

## **STANDARDS FOR BEHAVIORAL HEALTH DOCKETS IN VIRGINIA**

**Standard 1: Goals.** The goals of behavioral health dockets shall include (i) reducing recidivism; (ii) increasing personal, familial, and societal accountability among offenders through ongoing judicial intervention; (iii) addressing mental illness and substance abuse that contribute to criminal behavior and recidivism; and (iv) promoting effective planning and use of resources within the criminal justice system and community agencies. Behavioral health dockets promote outcomes that will benefit not only the offender but society as well.

**Standard 2: Administration.** A circuit or district court which intends to establish a behavioral health docket must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket or, in the instance of an existing specialty docket, continuing its operation. A petitioning court must demonstrate sufficient local support for the establishment of this specialty docket, as well as adequate planning for its establishment and continuation. Each docket must have a policy and procedure manual that sets forth its goals and objectives, general administration, organization, personnel, and budget matters. The policies and procedures for the operation of the docket shall attain the goals as listed in §18.2-254.3.I.

**Standard 3: Local Behavioral Health Docket Advisory Committee.** Each local behavioral health docket advisory committee shall ensure quality, efficiency, and fairness in the planning, implementation, and operation of the behavioral health dockets that serve the jurisdiction or combination of jurisdictions. Membership should include those as stated in §18.2-254.3.G. An offender may be required to contribute to the cost of treatment received while participating in a behavioral health docket pursuant to guidelines developed by the local advisory committee. An inability to pay shall not prohibit participation in the docket.

**Standard 4: Docket Team.** A behavioral health docket team should include, at a minimum, the judge, a representative from the local Behavioral Health Authority/Community Services Board, and a representative from community corrections. The Commonwealth's Attorney and the Defense Attorney are encouraged, but are not required, to participate as members of the court docket team.

**Standard 5: Evidence-Based Practices.** The docket should establish and adhere to practices that are evidence-based and outcome-driven and should be able to articulate the research basis for the practices it uses.

**Standard 6: Voluntary and Informed Participation.** All docket participants should be provided with a clear explanation of the docket process including sanctions and removal proceedings. Participation in the docket must be completely voluntary and made pursuant only to a written agreement entered into by and between the offender and the Commonwealth with concurrence of the court. Participants must have capacity to consent to participation in the docket.

**Standard 7: Eligibility Criteria.** Criteria regarding eligibility for participation in the docket must be well-defined and written and must address public safety and the locality's treatment capacity. The committee shall ensure the use of a comprehensive, valid, and reliable screening instrument to assess whether the individual is a candidate for a behavioral health docket. The criteria should focus on defendants whose mental illness is related to their current offenses.

**Standard 8: Program Structure.** A behavioral health docket program should be structured so that participants progress through phases which may include orientation, stabilization, community reintegration, maintenance, successful completion and transition out of the program.

**Standard 9: Treatment and Support Services.** Behavioral health dockets must provide prompt admission to continuous, comprehensive, evidence-based treatment and rehabilitation services to participants. Once an individual is identified as a candidate appropriate for a behavioral health court docket, a full diagnosis and treatment plan shall be prepared by qualified professionals. All treatment providers used by the docket should be appropriately licensed by the applicable state regulatory authority and trained to deliver the necessary services according to the standards of their profession.

**Standard 10: Participant Compliance.** Behavioral health dockets should have written procedures for incentives, rewards, sanctions, and therapeutic responses to participant behavior while under court supervision. These procedures must be provided to all team members and the participant at the start of a participant's participation in the program.

**Standard 11: Confidentiality.** Behavioral health docket programs must protect confidentiality and privacy rights of individuals and proactively inform them about those rights. Information gathered as part of a participant's court-ordered treatment program or services should be safeguarded in the event that the participant is returned to traditional court processing.

**Standard 12: Evaluation and Monitoring.** Behavioral health docket programs must establish case tracking and data collection practices as required by the Office of the Executive Secretary specialty dockets. At a minimum, data should be collected regarding 1) Characteristics of the Participants, 2) Clinical Outcomes, and 3) Legal Outcomes. All behavioral health docket programs are subject to annual fiscal and program monitoring and compliance review by the Office of the Executive Secretary.

**Standard 13: Education.** All team members, including the judge, should be knowledgeable about underlying medical or social-science research relevant to the docket. All team members should attend continuing education programs or training opportunities to stay current regarding the legal aspects of a behavioral health docket and the clinical aspects of mental illness and substance abuse.