

JUDICIAL COUNCIL MEETING

AGENDA

Monday, December 19, 2016

Judicial Council Room

Matheson Courthouse

Salt Lake City, Utah

Chief Justice Matthew B. Durrant, Presiding

1. 9:00 a.m. Welcome & Approval of Minutes Chief Justice Matthew B. Durrant
(Tab 1 - Action)
2. 9:05 a.m. Chair's Report. Chief Justice Matthew B. Durrant
3. 9:10 a.m. Administrator's Report. Daniel J. Becker
4. 9:20 a.m. Reports: Management Committee. . . . Chief Justice Matthew B. Durrant
Liaison Committee. . . . Justice Thomas Lee
Policy and Planning Judge Reed Parkin
Bar Commission. . . . John Lund, esq.
(Tab 2 - Information)
5. 9:30 a.m. Problem-Solving Court Certifications. . . . Judge Dennis Fuchs
(Tab 3 - Action) Rick Schwermer
6. 9:50 a.m. AP&P Pre-Sentence & Supervision Standards Review. . . . Jim Hudspeth
(Tab 4 – Information) Dan Blanchard
Judge Mark Kouris
Debra Moore
7. 10:10 a.m. Open and Public Meeting Law Orientation. . . . Keisa Williams
(Information)
- 10:25 a.m. Break
8. 10:35 a.m. Legislative Update and Interim Highlights. . . . Rick Schwermer
(Information)
9. 10:50 a.m. Standing Committee on Technology Updates: Ron Bowmaster
-Security Chris Palmer
-Courtroom audio/video upgrades
(Tab 5 – Information)

10. 11:05 a.m. Standing Committee on Model Utah Criminal Judge James Blanch
Jury Instructions Update
(Tab 6 – Information) Keisa Williams
11. 11:25 a.m. Rules for Final Action. Nancy Sylvester
(Tab 7 – Action)
12. 11:35 p.m. Senior Judge Certification. Nancy Sylvester
(Tab 8 – Action)
- 11:45 a.m. Lunch
13. 12:15 p.m. ADR Committee Update. Judge Royal Hansen
(Tab 9 – Information) Nini Rich
14. 12:35 p.m. Board of Juvenile Court Judges Update. Judge Michelle Heward
(Information) Dawn Marie Rubio
15. 12:55 p.m. Executive Session
16. 1:20 p.m. Adjourn

Consent Calendar

The consent items in this section are approved without discussion if no objection has been raised with the Admin. Office (578-3806) or with a Council member by the scheduled Council meeting or with the Chair of the Council during the scheduled Council meeting.

- | | |
|--|------------------------------|
| 1. Grant Approval
(Tab 10) | Debra Moore
Katie Gregory |
| 2. Approval of Lease Agreement
(Tab 11) | Alyn Lunceford |
| 3. Committee Appointment
(Tab 12) | Brent Johnson |

TAB 1

JUDICIAL COUNCIL MEETING

Minutes

Monday, November 21, 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. Ann Boyden
Hon. Mark DeCaria
Hon. Paul Farr
Hon. Thomas Higbee
Hon. David Marx
Hon. Mary Noonan
Hon. Reed Parkin
Hon. Todd Shaughnessy
Hon. Kate Toomey
John Lund, esq.

EXCUSED:

Hon. Marvin Bagley
Hon. Derek Pullan

STAFF PRESENT:

Daniel J. Becker
Ray Wahl
Jody Gonzales
James Ishida
Debra Moore
Jim Peters
Dawn Marie Rubio
Rick Schwermer
Krista Airam
Adrienne Nash
Ron Bowmaster

GUESTS:

Juli Blanch
Justice John Pearce
Hon. Michele Heward
Hon. James Michie
Hon. Ryan Evershed
Adam Trupp

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 October 4, 2016 Judicial Council meeting. Judge Higbee 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 Todd Shaughnessy.

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

He reported on the following items:

Meeting with the Governor. He, Mr. Becker, and Mr. Schwermer met with the governor to discuss the FY 2018 budget requests, as well as, several ongoing court programs.

Arnold Foundation Visit. He met with the advanced team from the Arnold Foundation at the beginning of November. The purpose of the site visit was to assess whether the Utah courts would be designated as an approved site to use the Arnold pre-trial release assessment tool.

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

Mr. Becker reported on the following items:

Fourth District Court TCE. Mr. James Bauer has been appointed as the Fourth District Juvenile Court TCE. Mr. Becker provided his background and work experience. He will begin working for the courts on November 28.

CCJJ/PEW Recommendations on Juvenile Justice. The recommendations, prepared by the Utah Juvenile Justice Working Group, were approved by the Utah Commission on Criminal and Juvenile Justice on November 16. The recommendations will be advanced to the legislature for consideration during the 2017 Legislative Session. Judge Michelle Heward, Judge James Michie and Judge Ryan Evershed will provide an update on the recommendations later in the meeting.

Legislative Meetings. Local legislative meetings will be held in each judicial district starting on December 7 to meet with new legislators. Judges and Council members are encouraged to attend the local meetings in their districts.

Utah State Employees Charitable Fund Drive. Mr. Becker recognized Ms. Debra Moore, Charitable Fund Drive Coordinator for the courts, and Mr. Ray Wahl, Charitable Fund Statewide Director, for their dedication and time spent in making the charitable fund drive a success.

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 November.

Policy and Planning Meeting:

Judge Parkin reported on the following items: 1) the committee continues to work on a number of rules, 2) a rule will be considered for final action later on the agenda, and 3) rules for public comment are listed on the consent calendar.

Bar Commission Report:

Mr. Lund reported on the following items:

Fall Forum. The Fall Forum was held last week. Keynote speakers included: 1) Erin Brockovich, 2) Jan Schlichtmann, 3) Governor Gary Herbert, and 4) Justice Christine Durham.

Practice Portal for Lawyers. A group gathering will be held tonight to brainstorm on how to make a better practice portal for lawyers.

Small Firm Practitioners. Ms. Grace Acosta, Third Division Bar Commissioner, has spearheaded efforts for members of the Utah State Bar to meet with small firm practitioners throughout the state to build a better connection between the Bar, and the smaller firms.

5. COUNCIL COMMITTEE ASSIGNMENTS: (Chief Justice Matthew B. Durrant)

Chief Justice Durrant recommended the following appointments: Judge Toomey to fill the vacancy on the Council for a vice chair, with Judge Randall Skanchy's term expiring; and 2) Judge Todd Shaughnessy to fill the vacancy on the Management Committee, with Judge Randall Skanchy's term expiring.

Motion: Mr. Lund moved to approve the Council committee assignments as recommended. Justice Lee seconded the motion, and it passed unanimously.

6. 2017 COUNCIL CALENDAR: (Ray Wahl)

Mr. Wahl reviewed the 2017 Judicial Council calendar. He highlighted the following relative to the 2017 Judicial Council meeting dates: 1) the State of the Judiciary is scheduled to follow the January meeting, 2) the March meeting will be held in St. George in conjunction with the Bar's Spring Convention, 3) the June meeting will be held in Duchesne at the Duchesne County courthouse, 4) the August meeting will be held in conjunction with the Council's Budget and Planning Session, and 5) the October meeting will be held at the Zermatt in conjunction with the Annual Judicial Conference.

Motion: Judge Toomey moved to approve the 2017 Judicial Council calendar as proposed. Judge DeCaria seconded the motion, and it passed unanimously.

7. CIVIL JURY INSTRUCTION COMMITTEE UPDATE: (Juli Blanch and Nancy Sylvester)

Chief Justice Durrant welcomed Ms. Blanch and Ms. Sylvester to the meeting.

Ms. Blanch highlighted the following in her update on the work of the Model Utah Civil Jury Instructions (MUJI-Civil) Committee: 1) committee membership noted, 2) committee's subject matter timeline, and 3) currently addressing the emotional distress and civil rights subject matters.

Chief Justice Durrant thanked Ms. Blanch and Ms. Sylvester for their update.

8. RULE FOR FINAL ACTION: (Nancy Sylvester)

Chief Justice Durrant welcomed Ms. Sylvester to the meeting.

Rule 4-202.02 – Records classification was amended to classify court records associated with actions for disease testing to be sealed.

The public comment period has closed with no public comments being received. The Policy and Planning Committee recommended final action be taken on the rule.

Motion: Judge Higbee moved to approve Rule 4-202.02 – Records classification for final action as recommended. Judge Toomey seconded the rule, and it passed unanimously.

9. LEGISLATIVE AND INTERIM HIGHLIGHTS: (Rick Schwermer)

Mr. Schwermer highlighted the following in his legislative update: 1) two interim sessions have been held since our last meeting, 2) court surcharge, 3) expungement amendments, 4) executive appropriations approved the Online Dispute Resolution (ODR) grant, 5) a Justice Reinvestment Initiative (JRI) report was given, 6) court fines and restitution collection, 7) surcharge on fines, 8) Utah Juvenile Justice Working Group report, 9) confirmation of Mr. Robert Neill as a judge for the Second District Juvenile Court, 10) confirmation of Mr. Anthony Howell as a judge for the Fourth District Court, 11) confirmation of Mr. Kraig Powell as a judge for the Fourth District Court, 12) confirmation of Mr. Robert Lunnan as a judge for the Fourth

District Court, 13) pre-trial bill discussion took place, 14) judiciary amendments bill file open, 15) fiscal notes on unnumbered bills has started, and 16) Fifth District Court judgeship bill file has been opened.

Mr. Becker noted that the issue of reliance on fine and fee revenue is receiving national attention.

10. FOURTH DISTRICT LOCAL RULE: (Debra Moore)

Chief Justice Durrant welcomed Ms. Moore to the meeting.

Ms. Moore reminded the Council that they approved the Fourth District local rule 10-1-407 – Time to charge, on an expedited basis for public comment, effective August 1, 2016. Ms. Moore distributed a copy of the comments received.

For clarification regarding where the rule applies, the Board of District Court Judges requested that the location be clarified on the rule. Final approval of the rule, by the Council, was requested.

The rule was highlighted as follows:

- 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.

Concern was expressed with the length of time until charged. A question was asked regarding consideration of a statewide rule in this matter. Discussion took place.

Motion: Judge DeCaria moved to take no action, at the present time, on the existing local rule and send Rule 10-1-407 – Time to charge to the Pre-Trial Release and Supervision Committee for review and a recommendation back to the Council. Judge Higbee seconded the motion, and it passed unanimously.

11. JUVENILE INDIGENT REPRESENTATION COMMITTEE – INITIAL REPORT: (Justice John Pearce)

Chief Justice Durrant welcomed Justice Pearce to the meeting.

Justice Pearce highlighted the following regarding the work of the Juvenile Indigent Representation Committee: 1) committee charge, 2) timetable, 3) committee membership, 4) creation of a Contracts Subcommittee and a Representations Subcommittee, 5) committee findings, and 6) committee recommendations.

- The committee was charged to conduct a thorough assessment of the provision of indigent representation services for juveniles in delinquency cases and adults in child welfare cases before the Utah juvenile court.
- Specifically, the committee was asked to:
 - ❖ Determine what constitutes “best practices” in the delivery of delinquency and child welfare representation
 - ❖ Assess the strengths and weaknesses in the delivery of such representation
 - ❖ Assess the availability and collection of data associated with juvenile court indigent representation and make recommendations for improving such
 - ❖ Assess caseloads being carried by juvenile defense counsel and make recommendations with respect to acceptable caseloads
 - ❖ Advance recommendations which will strengthen representation contracting
 - ❖ Evaluate structures and resources and advance recommendations which will enhance the competency and quality of juvenile court indigent representation, taking into consideration both the resource/cost implications and any potential efficiency measures
 - ❖ Assess current education and training provided to defense counsel in both delinquency and child welfare cases and make recommendations for strengthening such
- Consider whether juvenile court indigent representation issues are best incorporated into the work of the newly formed Indigent Defense Commission or dealt with separately, and if combined with the work of the commission, what, if any, changes would need to be made in the commission’s responsibilities and membership.
- The Contracts Subcommittee obtained and reviewed all existing county juvenile indigent defense contracts, and they drafted two model contracts.
- The Representation Subcommittee reviewed best practices in juvenile delinquency defense cases and in parental defense child welfare cases. The subcommittee developed a set of best practice recommendations.

The findings of the Juvenile Indigent Representation Study Committee included:

- Juvenile indigent representation should be added to the Indigent Defense Commission (IDC) charge
- The Indigent Defense Commission should create a subcommittee to address juvenile issues
- Statutory amendments to the Indigent Commission to include:
 - ❖ Two new commission members
 - ❖ Assistant Director
 - ❖ Amend duties to cover juvenile representation

- Best practices for representation
 - ❖ Juvenile delinquency defense
 - ❖ Parental defense
- Data collection recommendations

The recommendations of the Juvenile Indigent Representation Study Committee included:

- The Judicial Council should propose legislation for the 2017 session in the form of the Indigent Defense Commission (IDC) statutory amendments.
- If the proposed legislation passes, the Judicial Council should provide the Indigent Defense Commission (IDC) with the committee's best practice recommendations and model contracts for consideration.
- If the proposed legislation does not pass, the Judicial Council should publish a final report with detailed recommendations and model contracts for county implementation.
- The Judicial Council should require the CARE IT team to implement the committee's data collection recommendations in future programming updates.

A final report, including the two model contracts, will be prepared for presentation to the Council at their January meeting.

Discussion took place.

Chief Justice Durrant thanked Justice Pearce, on behalf of the Juvenile Indigent Representation Study Committee, for their work on the matter of juvenile indigent representation.

12. CCJJ/PEW RECOMMENDATIONS ON JUVENILE JUSTICE: (Judge Michelle Heward, Judge James Michie, and Judge Ryan Evershed)

Chief Justice Durrant welcomed Judge Heward, Judge Michie and Judge Evershed to the meeting.

Judge Heward mentioned that she, Judge Michie and Judge Evershed participated as members of the Utah Juvenile Justice Working Group. The working group was broken into three subgroups: 1) the Pre-Adjudication Subgroup, 2) the Dispositions Subgroup, and 3) the Investment and Oversight Subgroup. The working group completed a data-driven assessment of the Utah juvenile justice system. Judge Heward reported that the Board of Juvenile Court Judges is in favor of the recommendations. Concerns with the recommendations will be discussed, with members of the Council, later in the presentation.

Judge Michie participated as a member of the Pre-Adjudication Subgroup. He highlighted the following recommendations that were agreed upon by the Pre-Adjudication Subgroup: 1) ensure that all youth receive legal counsel at every stage of the court process and that the state collaborates with counties to certify that legal representation meets high standards across Utah, 2) juvenile probation officers will no longer be allowed to screen and file charging documents, 3) streamline, on a statewide basis, how cases are handled non-judicially, 4) recommendations regarding certain school-based offenses to be handled by a statewide tiered system of graduated responses prior to court referral.

Judge Evershed participated as a member on the Investment and Oversight Subgroup. He highlighted the following recommendations that were agreed upon by the Investment and Oversight Subgroup: 1) expand investment into evidence-based programs in the community so that every judicial district in the state has access to high-quality options proven to strengthen families and reduce reoffending for youth living at home, and 2) adopt performance-based contracting to ensure the results and accountability we expect from our system.

Judge Heward participated as a member on the Dispositions Subgroup. She highlighted the following recommendations that were agreed upon by the Dispositions Subgroup where she expressed concerns: 1) promote individualized dispositions, reduce unnecessary, control-oriented probation conditions, and tailor therapeutic conditions to address a youth's assessed risks and needs; 2) tailor eligibility for removal from the home to focus state resources on youth who pose the highest risk to public safety; and 3) maximize the impact of supervision and deliver evidence-based interventions in the most effective period of time.

Relating to concerns with the proposed recommendations the Board of Juvenile Court Judges would like to see areas that unreasonably interfere with the ability of the court addressed, to include: 1) enforce its orders, 2) access services, including out-of-home services that are necessary to protect the youth and the community, 3) to ultimately determine when the courts orders have been fulfilled and to close a case, and 4) to be able to maintain meaningful drug, mental health and education courts. The Board of Juvenile Court Judges determined that these areas have the greatest impact on the core functions of court.

Discussion took place.

When preparing for review of upcoming legislation relating to the recommendations from the Utah Juvenile Justice Working Group, the Council's Liaison Committee would benefit from additional juvenile court expertise.

The effective date of any legislation will need to be addressed before any legislation is finalized and approved.

Additional juvenile court judges will be invited to meet with the Liaison Committee as they address proposed legislation resulting from the recommendations of the Utah Juvenile Justice Working Group.

Chief Justice thanked Judge Heward, Judge Michie, and Judge Evershed for their participation as members of the Utah Juvenile Justice Working Group.

13. ARNOLD FOUNDATION PRE-TRIAL ASSESSMENT TOOL: (Daniel J. Becker and Rick Schwermer)

Mr. Becker reminded the Council that in 2015 the Council's study item dealt with pre-trial release with a report and recommendations being provided to the Council in November 2015. Formation of a standing committee and adoption of a new form of pre-trial risk assessment tool were two of the recommendations that were proposed by the study committee.

Background information on review of the Arnold Foundation pre-trial release assessment tool by the Pretrial Release and Supervision Committee was provided by Mr. Becker. Details related to being designated by the Arnold Foundation as an approved site to use their pre-trial release assessment tool were shared with the Council.

An advance team from the Justice System Partners (JSP), under contract with the Arnold Foundation to implement the pre-trial release assessment tool, was onsite during November 2-4 to provide a readiness assessment in determining whether to designate Utah as an approved site to use the Arnold pre-trial release assessment tool designed to assist judges in making release/detention determinations. They met with judges, visited jails, and met with the Pretrial Release and Supervision Committee and court staff.

A report submitted by the Justice System Partners (JSP) to the Arnold Foundation Board regarding the designation of Utah as an approved site for use of the Arnold pre-trial release assessment tool will be completed by November 18. If selected as an approved site, a contract will need to be entered into with the Arnold Foundation for implementation. Funding for the implementation costs of using the Arnold pre-trial release assessment tool will be provided by the Commission on Criminal and Juvenile Justice (CCJJ).

Mr. Becker mentioned the anticipated implementation timetable.

The Harvard Law School is working with a number of jurisdictions who are in the process of implementing the pre-trial release assessment. The Harvard Law School would like to use Utah as a site to evaluate the reliance of judges in applying the tool when making release decisions. Mr. Becker noted that the Arnold pre-trial release assessment tool has already been validated as an effective risk assessment tool.

Mr. Schwermer mentioned that the pre-trial risk assessment tool is widely used in such states as Kentucky and Arizona.

The Arnold Foundation has entered into a contract with the Harvard Law School to gain insight on the affects of judges using the tool. They are interested in the statewide applications and numbers involved with pretrial release assessments.

If Utah participates in the Harvard controlled study using the Arnold Foundation's pre-trial risk assessment tool, the recommendation is to include all of Second District—Davis County, Weber County, and Morgan County, and Utah County as study participants. The districts participating in the study would use the tool on every other case.

Mr. Schwermer reviewed a handout related to pretrial services.

Discussion took place.

The Council was in agreement to proceed with implementation of the pre-trial release assessment, if Utah is selected as an approved site to use it.

Further discussion on participation in the Harvard Law School controlled study using the Arnold Foundation's pre-trial risk assessment tool will take place in an executive session later in the meeting.

14. SENIOR JUDGE CERTIFICATIONS: (Rick Schwermer)

The following judges are requesting recertification as senior judges: 1) Judge Kim Adamson, active senior justice court judge; 2) Judge Timothy Haveron, active senior justice court judge; 3) Judge Tyrone Medley, inactive senior judge; 4) Judge Leslie Scott, inactive senior justice court judge; and 5) Judge William Keetch, inactive senior justice court judge.

The following judges are requesting certification as active senior judges: 1) Judge Ron Wolthuis, active senior justice court judge; and 2) Judge Marsha Thomas, active senior justice court judge.

Motion: Judge Toomey moved to enter into an executive session to discuss matters of professional competency and possible litigation. The motion was seconded, and it passed unanimously.

Members of the Council agreed to participate in the Harvard study conditioned on an approved MOU with the Arnold Foundation and any financial issues to be resolved by Mr. Becker.

Motion: Judge Higbee moved to forward the recommendations for senior judge recertification to the Supreme Court, on behalf of the Council, for the following judges: 1) Judge Kim Adamson, active senior justice court judge; 2) Judge Tyrone Medley, inactive senior judge; and 3) Judge Leslie Scott, inactive senior justice court judge. Judge Farr seconded the motion, and it Passed unanimously.

Motion: Judge Higbee moved to forward the recommendations for senior judge certification to the Supreme Court, on behalf of the Council, for the following judges: 1) Judge Ron Wolthuis, active senior justice court judge; and 2) Judge Marsha Thomas, active senior justice court judge. Judge Farr seconded the motion, and it passed unanimously.

Motion: Judge Farr moved to not certify Judge Timothy Haveron as an active senior justice court judge, but to forward the recommendation for inactive senior justice court judge certification to the Supreme Court, on behalf of the Council. Judge Higbee seconded the motion, and it passed unanimously.

Motion: Judge Parkin moved to take no action regarding the recertification of Judge William Keetch as an inactive senior justice court until the December meeting where Judge Keetch will be invited to the meeting to provide additional information to the Council prior to any action being taken. Judge Higbee seconded the motion, and it passed unanimously.

15. EXECUTIVE SESSION

An executive session was held at this time.

16. ADJOURN

The meeting was adjourned.

TAB 2

Management Committee Minutes

**JUDICIAL COUNCIL MANAGEMENT COMMITTEE
MINUTES**

**Tuesday, December 2, 2016
Matheson Courthouse
450 South State Street
Salt Lake City, Utah 84111**

MEMBERS PRESENT:

Chief Justice Matthew B. Durrant, Chair
Hon. Thomas Higbee (by Vidyo)
Hon. David Marx
Hon. Todd Shaughnessy
Hon. Kate Toomey

EXCUSED:

GUESTS:

Jim Bauer, 4th Dist Juv TCE

STAFF PRESENT:

Daniel J. Becker
Ray Wahl
Jody Gonzales
James Ishida
Jim Peters
Rick Schwermer
Gabriella Archuleta
Ron Bowmaster
Katie Gregory
Alyn Lunceford
Brent Johnson
Nancy Sylvester
Heather Mackenzie-Campbell

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 September 12, 2016 Management Committee meeting minutes. Judge Shaughnessy seconded the motion, and it passed unanimously.

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

Mr. Becker provided the following update:

Fourth District Juvenile Court TCE. Mr. Becker introduced Jim Bauer, the new TCE for the Fourth District Juvenile Court.

Legislative Meetings. Meetings have been scheduled in each judicial district to meet with local legislators. The first of those meetings begin tomorrow.

Legislative Audit. An exit meeting on the cash bail audit will be held this afternoon with legislative audit staff. The audit findings will be presented to the Legislative Audit Committee in January.

COSCA Midyear Meeting. Mr. Dan Becker, Mr. Ray Wahl, Mr. Brent Johnson, and Justice Deno Himonas attended the COSCA Midyear meeting in Naples, Florida last week. The focus was on *Public Access While Protecting Personal Privacy: Policy Challenges for Court Technology*. Justice Himonas participated as a panelist in a plenary session regarding *Online Dispute Resolution*.

Mr. Wahl mentioned that Mr. Becker was recognized by his colleagues at the COSCA Midyear meeting for his contributions and years of service.

Legislative Leadership. Mr. Becker noted that Senator Jerry Stevenson has replaced Lyle Hillyard as the Executive Appropriations chair.

3. GRANT APPROVAL: (Katie Gregory)

Chief Justice Durrant welcomed Ms. Gregory to the meeting.

Ms. Gregory provided background information regarding federal funding of the Court Improvement Grant through the Children's Bureau (DHHS). The grant is typically on a five-year reauthorization cycle. However, federal funding for the Court Improvement Program (CIP) was not approved before the Congressional recess. Applications for Court Improvement Program (CIP) basic grant funding are being accepted by the Children's Bureau resulting from an approved continuing budget resolution currently in place.

Funding of the Court Improvement Program (CIP) is broken down into three categories: 1) basic grant funding, 2) training grant funding, and 3) data collection and analysis grant funding. The grant request is in the amount of \$155,140 with a \$51,713 match from general funds, totaling \$206,853. This amount, if approved, would fund all three categories of the grant. However, funding for the basic grant may be the only category funded from the grant at this time.

Ms. Gregory mentioned that the Court Improvement Program in Utah is funded through September 2017 from the last grant cycle.

Motion: Judge Toomey moved to approve the Court Improvement Program (CIP) grant request in the amount of \$206,853 and place it on the December Judicial Council consent calendar. Judge Marx seconded the motion, and it passed unanimously.

Mr. Wahl requested approval of the Violence Against Women Act grant in the amount of \$66,472 with an in-kind match of \$5,700, totaling \$72,172. Grant funding will be used to support the domestic violence program coordinator and participation in the Domestic Violence Offender Management Group.

Motion: Judge Toomey moved to approve the Violence Against Women Act grant request in the amount of \$72,172 and place it on the December Judicial Council consent calendar. Judge Marx seconded the motion, and it passed unanimously.

4. APPROVAL OF LEASE AGREEMENT: (Alyn Lunceford)

Chief Justice Durrant welcomed Mr. Lunceford to the meeting.

Mr. Lunceford recommended approval of a "high" cost lease for the new Price court facility. Any lease with terms longer than 10 years and a total payment over \$5,000,000 is considered a "high" cost lease. The lease for the new Price court facility consists of a 25-year term and a total payment over \$21 million.

Mr. Lunceford reminded members of the Management Committee of the Council's approval, last year, to request funding for the new Price court facility.

He highlighted the following regarding the Price court facility: 1) the design of the new court facility has been completed, 2) the groundbreaking ceremony was held on November 29, and 3) finalizing the budget for the Price court facility project.

Motion: Judge Toomey moved to approve the “high” cost lease for the new Price court facility and place it on the December Judicial Council consent calendar. Judge Marx seconded the motion, and it passed unanimously.

5. INMATE RECORDS ACCESS APPEAL: (Nancy Sylvester)

Chief Justice Durrant welcomed Ms. Sylvester to the meeting.

Mr. Becker, as a party to Mr. Reginald Williams records access appeal, was excused from further discussion of the matter.

Ms. Sylvester mentioned that it was unclear to what records were being requested by Mr. Williams. Upon further review of Mr. Williams records access appeal, she determined that the information being requested was considered as public records, and she recommended granting the records access appeal. The information being requested by Mr. Williams of the listed employees included employee job titles, employee job descriptions, employee information relative to previous employment and dates of employment.

Discussion took place.

Motion: Judge Toomey moved to grant records access to Mr. Williams of the listed employees relative to employee job titles, employee job descriptions, employee information relative to previous employment and dates of employment. Judge Marx seconded the motion, and it passed unanimously.

6. COMMITTEE APPOINTMENT: (Brent Johnson)

Judge Samuel McVey’s first term on the Ethics Advisory Committee has expired. The Board of District Court Judges solicited names from the Second, Third or Fourth Districts of interested judges to fill the vacancy. The following names were submitted by the Board of District Court Judges to fill the vacancy on the Ethics Advisory Committee: 1) Judge James Brady, Fourth District Court; 2) Judge James Gardner, Third District Court; 3) Judge Laura Scott, Third District Court; and 4) Judge James Taylor, Fourth District Court.

Judge Michele Christiansen, chair of the Ethics Advisory Committee, recommended appointment of Judge Laura Scott to fill the vacancy.

Motion: Judge Marx moved to approve the appointment of Judge Laura Scott to fill the vacancy on the Ethics Advisory Committee for a district court judge from the Second, Third or Fourth District Court and place it on the December Judicial Council consent calendar. Judge Toomey seconded the motion, and it passed unanimously.

7. LEGAL REPRESENTATION FOR JUSTICE COURT JUDGES: (Brent Johnson)

Mr. Johnson provided background information on the request for legal representation for justice court judges. A case has been filed against four justice court judges and a court clerk. The four justice court judges have requested legal representation by the AOC legal counsel.

In the past, legal representation has been provided to justice court judges when there is a general interest or application to the justice court being represented.

Discussion took place.

Motion: Judge Marx moved to approve legal representation by the AOC legal counsel relative to the case filed against the following justice court judges: 1) Judge Catherine Hoskins, 2) Judge James Beeseley, 3) Judge Reuben Renstrom, and 4) Judge David Miller. Judge Shaughnessy seconded the motion, and it passed unanimously.

8. PROPOSED CHANGES TO JURY SYSTEM: (Ron Bowmaster and Brent Johnson)

Mr. Bowmaster provided information regarding three proposed statute changes and a rule change related to the jury system. He highlighted the following regarding the proposed changes: 1) effective management of the jury system, 2) as part of the CORIS rewrite, integrate the CORIS and jury system relative to jury needs, and 3) modify the jury scheduling system.

Discussion took place.

Motion: Judge Shaughnessy moved to approve the proposed statutory changes related to the jury system be forwarded to the appropriate AOC staff to determine if they should be included in the judiciary amendments and refer Rule 4-404 – Jury selection and service to the Policy and Planning Committee for further review and consideration. Judge Toomey seconded the motion, and it passed unanimously.

9. SENIOR JUDGE CERTIFICATION PROCESS: (Brent Johnson)

Mr. Johnson reviewed the process of certifying judges as active or inactive senior judges by which the Supreme Court has delegated the Judicial Council the role of gathering and evaluating the applications, prior to being certified by the Supreme Court.

Concern was expressed with what happens regarding the senior judge certifications once they are approved by the Council and forwarded to the Supreme Court for final certification, specifically relating to a judge not certified as an active or inactive senior judge and affording them the opportunity to provide information to the Supreme Court as to why they believe they should be certified.

Motion: Judge Toomey moved to direct Mr. Johnson to draft a rule, for approval by the Supreme Court, to allow for a judge not certified as an active or inactive senior judge to provide information to the Supreme Court as to why they believe they should be certified. Judge Marx seconded the motion, and it passed unanimously.

10. AUDIT COMMITTEE ORIENTATION: (Heather Mackenzie-Campbell)

Chief Justice Durrant welcomed Ms. Mackenzie-Campbell to the meeting.

Ms. Mackenzie-Campbell highlighted the following in her annual audit committee orientation: 1) what is internal auditing, 2) the importance of an internal audit committee, 3) audit committee powers and duties, 4) CJA Rule 3-415, 5) audit committee's focus, 6) COSO internal control framework, 7) addressing audit committee concerns, 8) audit responsibilities, 9) audit staff, 10) audit universe and risk-based audit schedule, 11) audit standards and instructions, 12) audit process and phases, 13) other services, and 14) investigation of suspected fraud.

Mr. Becker acknowledged the hard work and efforts put forth by the Audit Department on behalf of the Utah courts.

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

Chief Justice Durrant reviewed the proposed Judicial Council agenda for the December 19 Council meeting.

Motion: Judge Marx moved to approve the agenda for the December 19 Judicial Council meeting as amended. Judge Toomey seconded the motion, and it passed unanimously.

12. ADJOURN

The meeting was adjourned.

Policy and Planning Committee Minutes

Policy and Planning Committee

Judicial Council Room
Matheson Courthouse
450 South State Street
Salt Lake City, Utah 84111

December 2, 2016
Draft

Members Present

Hon. Reed S. Parkin - Chair
Hon. Marvin Bagley
Hon. Ann Boyden
John Lund
Hon. Mary Noonan
Hon. Derek Pullan

Members Excused

Staff

Nancy J. Sylvester
Keisa L. Williams
Jeni Wood - recording secretary

Guests

Judge Barry Lawrence
Rick Schwermer

(1) Approval of minutes.

Judge Reed Parkin welcomed the members to the meeting and guests, Judge Barry Lawrence and Rick Schwermer. Judge Parkin then addressed the November 4, 2016 minutes. There being no changes to the minutes,

Judge Ann Boyden moved to approve the November 4, 2016 minutes. Judge Marvin Bagley seconded the motion and the committee unanimously approved the minutes.

(2) CJA 1-205. Standing and ad hoc committees. CJA 3-117. Committee on Court Forms.

Judge Lawrence introduced the topic, noting that he was representing the Committee on Resources for Self-represented Parties. He explained some of the history of the current forms committee and then brought up some concerns he had with the new forms committee as proposed in the materials. He said both Jessica Van Buren and Mary Jane Ciccarello suggested that language be added stating the forms should be written in plain language. Judge Lawrence then discussed how the law library is the current "keeper" of forms. He thought that should continue and that it was also important to make sure someone from the law library was a part of the new forms committee. Judge Lawrence also noted his and others' concerns that the committee will move at a pace slower than it should if they have to review and correct every single form as a committee of the whole. He believes there should be an exception for

technical or simple amendments. But on more complex issues, like a gender change forms, which don't have clear statutory or rule guidance, the whole committee should take them up.

The committee proposed changes to rule 1-205. Rick Schwermer stated he thought Kim Allard, who staffs OCAP, should be included in this discussion since many of the forms are changed based on statute and she is already tracking this. Judge Parkin noted the legal component is already established since the General Counsel Office will be staffing it. John Lund said all forms should cite to the appropriate references; he thought only some do currently. The Supreme Court is working on creating new licensure for Paralegal Professionals so they will eventually need an LLP on the committee. The committee also discussed a need to have Jessica Van Buren as the State Law Librarian on the forms committee.

The committee next discussed new proposed rule 3-117. Judge Lawrence requested that the rule give the forms committee authority to create an expedited process for handling urgent forms and simple updates. The committee discussed how currently the Board of District Court Judges reviews and approves forms, even though that process is not in the rule. Ms. Sylvester noted that staff members amend the forms when there are simple, non-substantive updates. With the creation of this standing committee, the Board will no longer have authority over approval of forms. Judge Derek Pullan wondered how or whether the forms would be presented to the Judicial Council. Ms. Sylvester stated it could be done by the consent calendar. Judge Pullan said the Board is concerned that forms would be created with no oversight and no approving authority. Judge Boyden wondered what the current practice is for amendments that do not need to go out for public comment. Mr. Schwermer said there is nothing in the rules that gives guidance. The committee amended the proposed rule to give the forms committee authority to know when and how a form change is needed. The committee was concerned about the forms committee being able to mandate the use of a form, so instead the forms committee would be able to recommend that a certain form be mandatory and the Council would ultimately make that decision. The committee then discussed the composition of the forms committee with respect to the addition of a community member who interacts with self-represented parties. The committee decided not to overstaff the forms committee with self-represented parties-focused members since the forms committee would have more than that function. The committee was satisfied that the addition of Law Library and Self-Help Center members would be sufficient, especially since non-members could weigh in on forms. Ms. Sylvester stated these rules were approved through the Management Committee on an expedited basis so that the forms committee will be in place before the Paralegal Practitioners taskforce completes its work. Judge Parkin said he did not want to move too fast with these rules, but thought they were pretty close to being done. Mr. Schwermer said he thought the rule could use further discussion, but Ms. Sylvester

reminded the committee that the rule would go out for comment still and the committee would have another chance to look at it before it was finalized.

After further discussion and several amendments to the rules,

John Lund moved to send rules 1-205 and 3-117 to the Judicial Council to be adopted on an expedited basis with the rules also going out for a 45-day public comment. Judge Ann Boyden seconded the motion and it passed unanimously.

Judge Lawrence was thanked for his contributions and excused.

(3) CJA 3-201. Court commissioners.

Judge Parkin next addressed rule 3-201. The Committee determined that the rule should provide that commenters on commissioner candidates should have their names redacted if the comments are furnished to the candidates. Ms. Sylvester then discussed that she had proposed eliminating the comment period for commissioners, but Mr. Schwermer and Debra Moore had informed her that this was a new amendment within the last year. So she withdrew her proposal to eliminate it. Ms. Sylvester addressed further the changes proposed by Brent Johnson. The committee discussed his proposal to change the word "remove" when referring to the Council and district courts' decision not to retain a commissioner at the end of their term. The committee then clarified disciplinary procedures in paragraph (7) to deal specifically with decisions to remove and sanction during a commissioner's term. The committee separated that process from decisions to retain at the end of a commissioner's term. The committee discussed potential situations in which one district or court level chooses to remove a commissioner but the other district or court level that uses the same commissioner does not. The committee asked Ms. Sylvester to bring in and modify for commissioners the language from Rule 3-104 dealing with when there is a conflict regarding senior judge appointments and the process of the Management Committee making the final decision.

The committee will continue this discussion at its next meeting.

(4) CJA 4-202.02(2)(C), (2)(F), (4)(A)(iv), (4)(B). Records classification.

Mr. Schwermer noted this rule needs to be expedited due to an accompanying legislative file being opened. Judge Parkin said the Council had two committee assignments, one for jail release and the other for expungements. It appeared that the jail release issue would go to the criminal rules committee.

Mr. Schwermer said legislators have raised concerns that even if charges are dismissed in a criminal case, the case is still available in multiple public locations, such as Xchange. Mr. Schwermer said his proposal is to let the courts change the records to private when a case is dismissed. The committee briefly discussed the various dismissals: with prejudice and without prejudice. Even if a case is dismissed without

prejudice, meaning it can be refiled, there is no good public policy reason for keeping those records public. Mr. Schwermer said governmental entities would still have access to the information, but the general public would not. He said prosecutors are in favor of the proposal. Judge Noonan asked about how this will apply to juvenile court cases. The committee discussed the current practice in the juvenile court. Judge Noonan said a dismissal on the record shows on the legal file, which is public, just as with district court cases. Judge Noonan would like to find current language then replicate it with this rule. Judge Parkin asked Ms. Sylvester to add the juvenile court language to this proposal.

John Lund moved to recommend to the Judicial Council expedited action on the proposed changes with the addition of equivalent juvenile court language. Judge Marvin Bagley seconded the motion and it passed unanimously.

Mr. Schwermer was thanked for his time and excused.

(5) Other Business.

The committee discussed future meetings and times that would be better for the committee. The committee decided during the liaison committee timeframes, they will meet from 10:00 – 12:00 instead of 12:00 – 2:00. This will affect January, February, and March. The next meeting is January 6 in the executive dining room. There being no other business, the meeting adjourned at 2:15 pm.

YES NO

- ☒ ☐ 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 BPS VII B***
- ☒ ☐ 30. Drug test results are available within 48 hours. **P BPS VII H**
- ☒ ☐ 31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. **R BPS VII B**
- ☒ ☐ 32. 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 Mental Health Court population. **P BPS VII D***
- ☒ ☐ 33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. **R BPS VII E*, F***
- ☒ ☐ 34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. **R BPS VII G**
- ☒ ☐ 35. 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 BPS VII G**
- ☒ ☐ 36. 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 BPS VII G***

YES NO

☐

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, BPS VIII D

☐

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, BPS VIII D

☐

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

YES NO

- ☒ ☐ 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, BPS X E**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. **P**
BPS X C
- ☒ ☐ 72. A skilled and independent evaluator examines the Mental Health Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 73. The Mental Health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 74. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental Health Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 76. Outcomes are examined for all eligible participants who entered the Mental Health Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 77. The program conducts an exit interview for self improvement. **P**

YES NO

- ☒ ☐ 61. Team members are assigned to Mental Health Court for no less than two years. **P**
- ☒ ☐ 62. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**
- ☒ ☐ 63. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 65. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental Health Courts. **P BPS VIII F**
- ☒ ☐ 66. New staff hires receive a formal orientation training on the Mental Health Court model and best practices in Mental Health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 67. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 68. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 69. The Mental Health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 70. The Mental Health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***

YES NO

- ☐ ☒ 49. 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**
- ☒ ☐ 50. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental Health Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
- ☒ ☐ 52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 53. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 56. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☒ ☐ 57. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 58. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 59. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R BPS VIII A***
- ☒ ☐ 60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**

YES NO

- ☒ ☐ 37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 38. 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**
- ☒ ☐ 39. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 41. 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**
- ☒ ☐ 42. 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**
- ☒ ☐ 43. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 44. 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**
- ☒ ☐ 45. 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***
- ☒ ☐ 46. 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**
- ☒ ☐ 47. 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***
- ☒ ☐ 48. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

YES NO

☒ ☐

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 BPS VII B***

☒ ☐

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

☒ ☐

31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. **R BPS VII B**

☒ ☐

32. 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 Mental Health Court population. **P BPS VII D***

☒ ☐

33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. **R BPS VII E*, F***

☒ ☐

34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. **R BPS VII G**

☒ ☐

35. 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 BPS VII G**

☒ ☐

36. 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 BPS VII G***

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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**

YES NO

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, BPS X E
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

Court: Cache County, Logan

Judge: Allen

Date: August, 2016

Utah Mental Health Court Certification Checklist

October, 2016

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

minimum number of participants for an effective court. The concern regarding the minimum number of participants would be that there needs to be a minimum number to effectively have group treatment without mixing high and low risk substance users.

Drug testing is random and unpredictable. The probability of being tested on weekends and holidays is the same as on other days.

***Research**

The more frequent Problem Solving Courts test the better their outcomes in terms of higher graduation rates and lower drug use and criminal recidivism.

Drug and alcohol testing is more effective when performed on a random basis. Random testing means the odds of being tested are the same on any given day of the week, including weekends and holidays.

***Responsibilities of Judge** (Best Practice III A, and B) (Checklist # 17, 95)

The Problem Solving Court Judge attends current training ensuring contemporary knowledge about advances in the field.

The judge presides over the court for no less than two consecutive years.

***Research**

Outcomes are significantly better when the Problem Solving Court judge attends annual training conferences on evidence-based practices in substance abuse and mental health treatment.

A study of approximately 75 Drug Courts found nearly three times greater cost savings and significantly lower recidivism when the judge presided over the Drug Court for at least 2 consecutive years.

***Number of Participants** (Checklist # 99)

There are a number of Problem Solving Courts that have less than 15 participants. It has been the policy of the Council and State Substance Abuse that programs should have no more than 125 participants and no less than 15 participants. There is research to show that Problem Solving Courts are more effective if they have less than 125 participants however there is no research to show the

ISSUES

***Monitoring Historically Disadvantaged Groups** (Best Practices II A, B, C, D, , and F) (Checklist # 13, 15, 80, 81)

- A. Equivalent Access
- B. Equivalent Retention
- C. Equivalent Treatment
- D. Equivalent Incentives and Sanctions
- E. Equivalent Dispositions
- F. Team Training

***Research**

Evidence suggests that minorities may be under-represented in Problem Solving Courts by 3% to 7%.

Numerous studies have shown that ethnic and racial minority graduation rates are lower.

Ethnic and racial minorities often receive lesser quality of treatment. Substantial evidence shows that women, particularly those with a history of trauma, perform significantly better in gender-specific treatment groups.

Commentators have questioned whether racial and ethnic minorities are more severely sanctioned.

There have been similar concerns expressed that racial and ethnic minorities are more severely punished for failing to complete the program.

***Drug and Alcohol Testing** (Best Practice VII A, B) (Checklist # 36, 37, 38)

Drug and Alcohol testing is frequent enough to ensure substance use is detected quickly.

DISTRICT 6

Sanpete County, Manti, Adult Drug, Judge Bagley.....Certify

Sevier County, Richfield, Adult Drug, Judge Bagley.....Certify

Sevier County, Richfield, Adult Drug, Judge Lee.....Certify

Kane County, Kanab, Adult Drug, Judge Bagley.....Certify

Sevier County, Richfield, Adult Mental Health, Judge Lee.....Certify

DISTRICT 8

Uinta County, Vernal, Adult Drug, Judge McClellan.....Certify

CERTIFICATION SUMMARY

DISTRICT 1

Cache County, Logan, Adult Mental Health, Judge Allen.....Certify
Cache County, Logan, Juvenile Mental Health, Judge Fannesbeck.....Certify
Box Elder County, Brigham City, Juvenile Mental Health, Judge Fannesbeck.....Certify
Box Elder County, Brigham City, Adult Mental Health, Judge Cannell.....Certify

DISTRICT 2

Weber County, Ogden, Adult Drug, Judge DiCaria.....Certify
Weber County, Ogden, Adult Mental Health, Judge Hyde.....Certify
Weber County, Ogden, Juvenile Dependency, Judge Heward.....Certify

DISTRICT 3

Salt Lake County, Salt Lake City, Adult ASAP, Judge Blanch.....Certify
Salt Lake County, West Jordan, Juvenile Drug, Judge Knight.....Certify
Salt Lake County, Salt Lake City, Juvenile Dependency, Judge Lund.....Certify
Tooele County, Tooele, Adult Drug, Judge Atkins.....Certify

DISTRICT 4

Utah County, Provo, Adult Mental Health, Judge Howard.....Certify
Utah County, Provo, Adult Drug, Judge Taylor.....Certify
Utah County, Provo, Adult Drug, Judge Brown.....Certify
Millard County, Fillmore, Adult Drug, Judge Brady.....Certify
Juab County, Nephi, Adult Drug, Judge Brady.....Certify

TAB 3

YES NO

49. 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**
50. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental Health Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
53. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
56. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
57. Clients are placed in the program within 50 days of arrest. **R**
58. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
59. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R BPS VIII A***
60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**

YES NO

- ☒ ☐ 37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 38. 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**
- ☒ ☐ 39. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 41. 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**
- ☒ ☐ 42. 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**
- ☒ ☐ 43. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 44. 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**
- ☒ ☐ 45. 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***
- ☒ ☐ 46. 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**
- ☒ ☐ 47. 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***
- ☒ ☐ 48. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

YES NO

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 BPS VII B*
30. Drug test results are available within 48 hours. P BPS VII H
31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. R BPS VII B
32. 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 Mental Health Court population. P BPS VII D*
33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
35. 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 BPS VII G
36. 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 BPS VII G*

YES NO

☐

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, BPS VIII D

☐

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, BPS VIII D

☐

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

YES NO

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, BPS X E
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

Court: Box Elder County, Brigham City

Judge: Cannell

Date: November, 2016

Utah Mental Health Court Certification Checklist

October, 2016

*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

☒☐

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**

YES NO

- ☐ ☒ 71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. **P**
BPS X C
- ☒ ☐ 72. A skilled and independent evaluator examines the Mental Health Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 73. The Mental Health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 74. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental Health Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 76. Outcomes are examined for all eligible participants who entered the Mental Health Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 77. The program conducts an exit interview for self improvement. **P**

60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**

YES NO

☒ ☐

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

☒ ☐

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

☒ ☐

63. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**

☒ ☐

64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**

☒ ☐

65. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental Health Courts. **P BPS VIII F**

☒ ☐

66. New staff hires receive a formal orientation training on the Mental Health Court model and best practices in Mental Health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**

☒ ☐

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

☒ ☐

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

☒ ☐

69. The Mental Health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**

☒ ☐

70. The Mental Health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***

YES NO

- ☐ ☒ 49. 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**
- ☒ ☐ 50. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental Health Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
- ☒ ☐ 52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 53. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 56. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☒ ☐ 57. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 58. At a minimum, the prosecutor, defense counsel, treatment representative, guardian-ad-litem, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 59. At a minimum, the prosecutor, defense counsel, treatment representative, guardian-ad-litem, law enforcement and the judge attend each Mental Health Court session. **R BPS VIII A***
- ☒ ☐

YES NO

- ☒ ☐ 37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 38. 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**
- ☒ ☐ 39. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 41. 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**
- ☒ ☐ 42. 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**
- ☒ ☐ 43. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 44. 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**
- ☒ ☐ 45. 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***
- ☒ ☐ 46. 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**
- ☒ ☐ 47. 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***
- ☒ ☐ 48. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

YES NO

- ☒ ☐ 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 BPS VII B***
- ☒ ☐ 30. Drug test results are available within 48 hours. **P BPS VII H**
- ☒ ☐ 31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. **R BPS VII B**
- ☒ ☐ 32. 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 Mental Health Court population. **P BPS VII D***
- ☒ ☐ 33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. **R BPS VII E*, F***
- ☒ ☐ 34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. **R BPS VII G**
- ☒ ☐ 35. 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 BPS VII G**
- ☒ ☐ 36. 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 BPS VII G***

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS X E**
- ☒ ☐ 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**

Court: Box Elder, Brigham City, Juvenile

Judge: Foncesbeck

Date: July 2016

Utah Mental Health Court Certification Checklist

October, 2016

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

YES NO

☐☒

71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. **P**
BPS X C

☒☐

72. A skilled and independent evaluator examines the Mental Health Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D

☒☐

73. The Mental Health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D

☒☐

74. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental Health Court's adherence to best practices and in-program outcomes. **B** BPS X F

☒☐

75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G

☒☐

76. Outcomes are examined for all eligible participants who entered the Mental Health Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H

☒☐

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

- ☒ ☐ 60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**

YES NO

- ☒ ☐ 61. Team members are assigned to Mental Health Court for no less than two years. **P**

- ☒ ☐ 62. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**

- ☒ ☐ 63. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**

- ☒ ☐ 64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**

- ☒ ☐ 65. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental Health Courts. **P BPS VIII F**

- ☒ ☐ 66. New staff hires receive a formal orientation training on the Mental Health Court model and best practices in Mental Health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**

- ☒ ☐ 67. Court fees are reasonable and based on each participant's ability to pay. **R**

- ☒ ☐ 68. Treatment fees are based on a sliding fee schedule. **R**

- ☒ ☐ 69. The Mental Health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**

- ☒ ☐ 70. The Mental Health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***

YES NO

- ☐ ☒ 49. 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**
- ☒ ☐ 50. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental Health Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
- ☒ ☐ 52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 53. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 56. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☒ ☐ 57. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 58. At a minimum, the prosecutor, defense counsel, treatment representative, guardian-ad-litem, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 59. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement, guardian-ad-litem, and the judge attend each Mental Health Court session. **R BPS VIII A***

YES NO

- ☒ ☐ 37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 38. 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**
- ☒ ☐ 39. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 41. 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**
- ☒ ☐ 42. 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**
- ☒ ☐ 43. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 44. 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**
- ☒ ☐ 45. 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***
- ☒ ☐ 46. 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**
- ☒ ☐ 47. 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***
- ☒ ☐ 48. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

YES NO

☒ ☐

61. Team members are assigned to Mental Health Court for no less than two years.

P

☒ ☐

62. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues.

P

☒ ☐

63. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements.

R BPS VIII C

☒ ☐

64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program.

B BPS VIII F

☒ ☐

65. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental Health Courts.

P BPS VIII F

☒ ☐

66. New staff hires receive a formal orientation training on the Mental Health Court model and best practices in Mental Health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter.

P BPS VIII F

☒ ☐

67. Court fees are reasonable and based on each participant's ability to pay.

R

☒ ☐

68. Treatment fees are based on a sliding fee schedule.

R

☒ ☐

69. The Mental Health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions.

P BPS X A

☒ ☐

70. The Mental Health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals.

B BPS X B*

YES NO

- ☒ ☐ 71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. **P**
BPS X C
- ☒ ☐ 72. A skilled and independent evaluator examines the Mental Health Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 73. The Mental Health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 74. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental Health Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 76. Outcomes are examined for all eligible participants who entered the Mental Health Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☐ ☒ 77. The program conducts an exit interview for self improvement. **P**

Court: Weber County, Ogden

Judge: DeCaria

Date: September 2015

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. R 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. P BPS VI D
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. R BPS VI D

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R**
CJA 4-409(5)(G)
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☒ ☐ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

Court: Weber County, Ogden

Judge: Hyde

Date: February, 2016

Utah Mental Health Court Certification Checklist

October, 2016

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

YES NO

- ☒ ☐ 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, BPS X E**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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**

YES NO

☒ ☐

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 BPS VII B*

☐ ☒

30. Drug test results are available within 48 hours. P BPS VII H

☒ ☐

31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. R BPS VII B

☒ ☐

32. 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 Mental Health Court population. P BPS VII D*

☒ ☐

33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*

☒ ☐

34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G

☒ ☐

35. 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 BPS VII G

☒ ☐

36. 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 BPS VII G*

YES NO

- ☒ ☐ 37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 38. 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**
- ☒ ☐ 39. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 41. 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**
- ☒ ☐ 42. 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**
- ☒ ☐ 43. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 44. 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**
- ☒ ☐ 45. 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***
- ☒ ☐ 46. 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**
- ☒ ☐ 47. 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***
- ☒ ☐ 48. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

YES NO

- ☐ ☒ 49. 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**
- ☒ ☐ 50. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental Health Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
- ☒ ☐ 52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 53. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 56. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☒ ☐ 57. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 58. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 59. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R BPS VIII A***
- ☒ ☐ 60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**

YES NO

- ☒ ☐ 61. Team members are assigned to Mental Health Court for no less than two years. **P**
- ☒ ☐ 62. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**
- ☒ ☐ 63. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 65. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental Health Courts. **P BPS VIII F**
- ☒ ☐ 66. New staff hires receive a formal orientation training on the Mental Health Court model and best practices in Mental Health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 67. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 68. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 69. The Mental Health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 70. The Mental Health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***

YES NO

- ☐ ☒ 71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. **P**
BPS X C
- ☒ ☐ 72. A skilled and independent evaluator examines the Mental Health Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 73. The Mental Health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 74. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental Health Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 76. Outcomes are examined for all eligible participants who entered the Mental Health Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 77. The program conducts an exit interview for self improvement. **P**

Court: Weber County, Ogden

Judge: Heward

Date: October 2016

Utah Dependency Drug Court Certification Checklist

October, 2016

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

YES NO

- | | | | |
|-------------------------------------|-------------------------------------|-----|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. | The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.
R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. | Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results. R BPS I C |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. | The program has a written policy addressing medically assisted treatment. R |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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, BPS X E |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |

YES NO

- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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

YES NO

- ☒ ☐ 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 BPS VII A*
- ☐ ☒ 36. Drug testing is random, and is available on weekends and holidays. R BPS VII B*
- ☒ ☐ 37. 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 BPS VII B
- ☐ ☒ 38. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 39. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled.
- ☒ ☐ 40. 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 BPS VII D*
- ☒ ☐ 41. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 42. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G

YES NO

- ☒ ☐ 43. 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 BPS VII G**
- ☒ ☐ 44. 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 BPS VII G***
- ☒ ☐ 45. Upon entering the Drug Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 46. The program requires at least 90 days clean to graduate. **B**
- ☒ ☐ 47. The minimum length of the program is twelve months. **B**
- ☒ ☐ 48. 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**
- ☒ ☐ 49. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 50. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 51. 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**
- ☒ ☐ 52. 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***

YES NO

- ☒ ☐ 53. 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
- ☒ ☐ 54. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 55. 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**
- ☒ ☐ 56. 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**
- ☒ ☐ 57. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. **P BPS V D**
- ☒ ☐ 58. 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**
- ☒ ☐ 59. 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**
- ☐ ☒ 60. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. **B BPS V E**
- ☒ ☐ 61. 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, BPS VI G**
- ☒ ☐ 62. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. **P BPS V F**
- ☒ ☐ 63. Treatment providers are licensed or certified to deliver substance abuse treatment. **R BPS V H**

YES NO

- ☒ ☐ 64. Treatment providers have substantial experience working with criminal justice populations. **B BPS V H**
- ☒ ☐ 65. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ☒ ☐ 66. Participants regularly attend self-help or peer support groups in addition to professional counseling. **P BPS V I**
- ☒ ☐ 67. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. **R BPS V I**
- ☒ ☐ 68. There is a secular alternative to 12-step peer support groups. **R**
- ☒ ☐ 69. 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**
- ☒ ☐ 70. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**
- ☒ ☐ 71. 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**
- ☒ ☐ 72. 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**
- ☒ ☐ 73. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**

YES NO

- ☒ ☐ 74. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**
- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B BPS VI E**
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R BPS VI E**
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 79. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 80. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 81. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R BPS VI I***
- ☒ ☐ 82. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P BPS VI I**
- ☒ ☐ 83. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B BPS VI I**

YES NO

- | | | | |
|-------------------------------------|--------------------------|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 84. | Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. B BPS VI J |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 85. | Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. P BPS VI |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 86. | Clients are placed in the program within 50 days of shelter hearing. R |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 87. | At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. R BPS VIII B* |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 88. | At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. R BPS VIII A* |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 89. | Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. R BPS VIII B |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 90. | Team members are assigned to Drug Court for no less than two years. P |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 91. | All team members use electronic communication to contemporaneously communicate about Drug Court issues. P |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 92. | Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. R BPS VIII C |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 93. | Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. B BPS VIII F |

YES NO

- ☒ ☐ 94. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P** BPS VIII F
- ☒ ☐ 95. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P** BPS VIII F
- ☒ ☐ 96. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 97. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 98. The Drug Court has more than 15 but less than 125 active participants. **P** BPS IX A*
- ☒ ☐ 99. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A
- ☒ ☐ 100. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B** BPS X B*
- ☒ ☐ 101. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A
- ☒ ☐ 102. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 103. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D

YES NO

- ☒ ☐ 104. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 105. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 106. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 107. The program conducts an exit interview for self improvement.
P

Court: Salt Lake County, Salt Lake City, ASAP

Judge: Blanch

Date: May, 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☐ ☒ 5. The program admits only participants who are high risk high need as measured by the RANT. **R BPS* I B HIGH NEEDS, LOW RISK**
- ☒ ☐ 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, BPS X E**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☐ ☒ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

Court: Salt Lake County, West Jordan, Juvenile

Judge: Knight

Date: February, 2016

Utah Juvenile Drug Court Certification Checklist

October, 2016

*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.

NO YES

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively.
R BPS I A |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing.
R BPS I A |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Eligibility and exclusion criteria are communicated to potential referral sources. P BPS I A |

NO YES

- ☐ ☒ 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, BPS X E

YES NO

- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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

YES NO

- ☒ ☐ 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 BPS VII A*
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. R BPS VII B*
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G

YES NO

- ☒ ☐ 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 BPS VII G**
- ☒ ☐ 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 BPS VII G***
- ☒ ☐ 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 BPS VII I**
- ☒ ☐ 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, detention sanctions are administered after less severe consequences have been ineffective at deterring infractions. **R BPS* IV J**
- ☒ ☐ 50. Detention 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 detention 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 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, day treatment, intensive outpatient and outpatient services. **B BPS* V A**

YES NO

- ☒ ☐ 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.
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. **B 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**
- ☒ ☐ 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 juvenile justice system. **B 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 juvenile justice populations. **B BPS V H**

YES NO

- ☒ ☐ 66. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. **P BPS V H**
- ☒ ☐ 67. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B BPS VI E**
- ☒ ☐ 68. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **P BPS VI**
- ☒ ☐ 69. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 70. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 71. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 72. Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. **R BPS V J**
- ☒ ☐ 73. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P BPS VI L**
- ☒ ☐ 74. 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**
- ☒ ☐ 75. 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**

YES NO

☐

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

☐

77. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement/probation and the judge attend each staffing meeting. R BPS VIII B*

☐

78. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement/probation and the judge attend each Drug Court session. R BPS VIII A*

☐

79. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. R BPS VIII B

☐

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

☐

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

☐

82. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. R BPS VIII C

☐

83. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. B BPS VIII F

☐

84. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. P BPS VIII F

YES NO

- ☒ ☐ 85. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 86. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 87. Treatment fees are based on a sliding fee schedule. **R**
- ☐ ☒ 88. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***
- ☒ ☐ 89. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 90. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 91. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☒ ☐ 92. New referrals, new arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 93. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 94. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**

YES NO

- ☒ ☐ 95. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 96. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 97. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 98. The program conducts an exit interview for self improvement. **P**

Court: Salt Lake County

Judge: Lund

Date: February 2016

Utah Dependency Drug Court Certification Checklist

October, 2016

*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.*

NO YES

☐☒

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

NO YES

- | | | | |
|--------------------------|-------------------------------------|-----|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. | The Drug 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. | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <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. R BPS I C |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. | The program has a written policy addressing medically assisted treatment. R |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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, BPS X E |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |

NO YES

- | | | | |
|--------------------------|-------------------------------------|-----|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16. | The judge presides over the Drug Court for no less than two consecutive years. P BPS III B |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 17. | Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court. R BPS III C |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20. | Status hearings are scheduled no less frequently than every four weeks until participants graduate. R BPS* III E |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21. | The Judge spends an average of at least three minutes with each participant. R BPS* III F |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |

NO YES

- | | | | |
|--------------------------|-------------------------------------|-----|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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, BPS VIII D |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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, BPS VIII D |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. | The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |

- | NO | YES | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 35. Drug testing is performed at least twice per week. R BPS VII A* |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 36. Drug testing is random, and is available on weekends and holidays. R BPS VII B* |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 37. 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 BPS VII B |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 38. Drug test results are available within 48 hours. P BPS VII H |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 39. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 40. 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 BPS VII D* |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 41. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F* |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 42. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G |

No YES

- ☐ ☒ 43. 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 BPS VII G
- ☐ ☒ 44. 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 BPS VII G*
- ☐ ☒ 45. Upon entering the Drug Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. R BPS VII I
- ☐ ☒ 46. The program requires at least 90 days clean to graduate. B
- ☐ ☒ 47. The minimum length of the program is twelve months. B
- ☐ ☒ 48. 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
- ☐ ☒ 49. Jail sanctions are definite in duration and typically last no more than three to five days. R BPS IV J
- ☐ ☒ 50. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. R BPS IV J
- ☐ ☒ 51. 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
- ☐ ☒ 52. 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*

- | NO | YES | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 53. 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 54. Standardized patient placement criteria govern the level of care that is provided. P BPS V A |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 55. 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 56. 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 57. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. P BPS V D |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 58. 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 59. 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 60. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators. B BPS V E |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 61. 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, BPS VI G |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 62. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. P BPS V F |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 63. Treatment providers are licensed or certified to deliver substance abuse treatment. R BPS V H |

NO YES

- | | | | |
|-------------------------------------|-------------------------------------|-----|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 64. | Treatment providers have substantial experience working with criminal justice populations. B BPS V H |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 65. | Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices. P BPS V H |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 66. | Participants regularly attend self-help or peer support groups in addition to professional counseling. P BPS V I |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 67. | The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. R BPS V I |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 68. | There is a secular alternative to 12-step peer support groups. R |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 69. | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 70. | Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. R BPS V J |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 71. | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 72. | 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 73. | Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. B BPS IX C |

NO YES

- | | | | |
|--------------------------|-------------------------------------|-----|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 74. | Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. P BPS VI D |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 75. | Participants are not excluded from participation in Drug Court because they lack a stable place of residence. R BPS VI D |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 76. | Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. B BPS VI E |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 77. | Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. R BPS VI E |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 78. | Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). P BPS VI F |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 79. | Female participants receive trauma-related services in gender-specific groups. B BPS VI F |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 80. | All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. P BPS VI F |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 81. | Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. R BPS VI I* |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 82. | Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. P BPS VI I |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 83. | Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. B BPS VI I |

NO	YES	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	84. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. B BPS VI J
<input type="checkbox"/>	<input checked="" type="checkbox"/>	85. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. P BPS VI
<input type="checkbox"/>	<input checked="" type="checkbox"/>	86. Clients are placed in the program within 50 days of shelter hearing. R
<input type="checkbox"/>	<input checked="" type="checkbox"/>	87. At a minimum, the attorney general, defense counsel, treatment representative, DCFS case worker, GAL and the judge attend each staffing meeting. R BPS VIII B*
<input type="checkbox"/>	<input checked="" type="checkbox"/>	88. At a minimum, the attorney general, defense counsel, treatment representative, DCFS caseworker, GAL and the judge attend each Drug Court session. R BPS VIII A*
<input type="checkbox"/>	<input checked="" type="checkbox"/>	89. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. R BPS VIII B
<input type="checkbox"/>	<input checked="" type="checkbox"/>	90. Team members are assigned to Drug Court for no less than two years. P
<input type="checkbox"/>	<input checked="" type="checkbox"/>	91. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
<input type="checkbox"/>	<input checked="" type="checkbox"/>	92. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. R BPS VIII C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	93. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. B BPS VIII F

NO YES

- ☐ ☒ 94. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☐ ☒ 95. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☐ ☒ 96. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☐ ☒ 97. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 98. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***
- ☐ ☒ 99. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☐ ☒ 100. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☐ ☒ 101. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☐ ☒ 102. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☐ ☒ 103. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**

NO YES

- | | | | |
|--------------------------|-------------------------------------|------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 104. | Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. B BPS X F |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 105. | Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. P BPS X G |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 106. | Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. B BPS X H |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 107. | The program conducts an exit interview for self improvement. P |

Court: Third District, Tooele

Judge: Adkins

Date: September 2015

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. R 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B BPS VI E**
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R BPS VI E**
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R BPS VI I***
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P BPS VI I**
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B BPS VI I**
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P BPS VI L**

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☐ ☒ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 110. The program conducts an exit interview for self- improvement. **P**

YES NO

- ☐ ☒ 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 *ONLY USE RANT IF DRUG USE IS SUSPECTED
- ☒ ☐ 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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 II, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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**
***WORKING ON REDOING POLICY AND PROCEDURE MANUAL**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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 BPS VII B* *NOT WEEKENDS AND HOLIDAYS
- ☒ ☐ 30. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. R BPS VII B
- ☒ ☐ 32. 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 Mental Health Court population. P BPS VII D*
- ☒ ☐ 33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 35. 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 BPS VII G
- ☒ ☐ 36. 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 BPS VII G*

YES NO

- ☒ ☐ 37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 38. 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**
- ☒ ☐ 39. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 41. 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**
- ☒ ☐ 42. 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**
- ☒ ☐ 43. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 44. 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**
- ☒ ☐ 45. 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***
- ☒ ☐ 46. 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**
- ☒ ☐ 47. 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***

☐ ☒

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

YES NO

- ☒ ☐ 49. 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**
- ☒ ☐ 50. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental Health Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
- ☒ ☐ 52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 53. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 56. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☒ ☐ 57. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 58. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 59. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R BPS VIII A***
- ☒ ☐

60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R** BPS VIII B

YES NO

☒ ☐

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

☒ ☐

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

☒ ☐

63. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R** BPS VIII C

☒ ☐

64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B** BPS VIII F

☒ ☐

65. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental Health Courts. **P** BPS VIII F

☒ ☐

66. New staff hires receive a formal orientation training on the Mental Health Court model and best practices in Mental Health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P** BPS VIII F

☒ ☐

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

☒ ☐

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

☒ ☐

69. The Mental Health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A

☒ ☐

70. The Mental Health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B** BPS X B*

YES NO

- ☐ ☒ 71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. **P**
BPS X C
- ☐ ☒ 72. A skilled and independent evaluator examines the Mental Health Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 73. The Mental Health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☐ ☒ 74. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental Health Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 76. Outcomes are examined for all eligible participants who entered the Mental Health Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 77. The program conducts an exit interview for self improvement. **P**

Court: Utah County, Provo

Judge: Judge Taylor

Date: August, 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. **R 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, BPS X E**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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
- ☒ ☐ 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, BPS VI G

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. P BPS VI D
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. R BPS VI D

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☒ ☐ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

Court: Utah County Adult, Provo

Judge: Brown

Date: June, 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. **R 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, BPS X E STARTING TO MONITOR**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. P BPS VI D
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. R BPS VI D

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B** BPS IX B
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B** BPS IX C
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B** BPS X B*
- ☐ ☒ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P** BPS X C
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☐ ☒ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

Court: Millard County, Fillmore

Judge: Brady

Date: July, 2015

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. R 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R** BPS III H

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☐ ☒ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R**
CJA 4-409(5)(G)
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B** BPS IX B
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B** BPS IX C
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B** BPS X B*
- ☐ ☒ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P** BPS X C
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. **R 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, BPS X E**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☐ ☒ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. R
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. R BPS VIII B*
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. R BPS VIII A*
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. R BPS VIII B
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. P
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. R BPS VIII C
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. B BPS VIII F
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. P BPS VIII F
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. P BPS VIII F
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. R CJA 4-409(5)(G)
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. R
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. P BPS IX A*

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B** BPS IX B
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B** BPS IX C
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B** BPS X B*
- ☐ ☒ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P** BPS X C
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 110. The program conducts an exit interview for self- improvement. **P**

Court: Sanpete County, Manti

Judge: Bagley

Date: November, 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. **R 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, BPS X E**
- ☒ ☐ 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**

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

YES NO

- ☒ ☐ 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 BPS VII A*
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. R BPS VII B*
- ☒ ☐ 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 BPS VII B

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B** BPS IX B
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B** BPS IX C
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B** BPS X B*
- ☒ ☐ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P** BPS X C
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☐ ☒ 110. The program conducts an exit interview for self-improvement. **P**

Court: Sevier County, Richfield

Judge: Bagley

Date: October, 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. R 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

YES NO

- ☒ ☐ 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 BPS VII A*
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. R BPS VII B*
- ☒ ☐ 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 BPS VII B

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. R
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. R BPS VIII B*
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. R BPS VIII A*
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. R BPS VIII B
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. P
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. P
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. R BPS VIII C
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. B BPS VIII F
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. P BPS VIII F
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. P BPS VIII F
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. R
CJA 4-409(5)(G)
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. R
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. P BPS IX A*

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☐ ☒ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

Court: Sevier County, Richfield

Judge: Lee

Date: August, 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. R 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 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, BPS VIII D**
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R BPS III H**

YES NO

- ☒ ☐ 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 BPS VII A*
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. R BPS VII B*
- ☒ ☐ 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 BPS VII B

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. P BPS VI D
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. R BPS VI D

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☐ ☒ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☒ ☐ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☒ ☐ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☒ ☐ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

Court: Kane County, Kanab

Judge: Bagley

Date: November 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. R 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. **R** BPS III H

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R CJA 4-409(5)(G)**
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B** BPS IX B
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B** BPS IX C
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P** BPS X A
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B** BPS X B*
- ☒ ☐ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P** BPS X C
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☐ ☒ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**

YES NO

- ☒ ☐ 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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B** BPS VI E
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R** BPS VI E
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P** BPS VI F
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B** BPS VI F
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B** BPS VI F
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P** BPS VI F
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R** BPS VI I*
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P** BPS VI I
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B** BPS VI I
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B** BPS VI J
- ☐ ☒ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P** BPS VI L

Court: Sevier County, Richfield

Judge: Lee

Date: August, 2016

Utah Mental Health Court Certification Checklist

October, 2016

*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

☐

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

YES NO

- ☒ ☐ 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, BPS X E**
- ☒ ☐ 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**

YES NO

☐

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, BPS VIII D**

☐

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, BPS VIII D**

☐

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**

YES NO

☒ ☐

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 BPS VII B*

☒ ☐

30. Drug test results are available within 48 hours. P BPS VII H

☒ ☐

31. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled. R BPS VII B

☒ ☐

32. 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 Mental Health Court population. P BPS VII D*

☒ ☐

33. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*

☒ ☐

34. The Mental Health Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G

☒ ☐

35. 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 BPS VII G

☒ ☐

36. 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 BPS VII G*

YES NO

- ☒ ☐ 37. Upon entering the Mental Health Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing. **R BPS VII I**
- ☒ ☐ 38. 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**
- ☒ ☐ 39. Jail sanctions are definite in duration and typically last no more than three to five days. **R BPS IV J**
- ☒ ☐ 40. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed. **R BPS IV J**
- ☒ ☐ 41. 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**
- ☒ ☐ 42. 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**
- ☒ ☐ 43. Standardized patient placement criteria govern the level of care that is provided. **P BPS V A**
- ☒ ☐ 44. 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**
- ☒ ☐ 45. 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***
- ☒ ☐ 46. 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**
- ☒ ☐ 47. 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***
- ☒ ☐ 48. Participants with co-occurring substance abuse issues regularly attend self-help or peer support groups in addition to professional counseling. **R BPS V I**

YES NO

- ☐ ☒ 49. 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**
- ☒ ☐ 50. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Mental Health Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
- ☒ ☐ 51. Participants are not excluded from participation in Mental Health Court because they lack a stable place of residence. **R BPS VI D**
- ☒ ☐ 52. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 53. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 54. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 55. All Mental Health Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 56. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☒ ☐ 57. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 58. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 59. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Mental Health Court session. **R BPS VIII A***
- ☒ ☐ 60. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**

YES NO

- ☒ ☐ 61. Team members are assigned to Mental Health Court for no less than two years. **P**
- ☒ ☐ 62. All team members use electronic communication to contemporaneously communicate about Mental Health Court issues. **P**
- ☒ ☐ 63. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 64. Before starting a Mental Health Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 65. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Mental Health Courts. **P BPS VIII F**
- ☒ ☐ 66. New staff hires receive a formal orientation training on the Mental Health Court model and best practices in Mental Health Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 67. Court fees are reasonable and based on each participant's ability to pay. **R**
- ☒ ☐ 68. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 69. The Mental Health Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 70. The Mental Health Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***

YES NO

- ☒ ☐ 71. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Mental Health Court. **P**
BPS X C
- ☒ ☐ 72. A skilled and independent evaluator examines the Mental Health Court's adherence to best practices and participant outcomes no less frequently than every five years. **R** BPS X D
- ☒ ☐ 73. The Mental Health Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R** BPS X D
- ☒ ☐ 74. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Mental Health Court's adherence to best practices and in-program outcomes. **B** BPS X F
- ☒ ☐ 75. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P** BPS X G
- ☒ ☐ 76. Outcomes are examined for all eligible participants who entered the Mental Health Court regardless of whether they graduated, withdrew, or were terminated from the program. **B** BPS X H
- ☒ ☐ 77. The program conducts an exit interview for self improvement. **P**

Court: Uinta County, Vernal

Judge: McClellan

Date: October 2016

Utah Adult Drug Court Certification Checklist

September, 2016

*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 checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Eligibility and exclusion criteria are defined objectively. R BPS I A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Eligibility and exclusion criteria are specified in writing. 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 Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. R BPS I A |

YES NO

- ☒ ☐ 5. The program admits only participants who are high risk high need as measured by the RANT. R 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, BPS X E
- ☒ ☐ 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

YES NO

- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 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, BPS VIII D
- ☒ ☐ 27. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions. R BPS III H

YES NO

- ☒ ☐ 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 BPS VII A***
- ☒ ☐ 37. Drug testing is random, and is available on weekends and holidays. **R BPS VII B***
- ☒ ☐ 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 BPS VII B**

YES NO

- ☒ ☐ 39. Drug test results are available within 48 hours. P BPS VII H
- ☒ ☐ 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 BPS VII B
- ☒ ☐ 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 BPS VII D*
- ☒ ☐ 42. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration. R BPS VII E*, F*
- ☒ ☐ 43. The Drug Court utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen. R BPS VII G
- ☒ ☐ 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 BPS VII G
- ☒ ☐ 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 BPS VII G*
- ☒ ☐ 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 BPS VII I
- ☒ ☐ 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

YES NO

- ☒ ☐ 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**
- ☒ ☐ 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, BPS VI G**

YES NO

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. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. **P BPS VI D**
75. Participants are not excluded from participation in Drug Court because they lack a stable place of residence. **R BPS VI D**

YES NO

- ☒ ☐ 76. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. **B BPS VI E**
- ☒ ☐ 77. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. **R BPS VI E**
- ☒ ☐ 78. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). **P BPS VI F**
- ☒ ☐ 79. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. **B BPS VI F**
- ☒ ☐ 80. Female participants receive trauma-related services in gender-specific groups. **B BPS VI F**
- ☒ ☐ 81. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services. **P BPS VI F**
- ☒ ☐ 82. Participants are not required to participate in job seeking or vocational skills development in the early phases of drug court. **R BPS VI I***
- ☒ ☐ 83. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of Drug Court. **P BPS VI I**
- ☒ ☐ 84. Participants are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro-social activity as a condition of graduating from Drug Court. **B BPS VI I**
- ☒ ☐ 85. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. **B BPS VI J**
- ☐ ☒ 86. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose. **P BPS VI L**

YES NO

- ☒ ☐ 87. Clients are placed in the program within 50 days of arrest. **R**
- ☒ ☐ 88. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staffing meeting. **R BPS VIII B***
- ☒ ☐ 89. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Drug Court session. **R BPS VIII A***
- ☒ ☐ 90. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. **R BPS VIII B**
- ☒ ☐ 91. Team members are assigned to Drug Court for no less than two years. **P**
- ☒ ☐ 92. All team members use electronic communication to contemporaneously communicate about Drug Court issues. **P**
- ☒ ☐ 93. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. **R BPS VIII C**
- ☒ ☐ 94. Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. **B BPS VIII F**
- ☒ ☐ 95. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. **P BPS VIII F**
- ☒ ☐ 96. New staff hires receive a formal orientation training on the Drug Court model and best practices in Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter. **P BPS VIII F**
- ☒ ☐ 97. Court fees are reasonable and based on each participant's ability to pay. **R**
CJA 4-409(5)(G)
- ☒ ☐ 98. Treatment fees are based on a sliding fee schedule. **R**
- ☒ ☐ 99. The Drug Court has more than 15 but less than 125 active participants. **P BPS IX A***

YES NO

- ☒ ☐ 100. Supervision caseloads do not exceed fifty active participants per supervision officer. **B BPS IX B**
- ☒ ☐ 101. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicated complementary services. **B BPS IX C**
- ☒ ☐ 102. The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. **P BPS X A**
- ☒ ☐ 103. The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals. **B BPS X B***
- ☐ ☒ 104. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court. **P BPS X C**
- ☒ ☐ 105. A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. **R BPS X D**
- ☒ ☐ 106. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. **R BPS X D**
- ☐ ☒ 107. Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes. **B BPS X F**
- ☐ ☒ 108. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. **P BPS X G**
- ☒ ☐ 109. Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program. **B BPS X H**
- ☒ ☐ 110. The program conducts an exit interview for self-improvement. **P**