

Didactic Fragments

Comprehensive Assessment for Program Advancement

The following outline is designed to address 4 measures of success applicable to mental health court program advancement. Program participants as well mental health court personnel need some defined parameters from which to measure individual motivation beyond simply the duration of time, which alone does not provide any qualitative indication of success. The measures described below help provide a more concrete and logical link to program advancement thereby minimizing the degree to which the program is either perceived abstractly and/or applied arbitrarily.

1. Measure 1: Duration in the program

As program participants vary in class and degree of offense as well as in functional level and treatment compliance at the time of acceptance into the program, participants may enter the program at an advanced level or be allowed to proceed through the designated program levels at an accelerated pace at the discretion of the court. However, advanced program placement is usually an exception and not the general rule for most participants. The maximum duration of the court program is also determined on a case-by-case basis; however, we should probably set some minimum duration with respect to program advancement. Possibilities include:

- a. ___ 90 to 120 days (3 to 4 months) minimum before advancement to level II.
- b. ___ 180 to 240 days (6 to 8 months) minimum before advancement to level III.
- c. ___ 300 days (10 months) minimum before advancement to level IV.
- d. ___ 480 days (16 months) minimum before consideration for program graduation.

2. Measure 2: Adherence to clinical requirements

The clinical requirements of the mental health court program pertain to the mental health services prescribed in the defendant's treatment plan. These services are rehabilitative in nature and considered medically necessary for the defendant's mental health recovery, which constitutes (1) a maximum reduction of mental disability, and (2) restoration of the individual to his or her best possible functional level. It is important therefore that prior to a level advancement we make some assessment of the individual's engagement and participation with their prescribed clinical service plan. This assessment may include any or all of the following components:

- a. Level of participation
 - ___ Active (Attends to clinical activities and readily participates without prompting)
 - ___ Passive (Attends to clinical activities but does not participate without prompting)
 - ___ Resistive (Infrequent attendance and/or minimal participation in clinical activities)
- b. Rate of participation
 - ___ High (90 – 100% compliance with scheduled appointments/prescribed services)
 - ___ Moderate (75 – 89% compliance with scheduled appointments/prescribed services)
 - ___ Low (Less than 75% compliance with scheduled appointments/prescribed services)
- c. Attitude of participation

The attitudinal dimension reflects the participant's overall demeanor relative to the acceptance of mental health treatment and their engagement, interaction, and interdependent activity in the development of their treatment plan and working relationship with their treatment team. Attitudinal dimensions include:

- ___ Generally cooperative and appropriately engaged in the treatment relationship
- ___ Occasionally uncooperative and conflicted in the treatment relationship
- ___ Frequently difficult, argumentative, and abusive in the treatment relationship

d. Completion of prescribed clinical curriculums

A variety of clinical curriculums are in the process of development that can be tailored to the mentally ill offender. As these are developed, defendants may be required to enter and complete a program, or program module, before they can be considered for advancement.

- ___ DBT curriculum
- ___ Moral Re-engagement curriculum
- ___ Transtheoretical curriculum (Stages of Change program)
 - Module 1 (Level 1 requirement)
 - Module 2 (Level 2 requirement)
 - Module 3 (Level 3 requirement)
- ___ Stress-vulnerability curriculum (Protective Skills program)
 - Module 1 (Level 1 requirement)
 - Module 2 (Level 2 requirement)
 - Module 3 (Level 3 requirement)
- ___ Functional living skills curriculum
- ___ Functional coping skills curriculum
 - Module 1 (Level 2 requirement)
 - Module 2 (Level 3 requirement)
- ___ Recovery skills curriculum I
- ___ Recovery skills curriculum II

3. Measure 3: Adherence to adjunct treatment requirements

Adjunct treatment requirements include substance abuse and other clinical services outside the scope of Bear River Mental Health. These may include:

- ___ Substance abuse counseling through Bear River Drug and Alcohol
- ___ Compliance with AA meeting attendance
- ___ Compliance with NA meeting attendance

4. **Measure 4: Adherence to adjunct judicial requirements**

The adjunct judicial program requirements include everything outside of, and in addition to, the clinical service aspects of the mental health court. These may include such things as:

- ___ Consistent court appearances (no unexcused absences)
- ___ Completion of community service assignment(s)
- ___ Compliance with Clubhouse program participation
- ___ Compliance with employment expectations
- ___ Compliance with educational expectations
- ___ Compliance with fiscal management expectations (payee services/education, etc.)
- ___ Compliance with random drug testing
- ___ No positives on random drug testing
- ___ Compliance with fines and cost/payment responsibilities
- ___ Compliance with AP&P scheduled appointments
- ___ Completion of additional court assignment(s)
- ___ Adherence to court imposed limits, time-frames, and structure
- ___ Maintenance of a stable drug-free residence
- ___ Compliance with residential/housing agreements
- ___ No weapons possession
- ___ No additional violations/offenses/criminal conduct

The above outline merely represents a variety of possibilities the mental health court steering committee may consider as it determines, on a case-by-case basis, the appropriateness of program advancement for any particular defendant. At present, this is presented as a discussion document until the committee finalizes its protocol for program advancement.