



**VIRGINIA BEHAVIORAL/MENTAL
HEALTH DOCKETS**

October 1, 2018

**Office of the Executive Secretary
Supreme Court of Virginia**

PREFACE

The 2018 Appropriation Act (Item 38 N.), *see* Appendix A, directs the Office of the Executive Secretary (OES) of the Supreme Court of Virginia to “evaluate and report the results of the expansion, as well as recommendations for expansion of mental health dockets to other courts to the Secretaries of Public Safety and Homeland Security and Health and Human Resources, the Director of the Department of Planning and Budget, and the Chairmen of House Appropriations and Senate Finance Committees by October 1, 2018.” This report has been prepared to meet this requirement.

I. BACKGROUND

In recent years, several community collaboration efforts have emerged in the state courts to address the underlying issues that brought certain individuals into the justice system. These efforts rely on immediate intervention that focuses on outcomes utilizing an interdisciplinary team approach with intensive interactions and a set of clearly defined rules and goals. The most common collaboration efforts are drug courts that seek to break the cycle of addiction, crime, and repeat incarceration. Several other types of efforts, including Veterans and Behavioral/Mental Health dockets apply similar approaches. Preliminary research, although still very limited, demonstrates positive outcomes. This research demonstrates that Behavioral/Mental Health docket participants tend to have lower rates of criminal activity and increased linkages to treatment services when compared to defendants with mental illnesses who go through the traditional court system. Veterans docket participants tend to have greater access to community and veterans-specific social services programs, as well as a Veteran Mentor who works to provide additional support throughout the drug treatment process. Together, these resources, coupled with community supervision, lower the likelihood of criminal activity among Veterans docket participants when compared to veterans who go through the traditional court system.

In Virginia, these efforts are known as specialized dockets within the existing structure of Virginia's circuit and district court system offering judicial monitoring of intensive treatment, supervision, and remediation integral to case disposition. Behavioral/Mental Health dockets are modeled after drug court dockets and were developed in response to the overrepresentation of individuals with behavioral health disorders in the criminal justice system. Such programs aim

to divert eligible defendants with diagnosed mental health disorders into judicially supervised, community-based treatment, designed and implemented by a team of court staff and mental health professionals. These programs are distinguished by several unique elements: a problem-solving focus; team approach to decision making; integration of social services; judicial supervision of the treatment process; direct interaction between defendants and the judge; community outreach; and a proactive role for the judge. Through voluntary admission, eligible defendants are invited to participate in the Behavioral/ Mental Health dockets following a specialized screening and assessment. For those who submit to the terms and conditions of community-based supervision, a team of program and treatment professionals work together to develop service plans and supervise participants.

The Supreme Court of Virginia currently recognizes the following three types of specialty dockets: (i) drug treatment court dockets as provided for in the Drug Treatment Court Act, §18.2-254.1, (ii) Veterans dockets, and (iii) Behavioral/Mental Health dockets. A circuit or district court which intends to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket. What differentiates Behavioral/Mental Health dockets from other approaches is their use of a regularly scheduled specialized docket with a judicially supervised, team-based approach to monitor the participants' treatment and adherence to program requirements. Understanding the Behavioral/Mental Health docket means recognizing there are multiple options available for improving the court's response to defendants with behavioral health issues. In Virginia, these specialized dockets are designed to fulfill a local need utilizing local resources.

Both the application and standards incorporate the Essential Elements of a Mental Health Court,¹ which include the following:

1. Planning and Administration
2. Target Population
3. Timely Participant Identification and Linkage to Services
4. Terms of Participation
5. Informed Choice
6. Treatment Supports and Services
7. Confidentiality
8. Docket Team
9. Monitoring Adherence to Docket Requirements
10. Sustainability

In November 2017, the Council of State Governments (CSG) Justice Center convened the “50-State Summit on Public Safety” in Washington, D.C. to help teams from each state learn more about criminal justice system trends and the latest best practices in the field. Each state team included representatives from law enforcement, behavioral health, corrections and the legislature. Virginia was represented by Senator Creigh Deeds (D-25th); Senator Charles Carrico (R-40th); Virginia Department of Corrections Director, Harold Clarke; and Richmond Commonwealth’s Attorney, Michael Herring. The Virginia contingency expressed an interest in using a Justice Reinvestment approach. The Center for Behavioral Health and Justice operated by the Department of Behavioral Health and Developmental Services (DBHDS) was created in 2016 by Executive Order. The Center for Behavioral Health and Justice was a center of

¹ Essential Elements was developed as part of a technical assistance program provided by the Council of State Governments (CSG) Justice Center through the Bureau of Justice Assistance (BJA) Mental Health Courts Program. The BJA Mental Health Courts Program, which was authorized by America’s Law Enforcement and Mental Health Project (Public Law 106-515), provided grants to support the development of mental health courts in 23 jurisdictions in FY 2002 and 14 jurisdictions in FY 2003. The Justice Center currently provides technical assistance to the grantees of BJA’s Justice and Mental Health Collaboration Program, the successor to the Mental Health Courts Program.

excellence in the Commonwealth of Virginia designed to address the evolving changes that exist in coordinating and collaborating across the behavioral health and criminal justice systems.² The Executive Order establishing the Center for Behavioral Health and Justice has not yet been re-authorized. As a result the work of the Center is transitioning to DBHDS's Office of Forensic Services and partner agencies. OES staff attended a curriculum facilitators' training in 2012 for the CSG's Developing a Mental Health Interdisciplinary Curriculum. OES staff has reached out to DBHDS's Office of Forensic Services staff to train their designated staff as a co-facilitator for this Curriculum. See Appendix B for related DBHDS legislative initiatives.

II. STATUS OF BEHAVIORAL/MENTAL HEALTH DOCKETS

Effective January 16, 2017, Supreme Court Rule 1:25, Specialty Dockets, set forth the type of court proceedings appropriate for grouping in a specialty docket as "those which (i) require more than simply the adjudication of discrete legal issues, (ii) present a common dynamic underlying the legally cognizable behavior, (iii) require the coordination of services and treatment to address that underlying dynamic, and (iv) focus primarily on the remediation of the defendant in these dockets. The treatment, the services, and the disposition options are those which are otherwise available under law."

A. Oversight structure

In 2017, Virginia Chief Justice Donald W. Lemons established the Behavioral/Mental Health Docket Advisory Committee as the oversight structure for these dockets. The Behavioral/Mental Health Docket Advisory Committee (*see* Appendix C) reviews all applications requesting authorization according to the approved Virginia Behavioral/Mental Health Docket Standards. The Behavioral/Mental Health Docket Advisory Committee has

² <http://www.dbhds.virginia.gov/behavioral-health/center-for-behavioral-health-and-justice>

developed an application (*see* Appendix D) and established a standardized review process in evaluating requests from any locality seeking permission to establish a Behavioral/Mental Health docket. The application is completed by the local Advisory Committee formed to plan and assist with the docket. Applications are required to be submitted to OES. **Virginia**

B. Behavioral/Mental Health dockets

Since Rule 1:25 went into effect, eight (8) Behavioral/Mental Health dockets were approved to operate in Virginia.

Dockets	Locality
Augusta County/Staunton Behavioral/Mental Health Docket	Augusta General District Court
Charlottesville/Albemarle Behavioral/Mental Health Docket	Charlottesville General District Court
Loudoun County Behavioral/Mental Health Docket	Loudoun County General District Court
Newport News Behavioral/Mental Health Docket	Newport News General District Court
Richmond Behavioral Health/Mental Docket	Richmond Circuit Court
Richmond Behavioral/Mental Health Docket	Richmond General District Court
Richmond Behavioral/Mental Health Docket	Richmond Juvenile Domestic Relations Court
Roanoke Therapeutic Docket	Roanoke General District Court

C. Standards

Planning and administration of a Behavioral/Mental Health docket should reflect extensive collaboration among practitioners and policymakers from each system, as well as community members. To that end, standards for these dockets aim to provide performance measures that help to ensure the highest levels of access, fairness, timeliness, accountability, and

the use of evidence-based practices for criminal justice and behavioral health care providers. Along with determining eligibility criteria, monitoring mechanisms, and other court processes, standards should articulate clear and specific goals that reflect agreement on the program's purposes and provide a foundation for measuring the docket's impact. Virginia's Behavioral/Mental Health docket standards have been developed to:

- Aid with planning and implementation of new behavioral/mental health dockets;
- Inform training efforts for key team members and other collaborators;
- Establish a method to ensure accountability;
- Provide a structure that ensures continuity for dockets navigating transitions in judicial or administrative leadership;
- Demonstrate dockets' effectiveness at meeting their stated goals;
- Provide dockets with a framework for internal monitoring (e.g., performance measures); and/or
- Ensure that dockets adhere to a model based on research and evidence-based best practices.

Virginia's Standards for Behavioral/Mental Health dockets appear in Appendix E. The eleven standards created distill the best of research and practice into operating standards that foster high-quality programming and accountability for Behavioral/Mental Health dockets.

D. Data

Data collection should be a core component of any Behavioral/Mental Health docket if it is to be successful. National groups, such as the Council of State Governments and the Bureau of Justice Assistance and agencies within the Commonwealth, such as the Department of Behavioral Health and Developmental Services have noted the necessity of collecting and

evaluating data throughout the life of a Behavioral/Mental Health docket. Maintaining a central repository of data for all Behavioral/Mental Health dockets is similarly important for harnessing the benefits of data at the state level. For example, standardization of data collection allows for comparisons among dockets and for learning opportunities to inform aspiring dockets.

OES has developed a data reporting process to aid in the oversight of the Behavioral/Mental Health dockets around Virginia. OES began with the data reporting structure already developed for Virginia’s drug court dockets and expanded upon it as informed by national guidelines and with the help and insight of the Office of Forensic Services of DBHDS. OES has developed a central data collection mechanism in which all Behavioral/Mental Health dockets must report nearly 100 elements for each individual they serve. The reported data encompass the four recommended domains of data collection (Steadman, 2005): 1. Participants (e.g., How many people were served and what are their characteristics), 2. Services (e.g., What services did participants receive), 3. Criminal Justice Outcomes (e.g., What effects were seen in participants’ criminal justice involvement), and 4. Mental Health Outcomes (e.g., What effects were seen in participants’ symptoms and functioning). Illustrative elements from the four domains include:

Participants	Services
Criminogenic risk level	Risk and Needs Triage (assessment)
Race	Referred to MH treatment
Military status	Referred to SUD treatment
Diagnosis	Referred to employment services
Most serious charge level	Referred to education services
Criminal Justice Outcomes	Mental Health Outcomes
Whether received additional charges and why	Whether maintained employment
Days in jail for violations or new charges	Level of engagement in program/services

Whether received sanctions	MH stability at program enrollment
Whether arrested after docket participation	MH stability at program discharge
How long after docket re-arrest occurred	Days in hospital for mental health crisis

OES data collection process supports program evaluation and standardization not only through its wide-ranging inclusion of relevant elements to report, but also by providing universal definitions for variables such as “Level of engagement in program/services,” charge categories, and “Mental health stability” variables. *See* Appendix F. Data are typically entered by local behavioral/mental health docket staff using a virtual private network (VPN) to connect to a secure OES database server. Hereafter, OES will produce annual summary reports that relate information about the effectiveness and efficiency of all local Behavioral/Mental Health dockets. These regular reports will largely be focused on outcome evaluations, whereas process evaluations will be conducted as called for (e.g., one year after the inception of a new docket; upon request by a docket; upon request by the Evaluation Subcommittee of the Behavioral Health Docket Advisory Committee) and as resources allow.

E. Funding

Estimating the total actual costs of operating a Behavioral/Mental Health docket is challenging due to the variations that exist in size and scope among Virginia dockets. Additionally, the cost to operate successful dockets is dependent on the availability of community-based behavioral health services and participant ability to access those services. Based upon its research, DBHDS has determined that the creation of a Docket Coordinator position is a key component in the successful operation of a docket. While most localities have been able to commence their docket programs with reallocation of existing staff time, they are limited in the number of defendants that can be served, the quality and amount of services that can be provided, and the data available for collection. Based upon the review of existing dockets

by DBHDS, a fully-functional Behavioral/Mental Health docket, which uses a combination of existing positions and resources, creates a new Docket Coordinator position, and enhances access to and intensity of mental health and social services for docket defendants requires approximately \$250,000 per year to operate (“The Essential Elements of Mental Health Dockets in Virginia,” 2016).

Dockets in Roanoke/Salem, Staunton/Augusta, and Richmond General District Courts have carved out time from existing positions to staff the docket teams and, in some cases, have reallocated funds to ensure access to treatment services. The DBHDS, through its Bureau of Justice Assistance (BJA) grant, has funded the Roanoke/Salem and Staunton/Augusta dockets for the purposes of expansion. While the BJA funding is time-limited, the use of these funds to support these programs enabled DBHDS to collect and analyze the data produced by these three programs.

This year’s General Assembly budget language includes funding appropriations to support the creation and expansion of mental health dockets in jurisdictions with high caseloads to be allocated by the Virginia Supreme Court. Because these funds became available July 1, 2018, they have not been disbursed yet. OES will utilize Request for Funding Applications (RFA) for awarding the state funds to Behavioral/Mental Health Dockets. OES will closely follow the funding process used by DBHDS to distribute funds to local Behavioral/Mental Health dockets. The goal of OES is to identify and fund those docket programs that are positioned to most effectively:

1. utilize these valuable resources;
2. demonstrate the effectiveness of criminal justice and mental health collaboration;
3. develop a plan for continued local sustainability; and

4. allow for future program replication across Virginia.

III. RECOMMENDATIONS

As community collaboration efforts continue to grow to coordinate better outcomes for those with mental illness, recommendations for the expansion of Behavioral/Mental Health dockets to other Virginia courts include focus on the promotion of continuing education and further development of resources to build the capacity of the state courts to continue to support the justice system's response to mental illness, as well as the effective evaluation of programs.

Recommendation 1: Continue promoting knowledge of Behavioral/Mental Health dockets

Judicial leadership is critical in improving outcomes for justice-involved people with mental illness. Understanding how an individual's mental illness may affect his or her interaction with the court, the role judicial leadership can play in facilitating a person's recovery, and common challenges arising at the intersection of justice and behavioral health systems are essential in recognition of the need and benefit of developing a Behavioral/Mental Health docket. Criminal justice and mental health leaders endorse an evidence-based, judicially supervised Behavioral/Mental Health docket to divert and treat the target population. While Behavioral/Mental Health judicial education programs have occurred as recently as August 7, 2018, promotion of training opportunities should continue. Through continuing education, the judicial system will be poised to increase the recognition of the need for Behavioral/Mental Health dockets and providing guidance on enhancing the way the judicial system responds to and assists those individuals who suffer from mental illness.

Recommendation 2: Promote further development of resources

Behavioral/Mental Health dockets require systemwide mobilization of communities to implement efforts that bring improvements to the way the needs of offenders with mental disabilities or illness are addressed. Resources made available from practitioners in both the judicial system and mental health fields are needed to support collaborative efforts in developing and managing a Behavioral/Mental Health docket. OES will focus on providing resources to Virginia's courts to heighten awareness and to provide information as to how these dockets can improve outcomes for individuals with mental illness. Online resources provide individuals and interdisciplinary teams seeking to start, maintain, or just learn about Behavioral/Mental Health dockets with a series of comprehensive presentations, activities, sample documents and forms and additional resources. The information teams need to translate current research on Behavioral/Mental Health dockets into program design and operation. The information includes comprehensive presentations and assessments, as well as group activities and additional resources, to assist in the development, oversight, and management of such a program. Its flexible components can be adapted for diverse audiences and training needs. Virginia Behavioral/Mental Health Docket teams are required by the Standards for Behavioral/Mental Health Dockets in Virginia to attend continuing educational training opportunities related to the legal aspects and clinical aspects of mental illness and substance abuse and keep well-informed of new developments in these fields.

Recommendation 3: Interagency collaborations and data sharing

OES has accomplished a great deal toward the establishment of rigorous and useful data collection to guide continuous improvement. Data collection efforts can be enhanced however to support the justification and need for the expansion of Behavioral/Mental Health docket programs. The success of such efforts depends upon relationships between relevant agencies and

data-sharing protocols. As the domains of data elements demonstrate, relevant data originate from at least three sources: Behavioral/Mental Health dockets, the criminal justice system as a whole, and the mental health system. Obtaining the most informative data requires sharing of data from all sources, especially if outcomes from outside of the participants' enrollment time are of interest. Therefore, procedures to examine improvements in data collection and sharing through interagency collaboration should be explored.

Recommendation 4: Expansion based on evaluation results

Expansion of Behavioral/Mental Health dockets should include further evaluation to guide development of Behavioral/Mental Health dockets through multiple sources of data analyses. Evaluation identifies program success, adherence to best-practices, cost effectiveness, and positive return-on-investment. Data collection and evaluation help support monitoring and continuous improvement and entail greater demand on resources. Program evaluation supports expansion of effective Behavioral/Mental Health dockets by ensuring programs continue to reduce the number of mentally ill inmates housed in jails and recidivism while sustaining linkages to mental health services and community resources. The University of Virginia School of Law and its Institute of Law, Psychiatry and Public Policy (UVA-ILPPP) have agreed to collaborate with OES utilizing its comprehensive data collection to implement a statewide continuing evaluation of the effectiveness and efficiency of Virginia Behavioral/Mental Health dockets.

Appendix A

2018 Appropriation Act (Item 38 N):

N. Included in this appropriation is \$500,000 the first year and \$500,000 the second year from the general fund to support the creation and expansion of mental health court dockets in jurisdictions with high caseloads, to be allocated by the Virginia Supreme Court. The Executive Secretary of the Supreme Court shall evaluate and report the results of the expansion, as well as recommendations for expansion of mental health dockets to other courts, to the Secretaries of Public Safety and Homeland Security and Health and Human Resources, the Director of the Department of Planning and Budget, and the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2018.

Appendix B

Justice Involved Behavioral Health

Item	FY19	FY20	Summary	Status
Crisis Intervention Training	\$1.6M	\$2.5M	<ul style="list-style-type: none"> Adds 6 CIT assessment sites and training programs in unserved rural communities 	<ul style="list-style-type: none"> Notice of funds availability week of August 13th. Applications due September 28th
Jail Discharge Planning	\$1.6M	\$1.6M	<ul style="list-style-type: none"> Funding for CSB staff positions 	<ul style="list-style-type: none"> Notified CSBs that serve top 5 jails with highest proportion of SMI about funding. Applications due Sept 3rd
Jail Diversion Program	\$708,663	\$708,663	<ul style="list-style-type: none"> Directs the establishment of an Intercept 2 diversion program in up to three rural communities each year 	<ul style="list-style-type: none"> CSBs were notified of funding availability. Applications due August 20th
HB 52 (Hope) Competency and sanity evaluations; location of evaluation.	N/A	N/A	<ul style="list-style-type: none"> Requires evaluations to determine whether a person is competent to stand trial or to determine a person's sanity at the time of the commission of a criminal offense be conducted on an outpatient basis 	<ul style="list-style-type: none"> DBHDS has sent notices to courts, Commonwealth Attorneys, defense attorneys, and state hospitals regarding the impact of this bill
HB 53 (Hope) – NGRI: Location of evaluation	N/A	N/A	<ul style="list-style-type: none"> Developed a system to provide outpatient Temporary Custody evaluations throughout the Commonwealth. We will save approximately 100 state hospital bed days per evaluation. 	<ul style="list-style-type: none"> DBHDS has received one order to perform such evaluations and are mid-way through the process.

Behavioral Health Community Response

Item	FY19	FY20	Summary	STATUS
Permanent Supportive Housing	\$1.5M	\$3.1 M	<ul style="list-style-type: none"> Up to 9 existing PSH programs and implementing 2-5 new PSH programs to serve up to 200 new individuals (adults) with SMI 	<ul style="list-style-type: none"> Funding proposals are under review
Appalachian Tele-mental health Initiative	\$1.1M	\$1.1M	<ul style="list-style-type: none"> Establishes a tele-mental health provider directory, train mental health providers, develop IT infrastructure and extend an EBP managing patients with addiction disorders 	<ul style="list-style-type: none"> Contracting with UVA Mid-Atlantic Telehealth Resource Center to advance project.
Alternative Transportation	\$2.5M	\$4.5M	<ul style="list-style-type: none"> A statewide program for children and adults under a Temporary Detention Order, 	<ul style="list-style-type: none"> DBHDS is currently developing a Request for Proposal for late summer/early fall
SB 555 (Mason) Barrier Crimes	N/A	N/A	<ul style="list-style-type: none"> Adds burglary to screenable list of crimes for employment in adult MH or SUD services 	<ul style="list-style-type: none"> DBHDS has incorporated into current background check processes
HB 569 (Gooditis) Suicide prevention	N/A	N/A	<ul style="list-style-type: none"> DBHDS to report on suicide prevention efforts to the Governor and General Assembly by December 1 	<ul style="list-style-type: none"> Staff are in the process of reviewing key information and drafting

Appendix C

Behavioral Health Docket Advisory Committee

Honorable Jacqueline F. Ward Talevi
23rd Judicial District
Roanoke County General District Court

Honorable Judge Rupen Shah
25th Judicial District
Staunton General District Court

The Honorable La Bravia J. Jenkins
Commonwealth's Attorney
City of Fredericksburg

Thomas Fitzpatrick
Virginia Department of Criminal Justice
Services

Sarah Shrum, M.A.
Jail Diversion Program
Coordinator
Virginia Dept. of Behavioral Health &
Developmental Service

Nicole Loving
CSAC Director
Petersburg Community Corrections

Wendy Goodman
Administrator/Case Management and Program
Infrastructure Reentry and Programs Unit
Virginia Department of Corrections

Llezelle Agustin Dugger
Clerk of Court
Charlottesville Circuit Court

Ms. Maria Jankowski
Deputy Director
Virginia Indigent Defense Commission

Jae K. Davenport
Deputy Secretary of Public Safety and
Homeland Security

Leslie Weisman, LCSW
Client Services Entry Bureau Chief
Arlington Community Services Board
Crisis Intervention Center

Heather Zelle, J.D Ph.D
Assistant Professor
Department of Public Health Sciences
Clinical Psychologist

Charles A. Quagliato
Division of Legislative Services

Catherine French Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

Dean Barker
Intellectual & Developmental Disability
ampton/Newport News CSB

Appendix D

Application

for

Behavioral Health Docket

Submitted by:

Signature of Judge

Signature of Coordinator

of

Name of Court

Date

APPLICATION GUIDELINES

The Supreme Court of Virginia has established a standardized review process to use in evaluating requests from any locality seeking permission to establish a behavioral health docket. The application should be completed by the local planning committee created to plan the docket. Applications should be submitted to the Supreme Court of Virginia. All application packages should be sent to:

Supreme Court of Virginia
Office of the Executive Secretary
100 North 9th Street
Richmond, Virginia 23219
Email: apowers@vacourts.gov

In order to evaluate the quality, efficiency and fairness of dockets requesting approval to establish a behavioral health docket the following information shall be submitted by the requesting local advisory committee.

Behavioral Health Docket Application

Jurisdiction Name: _____

Court: _____ Circuit _____ District

Problem Solving Docket Model: _____ Veterans _____ Behavioral Health

Supervising Judge:

Name: _____ Telephone: _____

Address: _____ E-mail: _____

Program Coordinator:

Name: _____ Telephone: _____

Address: _____ E-mail: _____

Target Population –(list all that apply):

Proposed Start Date: ____/____/____

Approved Docket Planning Training:

_____	_____	Veterans Treatment Court Planning Initiative (VTCP)	
Date	Location		
_____	_____		Developing a Mental Health Court: An Interdisciplinary Curriculum (CSG)
Date	Location		
_____	_____	Other: _____	
Date	Location	Other: _____	

Application Contact Person:

Name: _____

Telephone:

Address: _____

E-mail:

Please submit your policy and procedures manual, all forms and the following information as attachments to this application. If any of the information described in an attachment is included in the docket's policy and procedures manual, please reference its location in the policy and procedures manual on the application form.

Attachment A: Project Abstract and the Ten Essential Elements of Behavioral Health Dockets

This attachment must include the project abstract and how it will implement and comply with the Ten Essential Elements of Behavioral Health Dockets as well as incorporate evidence-based practices into the daily operations of the behavioral health docket.

Attachment B: Statement of the Problem

Attachment C: Docket Goals and Objectives

This attachment must include a description of the behavioral health docket goals and objectives. Each docket goal should include measurable objectives and should reflect the docket's proposed operations.

Attachment D: Description of the Behavioral health docket

This attachment must include a case flow chart outlining a description of the docket's operational and administrative structure to include:

1. Screening and eligibility
2. Structure of the docket
3. Length of stay
4. Graduation requirements
5. Expulsion criteria

This attachment should include a detailed description of the legal eligibility for behavioral health docket participation as well as any other factors taken into consideration when determining eligibility.

Attachment E: Policy and Procedures Manual

This attachment must include a current copy of the behavioral health docket policy and procedures manual. The policy and procedures manual should incorporate the principles of problem-solving courts, the ten (10) essential elements of behavioral health dockets, and

include information related to participant eligibility, the screening and referral process, docket services and requirements, graduation criteria, case management procedures, judicial interaction, team meetings and court session schedule, incentives and sanctions, compliance monitoring, confidentiality policies and termination procedures. It should also include all docket forms, such as the participation agreement, consent for release of confidential information, orientation information, and referral agreements.

Attachment F: Estimated Budget

This attachment must include the estimated behavioral health docket budget including all projected income (user- fees, grants, county general funds) and expenses. All fees must be assessed and collected in compliance with financial management general principles.

Attachment G: Organizational Plan

This attachment must include an organizational chart and a description of the docket's operational and administrative structure to include:

Behavioral Health Docket Staff Requirements (For each staff position include the person's name, agency, address, telephone and fax numbers, and e-mail address.) This attachment must include documentation that the behavioral health docket coordinator, each case manager and any volunteer who performs one or more job functions for the docket is appropriately trained and credentialed. Use the Justice for Vets staff core competencies as a guide to design your staff position.

Treatment Provider Information (Include name, agency, address, telephone and fax numbers, and e-mail address for each treatment agency providing services to participants.)

Referring Courts/Dockets (names of other courts referring or transferring cases to the behavioral health docket)

Monitoring and Evaluation

Ongoing Interdisciplinary Education and Training

Ongoing Collaboration/Sustainability

Attachment H: Memoranda of Understanding (MOU)

This attachment must include information on each partner and a copy of their MOU with the docket. If the problem-solving docket is not using contractors, this attachment does not apply.

Attachment I: Certification and Assurances

Attachment J: Applicant Disclosure of Pending Grant Applications

Appendix E

STANDARDS FOR BEHAVIORAL/MENTAL HEALTH DOCKETS IN VIRGINIA

Standard 1: *Administration.* Each docket must have a policy and procedure manual that sets forth its goals and objectives, general administration, organization, personnel, and budget matters.

Standard 2: *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 3: *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 4: *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 in writing. Participants must have capacity to consent to participation in the docket.

Standard 5: *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 criteria should focus on defendants whose mental illness is related to their current offenses.

Standard 6: *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 7: *Treatment and Support Services.* Behavioral health dockets must provide prompt admission to continuous, comprehensive, evidence-based treatment and rehabilitation services to participants. All treatment providers used by the docket should be appropriately licensed by the applicable state regulatory authority and trained to deliver the necessary services according to the standards of their profession.

Standard 8: *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 9: 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 10: 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 by the Office of the Executive Secretary.

Standard 11: 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.

Appendix F

The detailed data reporting elements implemented by the Office of the Executive Secretary were adapted from the Office of Forensic Services' Mental Health Docket Reporting Guide (Appendix A: Virginia Jail Diversion Initiatives Variable Codebook for Screening, Enrollment, and Clinical Services Data), Effective 10/15/2015.

SCREENING (Required in all cases)		
Data Element	Response Format/Drop Down List	Definition
CSB	<i>Drop Down Options:</i>	This should never be left blank.
	001	001 = Alexandria
	005	005 = Arlington
	011	011 = Chesterfield
	023	023 = Fairfax-Falls Church
	027	027 = Hampton-Newport News
	033	033 = Henrico Area
	039	039 = Middle Peninsula-Northern Neck
	043	043 = New River Valley
	055	055 = Portsmouth
	057	057 = Prince William
	059	059 = Rappahannock
075	075 = Virginia Beach	
Fiscal Year	<i>Drop Down Options:</i>	This should never be left blank.
	FY15	FY15 = July 1, 2014 to June 30, 2015
	FY16	FY 16 = July 1, 2015 to June 30, 2016
	FY17	FY 17 = July 1, 2016 to June 30, 2017
Quarter	<i>Drop Down Options:</i>	This should never be left blank.
	Q1	Q1 = July 1 to Sept 30
	Q2	Q2 = Oct 1 to Dec 31
	Q3	Q3 = Jan 1 to March 31
	Q4	Q4 = April 1 to June 30
Referral Date	MM/DD/YY Format	Date individual was referred for program screening. This should never be left blank.
Referral Source	<i>Drop Down Options:</i>	<i>The source of referral. This should never be left blank. If the source is not listed, indicate "other" and then complete the text box in the next column.</i>
	MH Docket Judge	
	Other Judge/Magistrate	
	Police/LE	
	Jail-Based MH Staff	
	Public Defender's Office	
	Private Defense Attorney	
	CSB Staff- Community	
	Probation/Pretrial	
	Private Citizen/Family Member	
	Self-Referral	
Other (Specify in next column)		
Other Referral Source	Narrative (if applicable)	Complete only if the "other" option is selected in the previous column. Type in the source of the referral.
Screening Date	MM/DD/YY Format	Date individual screened for program eligibility. This should never be left blank.
Screening Intercept	<i>Drop Down Options:</i>	This should never be left blank.
	1	Int. 1 = Law Enforcement/Emergency Services (Pre-arrest)
	2	Int. 2 = Initial Detention/Initial Hearings (Post-arrest)

	3	Int. 3 = Post-Initial Hearings-Jail/Forensic Hospitalization Int. 4 = Re-Entry from jail/state hosp/prison Int. 5 = Community Corrections/Community Support
	4	
	5	
Sex	Drop Down Options:	This should never be left blank.
	Male	
	Female	
	Other	
Date of Birth	MM/DD/YY Format	This should never be left blank.
Hispanic or Latino	Drop Down Options:	This should never be left blank.
	Not of Hispanic origin	
	Mexican	
	Puerto Rican	
	Cuban	
	Other	
	Unknown	
Race	Drop Down Options:	This should never be left blank.
	African American	
	American Indian	
	Alaskan	
	Asian	
	Caucasian	
	Multi-racial	
	Other	
Military Status	Drop Down Options:	This should never be left blank.
	Armed Forces Active Duty	
	Armed Forces Reserve	
	National Guard	
	Armed Forces or National Guard Retired	
	Armed Forces or National Guard Discharged	
	Armed Forces or National Guard Dep. Family Member	
	Not Applicable – No Military History	
	Military Status Unknown	
Most Serious Charge CATEGORY	Drop Down Options:	The charge category for the most serious charge at target arrest. If screened at Intercept 5, this would be the underlying charge that led to the probation sentence. <u>See the "Appendix D: Charge Categories" document for a list to determine category of offense.</u> This should never be left blank.
	Sex	
	Violent	
	Potentially Violent	
	Other Crimes Against Person	
	Property	
	Minor	
	Drug	
Not Charged (police diversion)		
Most Serious Charge LEVEL	Drop Down Options:	The charge level for the most serious charge at target arrest. This should never be left blank.
	Felony	
	Misdemeanor	
	Violation	

	<i>Ticket/Infraction</i>	
	<i>Technical</i>	
	<i>Not Charged (Police Diversion)</i>	
Total Number of Current Criminal Charges	<i>Text Field</i>	The total number of charges the individual is currently facing. This should never be blank.
Eligibility	<i>Drop Down Options:</i>	This should never be left blank.
	<i>Eligible</i>	Eligible = met program requirements
	<i>Defendant Opted Out of Consideration</i>	Defendant Opted Out = the individual refused to participate despite eligibility (see next column)
	<i>Not Eligible – Psychiatric Criteria</i>	Not Elig.-Psych = did not meet prog. diagnostic criteria
	<i>Not Eligible – Legal Criteria</i>	Not Elig. - Legal = did not meet prog. legal criteria
	<i>Not Eligible – Residency Criteria</i>	Not Elig. - Residency = did not meet prog. Residency criteria
	<i>Judge Declined</i>	Judge Declined = despite eligibility, judge rejected case
	<i>Prosecutor Declined</i>	Prosec. Declined = despite eligibility, prosecutor rejected case
	<i>Defense Declined</i>	Defense Declined = despite eligibility defense rejected case
	<i>Probation/Pretrial Declined</i>	Probation/Pretrial Declined = despite eligibility, rejected case
<i>CSB Declined</i>	CSB Declined = despite eligibility, rejected case	
If Defendant Opted Out of Consideration:	<i>Drop Down Options:</i>	Only complete if "Defendant opted out of consideration" was selected in the previous column. If individual was eligible but declined to participate, select appropriate reason for the individual's decision.
	<i>Program requirements too strict</i>	
	<i>Supervision time too long</i>	
	<i>Denies the need for services</i>	
	<i>Other</i>	
Accepted/Enrolled in Docket	<i>Drop Down Options:</i>	This should never be left blank. If "yes" continue to complete the Enrollment fields, if "no" then no further data entry required after this point.
	<i>Yes – Complete next section</i>	
	<i>No – No further data entry</i>	

ENROLLMENT		
Data Element	Response Format/Drop Down List	Definition
MH Docket Acceptance/ Enrollment Date	<i>MM/DD/YY Format</i>	Date individual enrolled in program. This may or may not be the same as the Screening Date. This should never be left blank.
Consumer CCS3 ID	<i>Up to 10 characters, No spaces</i>	This should never be left blank. Please report the Consumer ID exactly the same way it is reported in your CCS submission, which may include a zero fill or leading zeros.
Enrollment Intercept	<i>Drop Down Options:</i>	This should never be left blank. Int. 1 = Law Enforcement/Emergency Services (Pre-arrest) Int. 2 = Initial Detention/Initial Hearings (Post-arrest) Int. 3 = Post-Initial Hearings-Jail/Forensic Hospitalization Int. 4 = Re-Entry from jail/state hosp/prison Int. 5 = Community Corrections/Community Support
	<i>1</i>	
	<i>2</i>	
	<i>3</i>	
	<i>4</i>	
	<i>5</i>	
Condition of Diversion	<i>Drop Down Options:</i>	This should never be left blank. This refers to the condition under which an individual was admitted to the diversion program (i.e. the contingency of the charges). <i>Program Participation is Not a Legal Condition</i> = the individual was diverted but participation in the program was never a legal
	<i>Charges Not Filed (Police Diversion)</i>	
	<i>Charges Dropped</i>	
	<i>Condition of Bail</i>	
	<i>Deferred Prosecution</i>	

	<i>Deferred Sentencing</i> <i>Condition of Probation</i> <i>Program Participation is not a Legal Condition</i> <i>Not Diverted but Linked</i>	<p>requirement/condition.</p> <p><i>Not Diverted but Linked</i> = program participation did not influence the outcome of their legal case but the individual was enrolled and served by the program for the purpose of linkage to community resources/treatment.</p>
Date of Arrest/Criminal Justice Contact	MM/DD/YY Format	<p>This should never be left blank.</p> <p>Refers to the date of contact with the CJ system leading to diversion (to use as a basis of measuring length of time between start of CJ involvement and JD enrollment):</p> <p>Intercept 1 – Indicate date of contact with law enforcement that led to diversion, if contact did not result in “arrest”</p> <p>Intercepts 2-4 – Indicate date of jail booking/arrest.</p> <p>Intercept 5 – Indicate start date of probation.</p> <p>This is always the date of criminal justice contact that led to the diversion in the first place, and is not used for subsequent arrests/contacts while the person is enrolled in the program.</p>
Date of Jail Release	MM/DD/YY Format or “N/A” or “Pending”	<p>This should never be left blank.</p> <p>Refers to the date of release from incarceration. “N/A” should be used if the Diversion occurred at Intercept 1 or Intercept 5. If the individual remains incarcerated during enrollment, indicate “Pending” until the date of jail release. If incarcerated at the time of discharge, please indicate “Pending.”</p>
Primary Diagnosis Category	<i>Drop Down Options:</i> <i>Psychotic Disorder</i> <i>Mood Disorder</i> <i>Impulse Control Disorder</i> <i>Adjustment Disorder</i> <i>Anxiety Disorder</i> <i>Substance Abuse Disorder</i> <i>Delirium/Dementia</i> <i>Intellectual/Develop. Disorder</i> <i>Personality Disorder</i> <i>Other Mental Health Disorder</i>	<p>This should never be left blank.</p> <p>Select the diagnostic category that describes the <u>primary presenting problem</u> experienced by the consumer.</p>
Secondary Diagnosis Category	<i>Drop Down Options:</i> <i>NO SECONDARY DIAGNOSIS</i> <i>Psychotic Disorder</i> <i>Mood Disorder</i> <i>Impulse Control Disorder</i> <i>Adjustment Disorder</i> <i>Anxiety Disorder</i> <i>Substance Abuse Disorder</i> <i>Delirium/Dementia</i> <i>Intellectual/Develop. Disorder</i> <i>Personality Disorder</i> <i>Other Mental Health Disorder</i>	<p>This should never be left blank.</p> <p>Select the diagnostic category that describes the secondary diagnosis, if applicable. If no secondary condition exists, select “NO SECONDARY DIAGNOSIS.”</p>
Housing Status at	<i>Drop Down Options:</i>	This should never be left blank. Indicate the status of the

Enrollment	No Housing (homeless)	Individual's housing at enrollment in the program. If the individual is in the hospital or jail (or a similar setting), then select the option that describes their <u>pre-arrest/hospitalization housing status</u> . This should never be left blank. Indicate the status of the individual's SSI and/or SSDI benefits at enrollment.
	Unstable/Non-permanent Housing	
	Stable/Permanent Housing	
	Drop Down Options:	
	Active	
SSI/SSDI Status at Enrollment	Terminated	Individual's housing at enrollment in the program. If the individual is in the hospital or jail (or a similar setting), then select the option that describes their <u>pre-arrest/hospitalization housing status</u> . This should never be left blank. Indicate the status of the individual's SSI and/or SSDI benefits at enrollment.
	None/Has Not Applied	
	Applied/Pending	
	Drop Down Options:	
	Active	
Health Insurance Status at Enrollment	Terminated	This should never be left blank. Indicate the status of the individual's health insurance at enrollment.
	None/Has Not Applied	
	Applied/Pending	
	Drop Down Options:	
	Active	
Enrolled in Community Based MH Services at Enrollment	Yes	This should never be left blank. Refers to whether the consumer was receiving community-based services at the time of program enrollment (i.e. PACT, case management, therapy, psychiatric, etc.). <u>This does NOT include jail diversion services.</u>
	No	
	Drop Down Options:	
Level of Engagement in Program/Services at Enrollment	Significant Engagement	This should never be left blank. Refers to the individual's level of engagement in jail diversion services at enrollment. Refer to "Appendix E: Engagement Level Descriptions."
	Moderate Engagement	
	Minimal Engagement	
	Drop Down Options:	
MH Stability at Enrollment	Mild Impairment	This should never be left blank. Refers to the individual's level of mental health stability at enrollment. Refer to "Appendix F: Mental Health Stability Level Descriptions."
	Moderate Impairment	
	Serious Impairment	
	Drop Down Options:	
Basis-24 Score at Enrollment	Text Box	This should never be left blank. Refers to the individual's score on the Basis-24 tool at the time of enrollment.
	Drop Down Options:	
Re-arrests for <u>new crimes</u> during Participation in MH Docket	Yes – Rearrested	This should never be left blank. Refers to whether the individual has been charged with any <u>new crimes</u> during the period of MH docket enrollment. <u>This does not include new arrests as a result of non-adherence to MH docket conditions.</u> See next column.
	No – Not Rearrested	
Re-arrests for <u>non-adherence to conditions</u> during participation in MH Docket	Yes – Rearrested	This should never be left blank. Refers to whether the individual has been sanctioned for non-adherence to MH docket conditions during their enrollment. <u>This does not include arrests for new unrelated charges.</u> See previous column.
	No – Not Rearrested	
Housing Status at Discharge	No Housing (homeless)	This should never be left blank once the individual has been discharged from the program. Indicate the status of the individual's housing at discharge. If the individual was not engaged at the time of discharge, answer based on last known housing status.
	Unstable/Non-permanent Housing	
	Stable/Permanent Housing	
SSI/SSDI Status at Discharge	Drop Down Options:	This should never be left blank once the individual has been discharged from the program. Indicate the status of the individual's SSI and/or SSDI benefits at discharge. If the individual was not engaged at the time of discharge, answer based on last known benefit status.
	Active	
	Terminated	
	None/Has Not Applied	
	Applied/Pending	

Health Insurance Status at Discharge	<i>Drop Down Options:</i>	This should never be left blank once the individual has been discharged from the program. Indicate the status of the individual's health insurance at discharge. If the individual was not engaged at the time of discharge, answer based on last known insurance status.
	<i>Active</i>	
	<i>Terminated</i>	
	<i>None/Has Not Applied Applied/Pending</i>	
Enrolled in Community Based MH Services at Discharge	<i>Drop Down Options:</i>	This should never be left blank once the individual has been discharged from the program. Refers to whether the consumer was linked to community-based services at the time of discharge (i.e. FACT, case management, therapy, psychiatric, etc.). <u>This does NOT include jail diversion services.</u>
	<i>Yes</i>	
	<i>No</i>	
Level of Engagement in Program/Services at Discharge	<i>Drop Down Options:</i>	This should never be left blank once the individual has been discharged from the program. Refers to the individual's level of engagement in jail diversion services at discharge. Refer to "Appendix F: Engagement Level Descriptions."
	<i>Significant Engagement</i>	
	<i>Moderate Engagement</i>	
MH Stability at Discharge	<i>Drop Down Options:</i>	This should never be left blank once the individual has been discharged from the program. Refers to the individual's level of mental health stability at discharge. Refer to "Appendix F: Mental Health Stability Level Descriptions."
	<i>Mild Impairment</i>	
	<i>Moderate Impairment</i>	
Basis-24 Score at Discharge	<i>Text Box</i>	This should never be left blank. Refers to the individual's score on the Basis-24 tool at the time of discharge.
Date of Program Discharge	<i>MM/DD/YY Format</i>	This should be completed upon discharge.
Discharge Reason	<i>Drop Down Options:</i>	This should never be left blank once the individual is discharged from the program.
	<i>Successfully Completed</i>	
	<i>Non-Compliance</i>	
	<i>Voluntarily Withdraw</i>	
	<i>Deceased</i>	
	<i>No Longer Eligible (Legal/ Location/Psych Criteria not met)</i>	
Description of "Other" Reason for discharge	<i>Narrative (if applicable)</i>	Completed when "other" is selected as the discharge reason. This can be used as a field for other program-specific notes if desired.

Auto-Calculated Fields		
(The following fields will automatically calculate based upon entries in other fields)		
Data Element	Calculation	Error Messages
Age	<p><i>Calculated based on the individual's Date of Birth and Date of Screening.</i></p> <p><i>This was designed to provide a static number rather than a number that changes based on the current date.</i></p>	<ul style="list-style-type: none"> You will receive an error message if the DOB is entered without a Screening Date. The message will prompt you to enter the screening date. You will receive an error message if you have entered a Screening Date but failed to enter a DOB. The message will prompt you to enter the DOB. If the age is less than 18, the text will be red to alert you (in case this is a mistake), however it will allow all ages. If the age is correct you can proceed.
Days from Referral to Screening	<p><i>Calculated based on the Date of Referral and Date of Screening.</i></p> <p><i>This was designed to measure the time it takes to act upon a referral and complete the screening for program eligibility.</i></p>	<ul style="list-style-type: none"> You will receive an error message if you have indicated that the person has enrolled in services without a Referral Date. You will receive an error message if you have indicated that the person has enrolled in services without a Screening Date. You will receive an error message if the Screening Date is <i>before</i> the Referral Date. This message will prompt you to check the dates for accuracy.
Days from Screening to Acceptance/Enrollment in MH Docket	<p><i>Calculated based on the Date of Enrollment and the Date of Screening.</i></p> <p><i>This is designed to measure the time it takes to assess appropriateness for the program and enroll in services.</i></p>	<ul style="list-style-type: none"> You will receive an error message if you have indicated that the person has enrolled in services without indicating a subsequent Enrollment Date. The message will prompt you to enter an Enrollment Date. You will receive an error message if the Enrollment Date is entered without a corresponding Screening Date. The message will prompt you to enter the Screening Date. You will receive an error message if the Enrollment Date occurs <i>before</i> the Screening Date. The message will prompt you to check the Screening and Enrollment dates for accuracy.
Days from Arrest/CJ Contact to MH Docket Enrollment	<p><i>Calculated based on the Date of Criminal Justice Contact and the Date of Enrollment.</i></p> <p><i>This is designed to assess how long individuals are involved in the CJ system before diversion efforts begin.</i></p>	<ul style="list-style-type: none"> You will receive an error message if you have entered an Enrollment Date but failed to enter the Date of CJ Contact/Jail Admission. The message will prompt you to enter that date. You will receive an error message if the Enrollment Date occurs <i>before</i> the Date of CJ Contact/Jail Admission, because that date of CJ Contact should always precede Enrollment in JD services. The message will prompt you to check both dates for accuracy.

Reference

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