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
- ☒ ☐ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
- ☐ ☒ 5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B** *DO NOT USE RANT!*
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
- ☒ ☐ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ☒ ☐ 8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ☒ ☐ 9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ☒ ☐ 10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
- ☒ ☐ 11. The program has a written policy addressing medically assisted treatment. **R**
- ☒ ☐ 12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ☒ ☐ 13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ☐ ☒ 14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

P BPS II F

- ☒ ☐ 15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A
- ☒ ☐ 16. The judge presides over the Drug Court for no less than two consecutive years. P BPS III B
- ☒ ☐ 17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. R BPS III C
- ☒ ☐ 18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. R BPS III D
- ☒ ☐ 19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. R BPS III E
- ☒ ☐ 20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E
- ☒ ☐ 21. The Judge spends an average of at least three minutes with each participant. R BPS\* III F
- ☒ ☐ 22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G
- ☒ ☐ 23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B
- ☒ ☐ 24. 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. R BPS III H
- ☒ ☐ 25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
- ☒ ☐ 26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H

- ☒ ☐ 27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**
- ☒ ☐ 28. 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. **R BPS IV A**
- ☒ ☐ 29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
- ☒ ☐ 30. 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. **R BPS IV A**
- ☒ ☐ 31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**
- ☒ ☐ 32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**
- ☒ ☐ 33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**
- ☒ ☐ 34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**
- ☒ ☐ 35. Drug testing is performed at least twice per week. **R**
- ☐ ☒ 36. Drug testing is random, and is available on weekends and holidays.  
*Told test on holidays + Saturdays but not on Sundays*

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
**P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.  
**B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction.

**P** BPS V D

- ☐ ☒ 50. 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** BPS V E *Twice per month!*
- ☒ ☐ 51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P** BPS V E
- ☒ ☐ 52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B** BPS V E
- ☒ ☐ 53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **B** BPS V F
- ☒ ☐ 54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P** BPS V F
- ☒ ☐ 55. Treatment providers are licensed or certified to deliver substance abuse treatment. **R** BPS V H
- ☒ ☐ 56. Treatment providers have substantial experience working with criminal justice populations. **B** BPS V H
- ☒ ☐ 57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P** BPS V H
- ☒ ☐ 58. Participants regularly attend self-help or peer support groups in addition to professional counseling. **P** BPS V I
- ☒ ☐ 59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R** BPS V I
- ☒ ☐ 60. There is a secular alternative to 12-step peer support groups. **R**
- ☒ ☐ 61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. **P** BPS V I
- ☒ ☐ 62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R** BPS V J

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**
- ☐ ☒ 64. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. **R**
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. **R**
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. **R**
- ☐ ☐
- ☐ ☒ 70. Court fees are reasonable and based on each participant's ability to pay. **R** *no fees are assessed.*
- ☒ ☐ 71. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants. **P**
- ☐ ☒ 73. The program conducts an exit interview for self improvement. **P**
- ☒ ☐ 74. The program maintains adequate data for program monitoring. **R**

**Utah County – Dependency  
Drug Court  
Judge Suchada Bazzelle**

Court *UTAH COUNTY DEPENDENCY*

Judge *MAZZECCO*

Date *12/14*

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A |

- ☒ ☐ 3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**
- ☒ ☐ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**
- DCFS makes referrals* ☒ ☒ 5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B**
- ☒ ☐ 6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
- ☒ ☐ 7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ☒ ☐ 8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ☒ ☐ 9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ☒ ☐ 10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
- ☒ ☐ 11. The program has a written policy addressing medically assisted treatment. **R**
- ☐ ☒ 12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ☒ ☐ 13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ☒ ☐ 14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

**P BPS II F**

- ☒ ☐ 15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
- ☒ ☐ 16. The judge presides over the Drug Court for no less than two consecutive years. **P BPS III B**
- ☒ ☐ 17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
- ☒ ☐ 18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
- ☒ ☐ 19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
- ☒ ☐ 20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**
- ☒ ☐ 21. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**
- ☒ ☐ 22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
- ☒ ☐ 23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
- ☒ ☐ 24. 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. **R BPS III H**
- ☒ ☐ 25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**
- ☒ ☐ 26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

- ☒ ☐ 27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. R BPS IV A
- ☒ ☐ 28. 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. R BPS IV A
- ☒ ☐ 29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. R BPS IV A
- ☒ ☐ 30. 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. R BPS IV A
- ☒ ☐ 31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. R BPS IV F
- ☒ ☐ 32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. P BPS IV F
- ☒ ☐ 33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. P BPS IV I
- ☒ ☐ 34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. P BPS IV I
- ☒ ☐ 35. Drug testing is performed at least twice per week. R
- ☐ ☒ 36. Drug testing is random, and is available on weekends and holidays.

*TASC does testing. would like to get rid of TASC.  
Too many false positives.*

4

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program. **P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. **B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction. **P BPS V D**

- ☒ ☐ 50. 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 BPS V E**
- ☒ ☐ 51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**
- ☐ ☒ 52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**
- ☒ ☐ 53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **B BPS V F**
- ☒ ☐ 54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**
- ☒ ☐ 55. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**
- ☒ ☐ 56. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**
- ☒ ☐ 57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ☒ ☐ 58. Participants regularly attend self-help or peer support groups in addition to professional counseling. **P BPS V I**
- ☒ ☐ 59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R BPS V I**
- ☒ ☐ 60. There is a secular alternative to 12-step peer support groups. **R**
- ☒ ☐ 61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. **P BPS V I**
- ☒ ☐ 62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**
- ☒ ☐ 64. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. **R**
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. **R**
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. **R**
- ☐ ☐
- ☒ ☐ 70. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 71. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☒ 72. The Drug Court has more than 15 but less than 125 active participants.  
*11 participants but expecting 2 new entries.*
- ☒ ☐ 73. The program conducts an exit interview for self improvement. **P**
- ☒ ☐ 74. The program maintains adequate data for program monitoring. **R**

**Washington County –  
Dependency Drug Court  
Judge Michael Leavitt**

Court *Washington County Family Dependency*

Judge *Leavitt*

Date *1/15*

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an R are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a P indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a B are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A |

☒ ☐

3. Eligibility and exclusion criteria are communicated to potential referral sources. **P BPS I A**

☒ ☐

4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. **R BPS I A**

☐ ☒ ☐  
*DCFS makes call*

5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. **R BPS\* I B**

☒ ☐

6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**

☒ ☐

7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**

☒ ☐

8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**

☒ ☐

9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**

☒ ☐

10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**

☒ ☐

11. The program has a written policy addressing medically assisted treatment. **R**

☐ ☒  
*complaint about Spanish speaking parents*

12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**

☒ ☐

13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**

☒ ☐

14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

P BPS II F

- ☒ ☐ 15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. P BPS III A
- ☒ ☐ 16. The judge presides over the Drug Court for no less than two consecutive years. P BPS III B  
*New Judge*
- ☒ ☐ 17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. R BPS III C
- ☒ ☐ 18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. R BPS III D
- ☒ ☐ 19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. R BPS III E
- ☒ ☐ 20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS\* III E
- ☒ ☐ 21. The Judge spends an average of at least three minutes with each participant. R BPS\* III F
- ☒ ☐ 22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. R BPS III G
- ☒ ☐ 23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. R BPS IV B
- ☒ ☐ 24. 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. R BPS III H
- ☒ ☐ 25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. R BPS III H
- ☒ ☐ 26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H

- ☒ ☐ 27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**
- ☒ ☐ 28. 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. **R BPS IV A**
- ☒ ☐ 29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
- ☒ ☐ 30. 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. **R BPS IV A**
- ☒ ☐ 31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**
- ☒ ☐ 32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**
- ☒ ☐ 33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**
- ☒ ☐ 34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**
- ☒ ☐ 35. Drug testing is performed at least twice per week. **R**
- ☒ ☐ 36. Drug testing is random, and is available on weekends and holidays.

**R**

- ☒ ☐ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program.  
**P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.  
**B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addiction. **P BPS V D**

- ☒ ☐ 50. 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 BPS V E**
- ☒ ☐ 51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**
- ☐ ☒ 52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**
- ☒ ☐ 53. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **B BPS V F**
- ☒ ☐ 54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**
- ☒ ☐ 55. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**
- ☒ ☐ 56. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**
- ☒ ☐ 57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ☒ ☐ 58. Participants regularly attend self-help or peer support groups in addition to professional counseling. **P BPS V I**
- ☒ ☐ 59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R BPS V I**
- ☒ ☐ 60. There is a secular alternative to 12-step peer support groups. **R**
- ☒ ☐ 61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. **P BPS V I**
- ☒ ☐ 62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**
- ☒ ☐ 64. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. **R**
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. **R**
- ☒ ☐ 67. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. **R**
- ☐ ☐
- ☒ ☐ 70. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 71. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants. **P**
- ☒ ☐ 73. The program conducts an exit interview for self improvement. **P**
- ☒ ☐ 74. The program maintains adequate data for program monitoring. **R**

**Grand County – Dependency  
Drug Court  
Judge Mary Manley**

Court: Grand County Family Drug Court

Judge: Mary L. Manley

Date: November 19, 2014

## Utah Dependency Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume I, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

Yes No

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.<br>R BPS I A  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.<br>R BPS I A |

3. Eligibility and exclusion criteria are communicated to potential referral sources. ☒ ☐ **P BPS I A**
4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. ☒ ☐ **R BPS I A**
5. The program admits only participants who are high risk high need as measured by the RANT, or participants who are at high risk for re-abusing the children and they are addicted to or dependent on a substance. ☒ ☐ **R BPS\* I B**
6. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. ☒ ☐ **R BPS I C**
7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. ☒ ☐ **R BPS I C**
8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. ☒ ☐ **R BPS I D**
9. Offenders with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. ☒ ☐ **R BPS I D**
10. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. ☒ ☐ **R BPS I D**
11. The program has a written policy addressing medically assisted treatment. ☐ ☒ **R** *HAS changed + now has a policy.*
12. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. ☐ ☒ **R BPS II B**
13. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. ☒ ☐ **R BPS II D**
14. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. ☒ ☐

P BPS II F

- ☒ ☐ 15. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
- ☒ ☐ 16. The judge presides over the Drug Court for no less than two consecutive years. **P BPS III B**
- ☒ ☐ 17. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
- ☒ ☐ 18. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
- ☒ ☐ 19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
- ☒ ☐ 20. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**
- ☒ ☐ 21. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**
- ☒ ☐ 22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
- ☒ ☐ 23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
- ☒ ☐ 24. 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. **R BPS III H**
- ☒ ☐ 25. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**
- ☒ ☐ 26. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

- ☒ ☐ 27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**
- ☒ ☐ 28. 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. **R BPS IV A**
- ☒ ☐ 29. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
- ☒ ☐ 30. 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. **R BPS IV A**
- ☒ ☐ 31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**
- ☒ ☐ 32. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**
- ☒ ☐ 33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**
- ☒ ☐ 34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**
- ☒ ☐ 35. Drug testing is performed at least twice per week. **R**
- ☐ ☒ 36. Drug testing is random, and is available on weekends and holidays.

TASC

**R**

- ☐ ☒ 37. Drug test results are available within 48 hours. **P**
- ☒ ☐ 38. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 39. The minimum length of the program is twelve months. **B**
- ☒ ☐ 40. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ☒ ☐ 41. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 42. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 43. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ☒ ☐ 44. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented disposition for failing to complete the program. **P BPS IV K\***
- ☒ ☐ 45. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. **B BPS V A**
- ☒ ☐ 46. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 47. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ☒ ☐ 48. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ☒ ☐ 49. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from

addition. P BPS V D

50. 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 BPS V E

51. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. P BPS V E

52. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. B BPS V E

53. Treatment providers administer behavior or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. B BPS V F

54. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. P BPS V F

55. Treatment providers are licensed or certified to deliver substance abuse treatment. R BPS V H

56. Treatment providers have substantial experience working with criminal justice populations. B BPS V H

57. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. P BPS V H

58. Participants regularly attend self-help or peer support groups in addition to professional counseling. P BPS V I

59. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. R BPS V I

60. There is a secular alternative to 12-step peer support groups. R

61. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. P BPS V I *Now do.*

62. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. R BPS V J

- ☒ ☐ 63. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. **P BPS V J**
- ☒ ☐ 64. For at least the first ninety days after discharge from the Drug Court, 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. **B BPS V J**
- ☒ ☐ 65. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. **R**
- ☒ ☐ 66. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. **R**
- ☐ ☒ 67. Team members are assigned to Drug Court for no less than two years.  
**P** *Not assigned but must do stay for more than 2 years*
- ☒ ☐ 68. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 69. Participants agree in writing to a release of information for records necessary for each participating entity. **R**
- ☐ ☐
- ☒ ☐ 70. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 71. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 72. The Drug Court has more than 15 but less than 125 active participants. **P**
- ☒ ☐ 73. The program conducts an exit interview for self improvement. **P**
- ☒ ☐ 74. The program maintains adequate data for program monitoring. **R**

**Davis County – Adult Drug  
Court  
Judge John Morris**

COURT: Davis County Adult  
JUDGE: Morris  
DATE: 1/12/16

## Utah Adult Drug Court Certification Checklist

May, 2014 Draft

*Standards followed by an **R** are required features of a drug court, and adherence to these standards is required for certification. Standards followed by a **P** indicates a standard where there is a presumption that it must be met, but if the program can show sufficient compensating measures or a structural inability to meet the standard, it may be waived. Standards followed by a **B** are best practice standards that represent practices that research has shown to produce better outcomes, but failure to meet these standards will not result in decertification.*

*Many of these standards are direct restatements of the Adult Drug Court Best Practice Standards, Volume 1, copyright 2013, National Association of Drug Court Professionals. Those are indicated by a BPS following the standard, and the citation to the section of the document in which the standard is found. An asterisk indicates a modification of the NADCP standard.*

- ✓ 1. Eligibility and exclusion criteria are defined objectively. R BPS 1 A
- ✓ 2. Eligibility and exclusion criteria are specified in writing. R BPS 1 A
- ✓ 3. Eligibility and exclusion criteria are communicated to potential referral sources.  
P BPS 1 A
- ✓ 4. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS 1 A
- ✓ 5. The program admits only participants who are high risk high need as measured by the RANT. R BPS\* 1 B

- ✓ 6. Candidates for the Drug Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. **R BPS I C**
- ✓ 7. Candidates for the Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction. **R BPS I C**
- ✓ 8. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. **R BPS I C**
- ✓ 9. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. **R BPS I D**
- ✓ 10. Offenders charged with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court. **R BPS I D**
- ✓ 11. If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication. **R BPS I D**
- ✓ 12. The program has a written policy addressing medically assisted treatment. **R**
- ✓ 13. The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. **R BPS II B**
- ✓ 14. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. **R BPS II D**
- ✓ 15. Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. **P BPS II F**
- ✓ 16. The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. **P BPS III A**
- ✓ 17. The judge presides over the Drug Court for no less than two consecutive years. **P BPS III B**

- ✓ 18. Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. **R BPS III C**
- ✓ 19. The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the Drug Court team. **R BPS III D**
- ✓ 20. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. **R BPS III E**
- ✓ 21. Status hearings are scheduled no less frequently than every four weeks until participants graduate. **R BPS\* III E**
- ✓ 22. The Judge spends an average of at least three minutes with each participant. **R BPS\* III F**
- ✓ 23. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. **R BPS III G**
- ✓ 24. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. **R BPS IV B**
- ✓ 25. 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. **R BPS III H**
- ✓ 26. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative. **R BPS III H**
- ✓ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**
- ✓ 28. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. **R BPS IV A**
- ✓ 29. 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. **R BPS IV A**

- ✓ 30. The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. **R BPS IV A**
- ✓ 31. 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. **R BPS IV A**
- ✓ 32. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. **R BPS IV F**
- ✓ 33. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. **P BPS IV F**
- ✓ 34. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. **P BPS IV I**
- ✓ 35. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. **P BPS IV I**
- ✓ 36. Drug testing is performed at least twice per week. **R**
- ✓ 37. Drug testing is random, and is available on weekends and holidays. **R**
- ✓ 38. Testing regimens are not scheduled in seven-day or weekly blocks. The chances of being tested should be at least two in seven every day. **P**
- ✓ 39. Drug test results are available within 48 hours. **P**
- ✓ 40. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. **R**
- ✓ 41. Randomly selected specimens are tested periodically for a broader range of substances to detect any new drugs of abuse that might be emerging in the Drug Court population. **P**
- ✓ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. **R**

- ✓ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. **R**
- ✓ 44. If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis using an instrumented test, such as gas chromatography/mass spectrometry (GC-MS). **P**
- ✓ 45. 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. **R**
- ✓ 46. Upon entering the Drug Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R**
- ✓ 47. The program requires at least 90 days clean to graduate. **R**
- ✓ 48. The minimum length of the program is twelve months. **R**
- ✓ 49. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS IV J**
- ✓ 50. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ✓ 51. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ✓ 52. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community. **R BPS IV K**
- ✓ 53. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program. **R BPS IV K**
- ✓ 54. The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. **B BPS V A**
- ✓ 55. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**

- ✓ 56. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. **P BPS V A**
- ✓ 57. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. **R BPS V B**
- ✓ 58. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. **P BPS V D**
- ✓ 59. 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 BPS V E**
- ✓ 60. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. **P BPS V E**
- ✓ 61. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E** *OAC*
- ✓ 62. Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. **P BPS V F**
- ✓ 63. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**
- ✓ 64. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**
- ✓ 65. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**
- ✓ 66. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ✓ 67. Participants regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**
- ✓ 68. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R BPS V I**
- ✓ 69. There is a secular alternative to 12-step peer support groups. **R**

- ✓ 70. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy. P BPS V I
- ✓ 71. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. R BPS V J
- ✓ 72. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court. P BPS V J
- ✓ 73. For at least the first ninety days after discharge from the Drug Court, 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. B BPS V J
- ✓ 74. Clients are placed in the program within 50 days of arrest. R
- ✓ 75. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. R
- ✓ 76. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. R
- ✓ 77. Team members are assigned to Drug Court for no less than two years. P
- ✓ 78. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
- ✓ 79. Participants agree in writing to a release of information for records necessary for each participating entity. R
- ✓ 80. Court fees are reasonable and based on each participant's ability to pay. R
- ✓ 81. Treatment fees are based on a sliding fee schedule. R
- ✓ 82. The Drug Court has more than 15 but less than 125 active participants. P
- ✓ 83. The program conducts an exit interview for self improvement. P
- ✓ 84. The program maintains adequate data for program monitoring. R