



OKLAHOMA
Mental Health &
Substance Abuse



FY26

Justice Services Programs Manual

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CHAPTER 1: GENERAL PROVISIONS

1-1 PURPOSE

This manual identifies the requirements for treatment courts and other diversion programs funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

If any funded program is found to be in non-adherence with current Key Components, Best Practices, Essential Elements, compensation requirements, reporting and data requirements or other requirements listed herein:

- A notice of non-adherence may be issued to the program. This includes notification from standards reviews, expenditure reviews, and/or programmatic observations.
- Upon receipt of the notice, which may occur during an on-site review, via email or via certified mail, the program shall receive detailed written documentation of the item (s) leading to a finding of non-adherence and a timeline to demonstrate compliance.
- Failure to demonstrate compliance within the given timeline of receipt of the notice may result in immediate cancellation of access to funding.

Adult Drug Courts: Adult drug courts in Oklahoma shall follow the “Drug Court Ten Key Components” developed by the Bureau of Justice Assistance in collaboration with All Rise (formerly the National Association of Drug Court Professionals or NADCP), All Rise Adult Treatment Court Best Practice Standards, 2nd ed. or, as applicable, the “Tribal Healing to Wellness Courts Key Components” developed by the Tribal Law and Policy Institute.

Mental Health Courts: Oklahoma mental health courts shall follow the “Essential Elements of a Mental Health Court” developed by the Council of State Governments Justice Center for the Bureau of Justice Assistance and All Rise Adult Treatment Court Best Practice Standards.

Early Diversion Programs: Early diversion programs provide behavioral health services and intensive case management to individuals charged with misdemeanor offenses and low-risk felony defendants and can operate under multiple legal authorities, including, but not limited to, law enforcement diversion, deferred prosecution agreements, and plea agreements. Evidence-based practices for Early Diversion programming are rooted in All Rise Adult Treatment Court Best Practice Standards as well as Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines.

Juvenile Diversion Programs: Juvenile diversion programs provide behavioral health services to juveniles involved with the criminal justice system and can operate under multiple legal authorities, including, but not limited to, law enforcement diversion, deferred prosecution agreements, and juvenile treatment courts. Evidence-based practices for Juvenile Diversion programming are rooted in research and practices provided by All Rise, Office of Juvenile Justice

and Delinquency Preventions, as well as the National Council of Juvenile and Family Court Judges.

Pretrial Services Programs: Pretrial service programs provide risk and need information on defendants to judges to assist with the assessment of the risk to re-offend and the likelihood to reappear for court. The program will support the connection of Jail Screening contractors to defendants for conducting a pre-sentence risk and need screening. Pretrial service team members will provide the appropriate level of supervision and collaborate with social service providers to connect individuals with resources for identified needs. Evidence-based practices for Pretrial Services programming are rooted in research and practices provided by All Rise, National Association of Pretrial Services Agencies and the U.S. Department of Justice, Justice Manual for Pretrial Diversion.

Community Court Programs: Community Courts hold court within a community and provide social services on-site. The court seeks to find immediate, individualized solutions to make participants self-sufficient and avoid further criminal conduct. The Community Court monitors defendants and holds them accountable while at the same time making justice visible to the community in which the court resides. Evidence-based practices for Community Court programming are rooted in research and practices provided by All Rise, Bureau of Justice Assistance and Center for Court Innovation.

1-2 DEFINITIONS

Any terms not defined below shall use definitions in the applicable chapters in OAC Title 450.

“Active Participant” is a month-to-month ODMHSAS-funded status of a participant who receives behavioral health services provided by an Approved Treatment Entity or is in aftercare phases at any point during the month, and whose information has been updated in the identified ODMHSAS administrative database in the past sixty (60) days. Active participant status is met by participants who have graduated, terminated, or absconded but who otherwise met the above criteria at any point in the month. Active participant status is not met for participants who are court-mandated to facilities that require labor in exchange for housing, except for ODMHSAS-certified halfway house programs. Active participant status is not met for participants who are residing in recovery housing that is not certified by OKARR, Oxford House, or ODMHSAS.

“Approved Treatment Entity” means a behavioral health treatment agency that is certified by the ODMHSAS for mental health and/or substance abuse treatment services, a federally recognized tribal entity providing services on tribal land, or state or federal Veterans Affairs.

“Criminogenic Risk” means the measure of the likelihood that an individual will commit a criminal offense in the future.

“Criminogenic Risk Assessment” means a validated instrument that ascertains criminogenic risk.

“Courts System” means the ODMHSAS Courts System, which serves as a basis for data evaluation, reporting, and funding for many ODMHSAS criminal justice programs.

“Diversion Program” means a structured method of legal and behavioral health responses following a set of evidence-based or research-supported strategies to reduce the likelihood of recidivism.

“Mental Health Court” means a specialized court program, available to misdemeanor and felony defendants with serious mental illness (SMI) or other mental health disorders, which incorporates treatment and support services to divert these individuals away from traditional criminal court.

“Participant” means a justice-involved individual who is accepted by the diversion program and who has entered into a legal agreement to receive structured behavioral health services.

“Recidivism” means the repeated criminal offenses of an individual who has had prior offenses.

“Responsivity Needs” means needs that are not related to criminal reoffending, but failure to adequately treat or address them will reduce the likelihood of program success.

“Risk Need Responsivity” means a model of participant management that incorporates criminogenic risk, treatment needs, and identification of those services that should be provided to decrease the likelihood of the participant reoffending.

“Supervising Staff” for the purpose of Section 471 means a Department of Corrections employee assigned or other contracted supervision agent to monitor participants in the drug court program, a state, county, or municipal governmental representative, a certified treatment provider participating in the program, or a CLEET-certified person designated by the drug court program to perform drug court investigations.

“Treatment Court” or **“Specialty Court”** means a drug court program, including veteran dockets, DUI dockets, and co-occurring dockets, which incorporates treatment services and judicial supervision instead of traditional sentencing.

“Treatment Court Personnel” means any staff or contractor who performs any portion of the responsibilities and who receives compensation funded all or in part through an ODMHSAS Treatment Court or Mental Health Court Administrative Contract.

CHAPTER 2: ADULT TREATMENT COURT PROGRAMS

SUBCHAPTER 2-1: ADULT TREATMENT COURT STRUCTURE

2-1.1 GOVERNANCE

Treatment court programs, described in Title 22 O.S. §471.1, shall be highly structured and specialized dockets wherein defendants with behavioral health treatment needs are offered an opportunity to participate in court-supervised treatment in place of traditional adjudication and sentencing processes. The court is operated through the joint efforts of criminal justice and treatment services staff to provide a collaborative approach to reducing recidivism and increasing treatment participation. Treatment courts shall have current policy manuals and participant handbooks in place. Any revisions shall be submitted to the ODMHSAS within seven (7) days. Policy manuals guide the internal practices of the treatment court program. Participant handbooks provide information to prospective and active participants and their families about the treatment court and their general expectations and responsibilities. Participant handbooks shall be written at no higher than a 6.0 Flesch-Kincaid Grade Level.

2-1.2 TREATMENT COURT TEAM

A treatment court team shall be a group of professionals primarily responsible for the program's day-to-day operations and administering the treatment and supervisory interventions. It is recommended that the treatment court team establish Memoranda of Understanding (MOUs) with each relevant agency and office to identify expectations of each team member's involvement. All Rise has published the "Core Competencies Guide" for each team member. The team members shall consist of:

- Treatment Court Judge: The judge is the leader of the treatment court team. Judges shall attend at least six (6) hours of program-related training annually.
- District Attorney Representative/Prosecutor: The district attorney representative serves as the gatekeeper for admission into the program and participates as a member of the team in a non-adversarial manner, focusing on the benefits of providing a therapeutic environment and enhancing positive program outcomes. Prosecutors serving on the team shall attend at least six (6) hours of program-related training annually.
- Defense Counsel: The defense counsel provides information to the participant about the rigors of the treatment court, preserves all legal rights of the client, advocates for fair and equal treatment of the client, participates in team meetings, and attends non-adversarial court proceedings. Defense counsel serving on the team shall attend at least six (6) hours of program-related training annually.
- Treatment Court Coordinator: The treatment court coordinator oversees the activity of the team, conducts quality assurance of each team member, maintains client data, remains informed regarding budgetary concerns of the treatment court, and coordinates services from each discipline and the local community in a manner that is most therapeutic to the participant. Coordinators shall:

- Participate fully as a treatment court team member, attending staffing and status hearings;
- Manage the daily operations of the program;
- Maintain an email address and internet access;
- Collect all completed eligibility forms and forward the forms to the district attorney and the judge assigned to the defendant's case;
- Ensure the preparation of the program docket containing all essential information as required by the team;
- Ensure the collection of data for evaluation purposes, including, but not limited to, updates in the ODMHSAS Courts System before the first of each month;
- Keep a record of all presumptively eligible defendants who are not placed in the drug court program, including the reason each applicant was not placed in the program and information about the ultimate case disposition of each. This record shall be available to all members of the drug court team.
- Act as liaison between ODMHSAS and the team;
- Provide documentation to ODMHSAS that the Participant Handbook was tested and is written at no higher than a 6.0 Flesch-Kincaid Grade Level.
- Establish and coordinate networking within the community, local agencies, outreach programs, and state agencies to assist with resources and referrals for participants;
- Ensure orientation and graduation processes are developed and followed;
- Complete the ODMHSAS Conflict of Interest statement annually;
- Attend at least six (6) hours of program-related training annually; and
- Not provide direct care treatment services to program participants.
- Treatment Provider: The treatment provider engages participants in rehabilitative therapy sessions, case management, and monitoring in keeping with the holistic recovery of the participants. All persons at a treatment provider who serve participants from a treatment court shall attend at least six (6) hours of program-related training annually.
- Community Supervision Provider: The community supervision provider actively monitors participants outside of the treatment court setting, including conducting home and job visits. All client contact is documented, and visits are logged to help encourage positive participant behavior. Any person serving as a community supervision provider for treatment court participants shall attend at least six (6) hours of program-related training annually.

2-1.3 POLICY MANUAL REQUIREMENTS FOR TREATMENT COURT TEAM

The treatment court policy manual shall:

- Identify each member of the treatment court team;
- Identify the roles of each member of the treatment court team;
- Identify the continuing education expectations for each team member;

- Be signed by each member of the treatment court team; and
- Identify the approved procedure when the treatment court judge is not available for staffing or court hearings.

SUBCHAPTER 2-2: PROGRAM PHASES

2-2.1 PROGRAM PHASES

Treatment courts provide a phased structure toward program completion. Generally, phase 1 of the program focuses on orientation and acute stabilization, with phase goals building on the preceding phase, so that upon completion of all phases, the participant has established a foundation for living a life of recovery.

2-2.2 PHASE COMPLETION REQUIREMENTS

Phase completion requirements shall include:

- Progress toward specified recovery-oriented goals;
- Compliance with court orders; and
- Reasonable, measurable expectations that align with overall program goals (ex., an early phase may require one (1) month of appointment attendance while a later phase may commonly require employment).

2-2.3 POLICY MANUAL REQUIREMENTS FOR PROGRAM PHASES

The treatment court policy manual shall include the requirements to complete each program phase, which identify:

- Realistic and defined behavioral objectives for phase advancement, such as:
 - Reliable attendance;
 - Achieving clinical stability, psychosocial stability, and early remission;
 - Evidencing changes in attitude and maladaptive thought patterns; and
 - Developing recovery-supportive relationships and recovery capital.

2-2.4 HANDBOOK REQUIREMENTS FOR PROGRAM PHASES

The treatment court participant handbook shall include the requirements to complete each program phase, which:

- Are clearly defined and measurable;
- Are standardized, but can be modified to best meet participants' needs and serve diverse populations;
- Include supervision requirements, including random substance testing as appropriate, and home compliance checks;
- Identify basic treatment requirements consistent with Subchapters 2-5 of this manual;
- Identify any fee requirements (i.e., program, drug testing, supervision, etc.) and anticipated payment schedule; and
- Identify the process of phase advancement.

SUBCHAPTER 2-3: ADMISSION PROCEDURES

2-3.1 REFERRAL AND ELIGIBILITY

Prompt identification and placement of eligible defendants into the treatment court program is a priority to enhance positive outcomes. Treatment courts shall prioritize moderate to high criminogenic risk and moderate to high treatment need defendants for participation in the program. Candidates shall not be disqualified from participation because of co-occurring mental health, substance abuse, medical condition, housing status, or because they have legally prescribed psychotropic or addiction medicine.

To make the most efficient use of diversion resources in a community, the treatment court shall, when such programs exist in the community, work collaboratively with Jail Screening programs, as defined in Title 43A O.S. 3-704, reviewing available criminogenic risk assessment and treatment screening information to determine if additional screening or assessment is needed to determine eligibility. If the information collected is more than six (6) months old or otherwise in need of updating due to significant changes in the potential participant's status, an additional screening may be conducted. If additional screening is required for drug court eligibility consideration a contracted treatment agency shall, within five (5) days, use a validated substance use disorder screening tool and an ODMHSAS-approved criminogenic risk assessment instrument, completed by a clinician meeting minimum qualifications for Screening and Referral, as identified in the most recent version of the Services Manual, and trained to administer the instrument, to make eligibility recommendations to the treatment court. If additional screening is required for mental health court eligibility consideration, a contract treatment agency may, within five (5) days, opt to provide a mental health screening or assessment instead.

Adult drug court eligibility criteria shall be consistent with Title 22 O.S. 7-471, which includes, but is not limited to:

- No prior felony conviction in any state for domestic violence in the last ten (10) years, except as may be allowed in a domestic violence treatment program authorized by the drug court program;
- The defendant's charge does not involve a violation of the Trafficking in Illegal Drugs Act.

If the crime for which the person is seeking eligibility to drug court involves a victim, notification of the victim shall be in compliance with subsection A of Section 34 of Article II of the Oklahoma Constitution and the Oklahoma Victim's Rights Act, Section 142A et seq. of Title 21 of the Oklahoma Statutes and shall include the right to provide victim's impact statements.

2-3.2 POLICY MANUAL REQUIREMENTS FOR REFERRAL AND ELIGIBILITY

The treatment court policy manual shall identify eligibility and exclusionary criteria, which:

- Are based on validated eligibility tools, including criminogenic risk assessment and clinical information; and
- Follow eligibility and exclusionary criteria identified in state law.

2-3.3 PARTICIPANT ORIENTATION

Treatment court participants shall be informed of their choices to decline or accept participation in the program. For applicants to make an informed decision regarding program participation, applicants shall receive a complete orientation to the program before plea.

2-3.4 POLICY MANUAL REQUIREMENTS FOR PARTICIPANT ORIENTATION

The treatment court policy manual shall identify the procedures for participant orientation, which:

- Identify the team member(s) responsible for completing program orientation;
- Are provided to all participants within the designated time;
- Include the distribution and review of the participant handbook; and
- Identify the documentation of a signature and date that the participant has completed orientation and has been provided a copy of the participant handbook.

SUBCHAPTER 2-4: SUPERVISION

2-4.1 SUPERVISION

Supervision staff provides monitoring of participant behavior, which is a vital component of the success of a treatment court program. Occurring in both office settings and in participants' homes and jobs, supervision shall be performed respectfully. According to All Rise, community supervision has seven (7) identified functions: (1) protection of the public; (2) providing

accountability; (3) enhancing drug refusal skills; (4) identifying environmental threats; (5) catching impending signs of relapse; (6) partnering with treatment; and (7) enforcing community obligations.

Frequent and accurate reporting to the treatment court team enhances program accountability. Supervision staff shall document all supervision contacts with program participants per program policies.

Supervision staff shall minimally report:

- Drug and alcohol test results, including efforts to defraud or invalidate said tests;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior directed at staff members, participants, or other persons.

2-4.2 POLICY MANUAL REQUIREMENTS FOR SUPERVISION

The treatment court policy manual shall include supervision information that:

- Describes the communication requirements between supervision staff and the treatment court coordinator, or designee, minimally occurring weekly; and
- Identifies the documentation requirements of supervision contacts with participants.

2-4.3 HANDBOOK REQUIREMENTS FOR SUPERVISION

The treatment court participant handbook shall include:

- A specialized set of terms and conditions for community supervision, which shall be reviewed with participants at regular intervals; and
- Provisions for home compliance visits

2-4.4 SUBSTANCE TESTING

Frequent and random substance testing is an essential element of the supervision of treatment court participants identified with substance use disorders. Substance testing shall be used as a tool to support recovery and engagement, not solely to support sanctions. The treatment court shall rely on 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. Test results, including the results of confirmation testing, should be available to the treatment court within forty-eight (48) hours of sample collection.

The treatment court shall utilize at least five percent (5%) of administrative contract funds to support the costs of indigent drug testing.

2-4.5 POLICY MANUAL REQUIREMENTS FOR SUBSTANCE TESTING

The treatment court policy manual shall identify the process of substance testing, including:

- Method(s) of testing which are (a) scientifically valid; (b) legally defensible; and (c) therapeutically beneficial;
- Identification of the individual(s) responsible for the collection of samples. If an employee of a treatment agency, ODMHSAS shall be notified in writing within thirty (30) days of contract execution;
- Chain of custody process for sample collection, including storage of samples;
- The minimal frequency of substance testing is no less than twice per week until the last program phase for all drug court participants or mental health court participants identified as having a severe substance use disorder;
- Process for random, unpredictable selection of participants for substance testing;
- Process for reporting results; and
- Process for lab confirmation upon participant objection to testing results.

2-4.6 HANDBOOK REQUIREMENTS FOR SUBSTANCE TESTING

The treatment court handbook shall identify the participant requirements for substance testing, including:

- The method by which participants will be notified to submit to testing and the timeline by which they must respond, typically no more than eight (8) hours after being notified to test for urine specimens and no more than four (4) hours after being notified for oral fluid tests;
- The consequence of not submitting to a substance test;
- Explanation of a dilute sample and the consequences of submitting one;

- The consequence of submitting a modified or tampered sample;
- Established rules for the collection of samples;
- Identification of any restrictions to over-the-counter (OTC), prescription (Rx) medications, supplements, or other substances; and
- Process for requesting lab confirmation, including any required fee to do so.

SUBCHAPTER 2-5: TREATMENT

2-5.1 TREATMENT SERVICES

Behavioral health treatment services are a vital component of the success of a treatment court program. Individualized to each participant's needs, treatment services shall be based on sound theory and provided through evidence-based interventions. According to All Rise, behavioral health treatment services have three (3) identified functions: (1) motivation; (2) insight; and (3) behavioral Skills.

Treatment courts shall verify that all entities providing treatment services to participants are Approved Treatment Entities. Verification shall be documented in the treatment court office for inspection and review by ODMHSAS. Treatment courts shall participate in all ODMHSAS participant count verifications.

Treatment services shall:

- Provide a continuum of care for substance use disorder treatment. Level of care decisions are based on the ASAM Patient Placement Criteria;
- Be provided in a structure that makes available, as defined in the participant handbook, any and all treatment services needed identified in a validated assessment and by a licensed clinician based the participants' individualized need;
- Not include incarceration to achieve clinical or social service objectives, such as obtaining access to detoxification services or sober living quarters.
- Be available to participants regardless of their work schedule. Treatment agency contractors shall be available for services at least forty (40) hours per week, except for state and federally designated holidays. Utilize Risk, Need, and Responsivity principles in targeting criminogenic and non-criminogenic/responsivity needs of participants. Treatment shall ordinarily be sequenced to first address responsivity needs such as housing (all referrals for recovery housing shall be certified by OKARR, Oxford House, or ODMHSAS), mental health symptoms, cravings, withdrawal, etc., then criminogenic needs such as criminal thinking, antisocial peer interactions, and family conflict (interim phases), and lastly, long-term functioning needs such as vocational, educational services (later phases);
- Use evidence-based criminal thinking interventions after participants are stabilized clinically and no longer experiencing acute symptoms of distress, such as cravings, withdrawal, or psychosis;

- Include substance use treatments that are manualized and have been demonstrated to improve outcomes for substance using persons involved in the criminal justice system;
- Include medications, as clinically appropriate based on medical necessity as determined by a treating provider with specialized behavioral health expertise;
- Be available to applicants immediately upon identification of clinical eligibility (before plea);
- Provide group-based and individual-based interventions for all participants;
- Include the following services:
 - Gender-Specific
 - Parenting
 - Anger Management
 - Family-based Services
 - Trauma-Specific Interventions
 - Skill Building/Problem-Solving
 - Cognitive Behavioral Therapies
 - Relapse Prevention
 - Behavioral Health Treatment
 - Prevention of Health-Risk Behaviors
 - Overdose Prevention and Reversal
 - Peer Recovery Support Services
 - Aftercare, follow-up contact with the participant is available through at least the first ninety (90) days after discharge.
- If multiple treatment providers are utilized, the treatment court shall have a policy that identifies the treatment agency selection process for each participant.
- A defendant admitted to the drug court program for a crime that requires the person to attend a batterers' intervention program certified by the Attorney General's office shall be required to participate in such treatment as a condition of drug court.

2-5.2 SERVICE COLLABORATION

In addition to behavioral health treatment needs, treatment court participants frequently have multiple needs requiring service agency collaboration (ex., housing, medical, transportation, vocational, etc.). All housing referrals must be made to OKARR-certified recovery residences, Oxford House, or ODMHSAS-approved housing. Holistic care is recognized as the standard of care in treatment court programs. ODMHSAS encourages the use of peer support resources such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, Double Trouble in Recovery, NAMI support groups, Celebrate Recovery, etc. However, if attendance at a peer support program is mandated, treatment courts shall offer both secular and non-secular options for attendance.

2-5.3 POLICY MANUAL REQUIREMENTS FOR SERVICE COLLABORATION

The treatment court policy manual shall include service collaboration information, which:

- Identifies the vocational and educational support provided to participants; and

- Identifies the collaborations between the court and other social service providers in the community. The treatment court is encouraged to develop Memoranda of Understanding (MOUs) to formalize partnerships.

2-5.4 TREATMENT REPORTING

Frequent and accurate reporting to the treatment court team enhances program accountability. Treatment staff shall document all services per ODMHSAS. Additionally, treatment staff shall submit regular treatment reports to program coordinators or designees before each treatment court staffing.

Treatment staff shall minimally report:

- Screening/Assessment results pertaining to participants' eligibility for the treatment court, including treatment and supervision needs;
- Attendance at scheduled appointments;
- Attainment of treatment plan goals, such as completion of a required treatment regimen;
- Evidence of symptom resolution, such as reductions in drug cravings, withdrawal symptoms, or mental health symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of phase requirements, such as obtaining and maintaining employment or enrolling in an educational program;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior directed at staff members, participants, or other persons.

2-5.5 POLICY MANUAL REQUIREMENTS FOR TREATMENT REPORTING

The treatment court policy manual shall include treatment reporting information that describes the communication requirements between treatment staff and the treatment court coordinator or designee, minimally occurring weekly.

2-5.6 HANDBOOK REQUIREMENTS FOR TREATMENT SERVICES AND REPORTING

The treatment court participant handbook shall identify:

- Contact information for the participant's treatment provider;
- The treatment provider's reporting requirements to the treatment court team; and
- Types of treatment services available.

SUBCHAPTER 2-6: STAFFING AND STATUS HEARINGS

2-6.1 TEAM STAFFING

Frequent staffing provides an open forum in which everyone involved in a case can share information, discuss issues, and reach a consensus on the next steps toward a participant's successful rehabilitation and completion of the program.

The treatment court team shall have team staffing before the status hearing. At a minimum, staffing should include the judge, coordinator, defense counsel representative, the prosecutor, treatment representative, and community supervision officer. To the greatest extent possible, the same representative should attend regularly to ensure the greatest level of teamwork and continuity. The program models support all members of the team having input, with the judge being the ultimate arbiter of factual controversies and making the final decisions concerning the imposition of incentives, sanctions, or service adjustments that affect a participant's legal status or liberty. While the specific roles of the team members differ, the goal of maintaining a therapeutic environment shall be at the forefront of decisions.

2-6.2 POLICY MANUAL REQUIREMENTS FOR TEAM STAFFING

The treatment court policy manual shall identify the process of team staffing, including:

- Addressing participants on an individual basis;
- Holding team discussions on the implementation of incentives, sanctions, and service adjustments;
- Holding team discussions of treatment and support service needs;
- Allowing input from all team members;
- Utilizing the Six (6)-Question Analysis staffing framework
- Resolving disagreements between team members to present a united front in court;
- Frequency of team staffing;
- Location and time of team staffing; and
- Team members who regularly attend.

2-6.3 HANDBOOK REQUIREMENTS FOR TEAM STAFFING

The treatment court participant handbook shall identify the process of team staffing, including the purpose of team staffing.

2-6.4 STATUS HEARINGS

The treatment court shall hold status hearings no less frequently than every two (2) weeks for those in phase 1 of the program and no less than every four (4) weeks from phase 2 until graduation. Frequent status hearings establish and reinforce the treatment court's policies, ensure participants' needs are being met, and provide supervision and accountability for each participant. Participants shall ordinarily appear in front of the same judge throughout their enrollment in the treatment court program.

2-6.5 POLICY MANUAL REQUIREMENTS FOR STATUS HEARINGS

The treatment court policy manual shall identify the process for status hearings, including:

- Frequency of status hearings;
- Location and time of status hearings; and
- Team members who are expected to attend status hearings.

2-6.6 HANDBOOK REQUIREMENTS FOR STATUS HEARINGS

The treatment court participant handbook shall identify the participant requirements for status hearings, including:

- Typical attendance requirements by program phase;
- Location and time of status hearings; and
- Any rules or restrictions set by the treatment court about behavior, attire, and attendance expectations.

2-6.7 INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

The treatment court model is based on the principle of behavior modification, rewarding positive behavior, and sanctioning program violations. Research identifies that certainty and immediacy of team responses to behavior are the two (2) most important factors in the successful administration of incentives, sanctions, and service adjustments.

Participants shall receive consequences without regard to their gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation. Sanctions shall be imposed without expressing anger or ridicule. Participants shall not be shamed or subjected to foul or abusive language. It is recommended that incentives be provided at a greater frequency than sanctions by a four (4) to one (1) ratio.

Participants are allowed to explain their perspectives concerning factual controversies. 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.

Incentives: The treatment court places as much emphasis on incentivizing productive behavior as on responding to program violations. Incentives should consider the proximal and distal goals of each participant. (Ex., Proximal goal: incentive low; Distal goal: incentive high.)

The treatment court shall utilize at least five percent (5%) of administrative contract funds to support the costs of providing incentives.

Progressive Sanctions: Jail sanctions shall be imposed judiciously and sparingly and should not exceed six (6) days. Jail sanctions for multiple violations cannot be used to extend jail sanctions beyond 6 days. Unless a participant poses an immediate risk to public safety, jail sanctions are imposed after less severe consequences have been ineffective at deterring infractions. Treatment courts should impose sanctions in advance of a participant's regularly scheduled court hearing. Sanctions should only be imposed by the treatment court judge. Sanctions imposed may include

termination from the program. Sanctions should consider the proximal, distal, and managed goals of each participant. (Ex., Proximal goal: sanction; Distal goal: service adjustment.)

Service Adjustments: Service adjustments are appropriate for distal goal infractions. Service adjustments include therapeutic adjustments, supervision adjustments, and learning assignments. Any modification of the treatment plan shall adhere to the recommendations of the treatment clinician.

2-6.8 POLICY MANUAL REQUIREMENTS FOR INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

The treatment court policy manual shall identify the process for the implementation of incentives, sanctions, and service adjustments which:

- Identifies the regular monitoring of the delivery of incentives, sanctions, and service adjustments to ensure they are administered equivalently to all participants.
- Identifies the opportunity for participants to be heard to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and service adjustments.
- Identifies that participants will receive a clear justification for why a particular consequence is or is not being imposed; and
- Identifies a menu of incentives, sanctions, and service adjustments and the right of the team to use discretion in choosing an appropriate response to behavior considering the circumstances presented in each situation.

2-6.9 HANDBOOK REQUIREMENTS FOR INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

The treatment court participant handbook shall identify the process for implementation of incentives, sanctions, and service adjustments, which:

- Identifies behaviors that may elicit an incentive, sanction, or service adjustment;
- Identifies the range of consequences that may be imposed;
- Identifies phase advancement and graduation criteria, including the legal and collateral consequences. Graduation criteria shall typically include (*modifications allowable and necessary on an individualized basis*) a requirement for approximately ninety (90) days of sobriety without perfection, employment, home management, school attendance or meaningful volunteerism, and stable housing;
- Identifies termination criteria and the legal and collateral consequences;
- Identifies the right of the treatment court team to use a reasonable amount of discretion to choose responses to behavior, considering the circumstances presented in each situation; and
- Identifies that a participant may be sanctioned to serve a term of confinement of six (6) months in an intermediate revocation facility operated by the Department of Corrections.

SUBCHAPTER 2-7: PARTICIPANT RIGHTS

2-7.1 CONFIDENTIALITY

Open communication between multiple agencies and offices is a hallmark of the treatment court program models. However, much of the information necessary to discuss, such as all information related to the identity, diagnosis, prognosis, or treatment of any patient, is protected by state, federal, and tribal laws. As such, treatment court programs shall maintain the ability to communicate this protected health information through appropriate participant written consent. Consent for the release of information shall not be valid if (a) the expiration date has passed, (b) the release has not been filled out with all required information identified in 7-1.2, or (c) the participant does not give consent freely and voluntarily.

The treatment court shall utilize consent for the release of information, which includes:

- The statement, in bold font, “The information authorized for release may include records which may indicate the presence of a communicable disease;”
- The specific name or general designation of the program or person permitted to make the disclosure;
- The name or title of the individual or the name of the organization to which disclosure is being made;
- The name of the consumer whose records are to be released;
- A description of the information to be disclosed, including specifically whether substance abuse treatment information may be included with the disclosure;
- The dated signature of the consumer, authorized representative, or both when required;
- Purpose of the disclosure;
- An expiration date, event, or condition which shall ensure release will last no longer than reasonably necessary to serve the purpose for which it is given; and
- If the release is signed by a person authorized to act for a consumer, a description of the authority of such person to act.

2-7.2 POLICY MANUAL REQUIREMENTS FOR CONFIDENTIALITY

The treatment court policy manual shall identify the confidentiality practices of communication that require the use of consent for the release of information before disclosure of the information.

The policy shall include:

- Identification of the team member responsible for the collection of consent for the release of information; and
- Identification of the secure storage procedure of any records that contain protected health information.

2-7.3 HANDBOOK REQUIREMENTS FOR CONFIDENTIALITY

The treatment court participant handbook shall identify confidentiality information, including:

- A brief description of protected health information;

- The role of consent for the release of information in the treatment court program; and
- The limits to confidentiality.

2-7.4 CONSUMER RIGHTS

Respectful treatment of program participants is a best practice that has been proven to enhance positive outcomes. It is also a right of program participants to be treated with respect and have interactions with treatment court team members free from foul or abusive language.

Dual relationships are a consumer rights issue that is expected to occur from time to time. Especially in rural areas, former interactions between treatment court team members and participants (ex., employee/employer, familial, etc.) should be recognized as an important issue to the treatment court team, and steps should be taken to minimize the impact on the participant if it should occur. Each treatment court program shall have a grievance procedure available to program participants. Grievance procedures are a means by which participants can formally notify team members of potential rights violations or general concerns regarding their treatment. Formal grievance processes assist in holding team members accountable to high ethical standards of care and protect both the program and the participants.

2-7.5 POLICY MANUAL REQUIREMENTS FOR CONSUMER RIGHTS

The treatment court policy manual shall identify consumer rights information, which:

- Identifies that treatment team members shall not create new dual relationships with participants (ex., employee/employer relationships excluding certified peer recovery support opportunities, sexual relationships, etc.); and
- Establishes agreed-upon guidelines by the treatment court team for instances of prior relationships between team members and participants. This shall include notification and documentation requirements and steps to minimize the impact of prior relationships on participation.

2-7.6 HANDBOOK REQUIREMENTS FOR CONSUMER RIGHTS

The treatment court participant handbook shall identify consumer rights information, which:

- Identifies the participant's rights to respectful treatment while in the program;
- Identifies a grievance process that:
 - Identifies the method by which participants can file a grievance;
 - Includes a timeframe for the grievance process, which allows for an expedient resolution (not to exceed 14 days);
 - Includes the provision of written notification to the participant of the outcome;
 - Identifies the mechanism by which the participant can appeal the outcome.
- Includes the ODMHSAS Consumer Advocate's Office email and phone numbers:
 - advocacydivision@odmhsas.org
 - Local: 405-248-9037
 - Toll-free: 1-866-699-6605

SUBCHAPTER 2-8: FISCAL RESPONSIBILITIES

2-8.1 PARTICIPANT FEES

Treatment court programs shall follow the requirements identified in the ODMHSAS contracts and applicable state and federal laws about the charging and collection of participant fees and copayments. Treatment services, phase promotions, or graduation shall not be contingent on paying any required fee or copay.

2-8.2 POLICY MANUAL REQUIREMENTS FOR PARTICIPANT FEES

The treatment court policy manual shall identify:

- The procedures for the collection of participant fees, including to whom payments are made, methods of payment accepted, storage of payments collected, and the deposit process of payments collected; and
- The amount of participant fees to be charged to program participants.

2-8.3 HANDBOOK REQUIREMENTS FOR PARTICIPANT FEES

The treatment court participant handbook shall identify:

- Amount of participant fees, detailed by type of fee (ex., program fee, supervision fee, etc.)
- Required schedule for payment of fees;
- Participant expectations for the fee collection process, including to whom payments are made, methods of payments accepted, and how receipts for payments will be issued; and
- Participant process for requesting the history of payments made and the remaining balance due.

2-8.4 ACCOUNTING PROCEDURES

Treatment court programs shall follow sound accounting procedures, including state purchasing requirements. Treatment court programs shall follow the financial procedures outlined in 22 O.S. § 471.1 and Standard Operating Procedure #23 prepared by the State Auditor and Inspector's office (SA&I). Treatment court programs shall comply with ODMHSAS and SA&I audit requests, including making all program account information accessible to ODMHSAS and SA&I.

2-8.5 EXPENDITURE REPORTS

Treatment court programs shall submit quarterly expenditure reports to ODMHSAS within 45 days of the close of each quarter and shall comply promptly with any follow-up requests. If the 45th day falls on a weekend or holiday, it will be due on the next business day.

2-8.6 ALLOWABLE USE OF FUNDS

To ensure uniform fiscal responsibility and sound management of treatment courts, ODMHSAS enacts this policy to provide direction on the allowable use of treatment court funds.

I. Applicability

This policy applies to all Oklahoma treatment court programs receiving any financial support from ODMHSAS.

II. Audit Requirements

All expenses shall be documented, auditable, and consistent with state purchasing rules.

III. Allowable Use of Contract Funds

Allowable ODMHSAS contract expenditures include:

- A. Salaries and benefit costs of treatment court employees;
- B. Salaries and benefit costs of treatment court team members for only those portions of time working on treatment court duties;
- C. Expenses of treatment court employees, such as phone, supplies, and mileage, for only those portions of expenses directly related to treatment court duties;
- D. Contracts for professional services of team members, including probation, defense attorney, law enforcement, and other team members;
- E. Travel and training for team members directly related to treatment courts and following state travel procedures;
- F. Administrative costs, including office supplies and equipment used for the sole purpose of treatment court operations. If sharing equipment across programs (i.e., mental health court, juvenile diversion, etc.), costs will be allocated across the various programs;
- G. Infrastructure costs, including rent, building upkeep, cleaning supplies, and insurance, used for the sole purpose of treatment court operations. If sharing infrastructure costs across programs (i.e., mental health court, juvenile diversion, etc.), costs must be allocated across the various programs;
- H. Drug/alcohol testing supplies and laboratory confirmations, including urine drug/alcohol testing cups and dips, oral fluid tests, sweat patches, hair follicle tests, latex gloves, or similar products needed to administer the drug/alcohol test, and contracts with vendors to administer drug/alcohol testing. Vendors shall be selected and paid using state purchasing rules;
- I. Electronic home monitoring installation and daily fees, which must be paid directly to the vendor;
- J. Alternate drug/alcohol testing or supervision devices (ex., ocular scanners, fingerprint scanners, portable breath test devices, smartphone technology, etc.), which must be paid directly to the vendor;
- K. Workbooks, brochures, pamphlets, diaries, journals, meditation books, sobriety tokens, medallions, and calendars are provided directly to program participants to support program goals;
- L. Bus and other transportation support for participants to attend program-related activities; and
- M. Incentives authorized under applicable program statutes, not to exceed \$25 per incentive. No gifts or incentives shall be given to anyone other than active program participants; incentives must be appropriately documented in the Courts System ; any inventory of incentives must be documented, controlled, tracked, and reconciled.
- N. Graduation mementos, including but not limited to frames for graduation certificates, not to exceed \$40 per person; and
- O. Up to two (2) treatment court activities/events for participants, which include:
 - Cake, desserts, refreshments, and meals, not to exceed \$14 per person; and
 - Activity costs not to exceed \$8 per person; or
 - A combination of refreshments/meals/activity, not to exceed \$22 per person.

IV. Allowable Use of Participant Fees

Allowable Participant Fee expenditures include:

- A. Salaries and benefit costs of treatment court employees;
- B. Salaries and benefit costs of treatment court team members for only those portions of time working on treatment court duties;
- C. Expenses of treatment court employees, such as phone, supplies, and mileage for only those portions of expenses directly related to treatment court duties;
- D. Contracts for professional services of team members, including probation, defense attorney, law enforcement, and other team members;
- E. Administrative costs, including office supplies and equipment, used for the sole purpose of treatment court operations. If sharing equipment across programs (i.e., mental health court, juvenile diversion, etc. costs will be allocated across the various programs).
- F. Infrastructure costs, including rent, building upkeep, cleaning supplies, and insurance, used for the sole purpose of treatment court operations. If sharing infrastructure costs across programs (i.e., mental health court, juvenile diversion, etc.), costs must be allocated across the various programs;
- G. Drug/alcohol testing supplies and laboratory confirmations, including urine drug/alcohol testing cups and dips, oral fluid tests, sweat patches, hair follicle tests, latex gloves, or similar products needed to administer the drug/alcohol test, and contracts with vendors to administer drug/alcohol testing. Vendors shall be selected and paid using state purchasing rules;
- H. Electronic home monitoring installation and daily fees, which must be paid directly to the vendor;
- I. Alternate drug/alcohol testing or supervision devices (ex., ocular scanners, fingerprint scanners, portable breath test devices, smartphone technology, etc.), which must be paid directly to the vendor;
- J. Workbooks, brochures, pamphlets, diaries, journals, meditation books, sobriety tokens, medallions, and calendars provided directly to program participants to support program goals;
- K. Bus and other transportation support for participants to attend program-related activities;
- L. Incentives authorized under applicable program statutes, not to exceed \$25 per incentive. No gifts or incentives shall be given to anyone other than active program participants; incentives must be appropriately documented in the Courts System ; any inventory of incentives must be documented, controlled, tracked, and reconciled.

V. Allowable Use of Gifts and Donations

Gifts and donations accepted by the treatment court may be used for any allowable expenses under Section III or IV of this policy. Acceptance and use of donated funds shall be consistent with state law and all applicable ethics rules.

VI. Allowable Use of Grant Funds

- A. Any state or federal grant must follow the spending guidelines of the grant;
- B. In the event of a conflict between the terms of the grant and this policy, the more restrictive shall apply unless approved in writing by ODMHSAS; and

- C. Grant funds shall be kept in a separate Trust and Agency Fund set up with the County Clerk and Treasurer established specifically for that purpose.

If Grant funds being received are drawn down as cost reimbursement where submission of an invoice as documentation of the expenditure by the contractor is required prior to payment, funds must be deposited into the specialty court account where the original invoice was paid.

VII. Pre-Approval Threshold

Any purchase equal to or exceeding \$5,000 shall have prior written approval from ODMHSAS. No split purchasing is allowable. Larger counties with multiple expenditures over the \$5,000 threshold may submit a list at the beginning of each fiscal year with estimated purchases over the threshold for review and approval.

VIII. Required Reporting and Documentation

If a program is found to be in non-adherence on reporting criteria or documentation submission at any time:

- A. A notice of non-compliance may be issued to the program.
- B. Upon receipt of the notice, which may be issued through an on-site review or by certified mail, the program shall have a written timeline to demonstrate compliance.
- C. Failure to demonstrate compliance within the given timeline of receipt of the notice may result in immediate cancellation of access to funding.

IX. Additional Items

Any items not covered in this policy must have prior written approval from ODMHSAS. Examples include, but are not limited to, vehicle and vehicle-related expenses, marketing material, and staff incentives.

All expenses shall be documented, auditable, and consistent with state purchasing rules.

SUBCHAPTER 2-9: TREATMENT COURT PERSONNEL AND PURCHASING SERVICES

2-9.1 TREATMENT COURT PERSONNEL

Treatment courts shall have Treatment Court Personnel who minimally perform the duties identified in the ODMHSAS Administrative Contracts.

2-9.2 POLICY MANUAL REQUIREMENTS FOR TREATMENT COURT PERSONNEL

The treatment court policy manual shall identify:

- The employment status of each treatment court personnel (ex., contractor, county employee, etc.);
- The immediate supervisor of each treatment court personnel; and
- The requirement of submission of timecards for treatment court personnel paid with funds provided by an ODMHSAS Administrative Contract, documenting hours spent on program-related tasks, which shall be reviewable by ODMHSAS upon request.

2-9.3 HANDBOOK REQUIREMENTS FOR TREATMENT COURT PERSONNEL

The treatment court participant handbook shall identify the contact information for the designated Treatment court coordinator.

2-9.4 PURCHASED SERVICES

Treatment courts using any program funds, including those provided by ODMHSAS contracts, to purchase services to carry out any portion of those duties required in the ODMHSAS Treatment Court Contracts (ex., supervision, drug testing, etc.) shall follow all applicable purchasing requirements.

2-9.5 POLICY MANUAL REQUIREMENTS FOR PURCHASED SERVICES

The treatment court policy manual shall identify:

- The method by which the provider(s) of the purchased services shall be selected and monitored;
- The requirement of all service providers to post the grievance process and ODMHSAS Consumer Advocate's contact information at any service location to which participants are required to report; and
- The requirement of submission of written agreements and invoices for payment, which include the individual cost of service, the number of services provided, dates of services, and a signature of service provided with attestation.

SUBCHAPTER 2-10: EVALUATION AND PERFORMANCE IMPROVEMENT

2-10.1 DATA REPORTING

Treatment courts shall participate in the ODMHSAS-required data reporting and evaluation process. This shall minimally include (a) coordinators entering required data into the Courts System, by the 1st of each month, and (b) treatment providers entering data into the Medicaid Management Information System (MMIS) per established procedures. It is recommended that documentation occurs within forty-eight (48) hours of respective events, but at the latest, documentation shall be entered within seven (7) days. Records not updated within sixty (60) days shall not be counted as active for purposes of funding. All team members shall have access to enter and review information in the Courts System.

2-10.2 POLICY MANUAL REQUIREMENTS FOR DATA REPORTING

The treatment court policy manual shall identify an internal review process that:

- Ensures the accurate reporting of participants' active status;
- Includes an at least quarterly review by an individual other than the person whose regular responsibility it is to report data; and
- Reports any errors in reporting to ODMHSAS within 7 days.

2-10.3 PERFORMANCE IMPROVEMENT

Evaluation and performance improvement are important components of treatment court programs. Research identified that programs utilizing data to impact program functions have better outcomes than those programs that do not. Further, treatment court programs that meet outside of traditional staffing and status hearings to target performance improvement measures similarly show improved results.

ODMHSAS provides outcomes and other select reports, on at least a quarterly basis, to each treatment court program. Many program evaluation reports are available on the Courts System, and additional information may be requested from ODMHSAS to assist with program evaluations.

2-10.4 POLICY MANUAL REQUIREMENTS FOR PERFORMANCE IMPROVEMENT

The treatment court policy manual shall identify business meetings on at least an annual basis, which:

- Include all treatment court members;
- Include a review of program outcomes and other data reports;
- Focus on performance improvement;
- Review in-program progress and outcomes of historically disadvantaged groups;
- Assess adherence to best practice standards and create an action plan with needed improvements; and
- Include a review of the policy manual, participant handbook, and team organizational process.

SUBCHAPTER 2-11: DOCUMENTATION

Treatment court programs shall maintain documentation requirements that minimally include:

Treatment court participant file: The treatment court participant file shall be stored separately from treatment and public records and shall be maintained in a secure, locked environment not accessible to individuals who are not a part of the treatment court team, including program participants. The treatment court has documentation that shall minimally include:

- Plea date;
- Current case number;
- Current program phase;
- Current status (ex., AWOL, In-custody, Active, IRF, etc.)
- Graduation/Revocation date, as applicable;
- Signed acknowledgment of participant handbook receipt;
- Signed participant contract;
- Documentation of final disposition, as applicable;
- Chronological reports which contain information regarding supervision contact with a participant, including (a) date, (b) time, (c) location, and (d) team members' signature. This includes, but is not limited to, home visits, office visits, substance testing, missed appointments, and telephone calls, unless entered into the Courts System. If supervision is provided by the staff of state or municipal supervision entities, such as the Department of Corrections, their documentation requirements shall supersede this section;
- Screening reports from treatment providers unless entered directly into the Courts System;
- Treatment update reports from treatment providers unless entered directly into the Courts System;
- Consents for the release of information;
- Approved requests for travel if the treatment court program requires such requests;
- Documentation signed by the participant, or a copy provided to the participant at the time of sanctioning, identifying the violation and requirements of completing the sanction, including the date the sanction is to be completed;

- Substance testing records that identify: (a) the substance tested for, (b) the method of testing, (c) results, (d) the signature of the individual administering the test, and (e) the participant's signature; and
- Copies of participant receipts, when treatment court fines or fees are not collected directly by the court clerk.

Treatment records: The treatment provider shall maintain the original treatment documentation, and records shall remain with the respective treatment agency in accordance with applicable sections of OAC Title 450.

Public court records: The public court record shall be stored separately from the treatment court participant file and treatment record, following applicable state and federal laws.

SUBCHAPTER 2-12: SPECIAL POPULATIONS/DOCKETS

2-12.1 VETERAN/ACTIVE-DUTY POPULATIONS

Oklahoma has a significant number of veterans and active-duty military personnel relative to the overall population. While most of these individuals will never be involved in the criminal justice system, some individuals may face criminal charges and ultimately end up in treatment court programs due to service-related treatment needs. Because of the significant sacrifice made by this population, treatment court programs may choose to invest resources into a voluntary program distinction identified as Zone4Vets (Z4V).

While any treatment court program can serve veterans and active-duty military personnel, those identified as Zone4Vets have met the current requirements identified by the ODMHSAS Zone4Vets criteria to receive special recognition status for this population.

2-12.2 CO-OCCURRING POPULATIONS

A significant percentage of treatment court participants have co-occurring disorders, serious mental illness, and substance use disorders. Treatment courts may choose to designate a specialized docket in the program to serve their co-occurring participants. Co-occurring dockets target defendants with moderate to high treatment needs in both substance use and mental health areas.

While all treatment courts are encouraged to follow the information in this section for their co-occurring participants, programs with specialized co-occurring dockets shall follow all general treatment court requirements in addition to the requirements below (*adapted from All Rise and GAINS Center: Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders*):

Early identification of participants' needs through:

- Screening processes that identify co-occurring treatment needs before program admission;
- Screening processes that identify trauma-related treatment needs at admission;
- Program intake processes that include (a) mental health and substance use disorder diagnosis, (b) interaction between mental health and substance use disorder, (c) information on functional impairments that could impact participation in the program (ex., stress tolerance, attention, concentration, etc.), and (d) other psychological areas that are likely to affect engagement and participation in the program (ex., criminogenic needs, motivation for treatment, literacy, transportation, and major medical problems).

Adaptation of the court structure through:

- Participation in staffing and status hearings by an agency certified by ODMHSAS to provide mental health treatment services;
- Increased periodic reviews of treatment court program requirements;
- Cross-training, either formal or informal in-service training opportunities, of treatment court staff on criminal justice, mental health, and substance use disorder treatment;
- Integration of support groups that target co-occurring treatment needs, as available;
- The flexibility of court appearance requirements to meet the individual needs of participants;
- Integration of family-based educational services;
- Integrated treatment approaches which are individualized to each participant's needs;
- The flexibility of phase progress and anticipated goals which may include (a) a determined period of sobriety and medication compliance, (b) reduction in mental health symptoms, (c) continued engagement and progress in treatment, (d) a stable home plan, (e) establishment of a support network, (f) completion of special probation terms such as paying program costs, making restitution, or participating in community service;
- Consequences associated with non-compliance with mental health treatment; and
- Encouragement of reduction of hospitalizations, improved role functioning at work, school, or parenting, and increased independent living skills.

Expansion of treatment options, including:

- Enhancement of independent living skills, including financial management;
- Focus on improved role functioning at work, school, or parenting;
- Integration of family-based and other social support services;
- Evidence-based services for serious mental illness, including, but not limited to, medications and social skills training; and
- Case management, including, but not limited to, housing, vocational and educational services, and primary healthcare. All housing referrals must be made to OKARR-certified recovery residences, Oxford House, or ODMHSAS-approved housing.

Community supervision, which:

- Is dictated by assessed risk for recidivism, with more intensive supervision for those assessed as higher risk and less intensive supervision for those with lower risk;
- Takes into consideration the abilities and functioning of the participant (ex., memory deficits, time management challenges, and medication adherence); and
- Includes a problem-solving approach to non-compliance.

CHAPTER 3: MENTAL HEALTH COURT

SUBCHAPTER 3-1: MENTAL HEALTH COURT STRUCTURE

3-1.1 GOVERNANCE

Mental health court programs, described in Title 22 O.S. §472, shall be highly structured and specialized dockets wherein defendants with behavioral health treatment needs are offered an opportunity to participate in court-supervised treatment in place of traditional adjudication and

sentencing processes. The court is operated through the joint efforts of criminal justice and treatment services staff to provide a collaborative approach to reducing recidivism and increasing treatment participation. Mental health courts shall have current policy manuals and participant handbooks in place. Any revisions shall be submitted to the ODMHSAS within seven (7) days. Policy manuals guide the internal practices of the mental health court program. Participant handbooks provide information to prospective and active participants and their families about the treatment court and their general expectations and responsibilities. Participant handbooks shall be written at no higher than a 6.0 Flesch-Kincaid Grade Level.

3-1.2 MENTAL HEALTH COURT TEAM

A mental health court team shall be the group of professionals primarily responsible for the program's day-to-day operations and administering the treatment and supervisory interventions. It is recommended that the mental health court team establish Memoranda of Understanding (MOUs) with each relevant agency and office to identify expectations of each team member's involvement. All Rise has published the "Core Competencies Guide" for each team member. The team members shall consist of:

- **Mental Health Court Judge:** The judge is the leader of the mental health court team. Judges shall attend at least six (6) hours of program-related training annually.
- **District Attorney Representative/Prosecutor:** The district attorney representative serves as the gatekeeper for admission into the program and participates as a member of the team in a non-adversarial manner, focusing on the benefits of providing a therapeutic environment and enhancing positive program outcomes. Prosecutors serving on the team shall attend at least six (6) hours of program-related training annually.
- **Defense Counsel:** The defense counsel provides information to the participant about the rigors of the treatment court, preserves all legal rights of the client, advocates for fair and equal treatment of the client, participates in team meetings, and attends non-adversarial court proceedings. Defense counsel serving on the team shall attend at least six (6) hours of program-related training annually.
- **Mental Health Court Coordinator:** The mental health court coordinator oversees the activity of the team, conducts quality assurance of each team member, maintains client data, remains informed regarding budgetary concerns of the treatment court, and coordinates services from each discipline, and the local community, in a manner that is most therapeutic to the participant. Coordinators shall:
 - Participate fully as a mental health court team member, attending staffing and status hearings;
 - Manage the daily operations of the program;
 - Maintain an email address and internet access;
 - Collect all completed eligibility forms and forward the forms to the district attorney and the judge assigned to the defendant's case;
 - Ensure the preparation of the program docket containing all essential information as required by the team;

- Ensure the collection of data for evaluation purposes, including, but not limited to, updates in the ODMHSAS Courts System before the first of each month;
- Keep a record of all presumptively eligible defendants who are not placed in the drug court program, including the reason each person was not placed in the program and information about the ultimate case disposition of each. This record shall be available to all members of the drug court team.
- Act as liaison between ODMHSAS and the team;
- Provide documentation to ODMHSAS that the Participant Handbook was tested and is written at no higher than a 6.0 Flesch-Kincaid Grade Level.
- Establish and coordinate networking within the community, local agencies, outreach programs, and state agencies to assist with resources and referrals for participants;
- Ensure orientation and graduation processes are developed and followed;
- Complete the ODMHSAS Conflict of Interest statement annually;
- Attend at least six (6) hours of program-related training annually; and
- Not provide direct care treatment services to program participants.
- Treatment Provider: The treatment provider engages participants in rehabilitative therapy sessions, case management, and monitoring in keeping with the holistic recovery of the participants. All persons at a treatment provider who serve participants from a treatment court shall attend at least six (6) hours of program-related training annually.
- Mental Health Court Community Supervision Provider: The mental health court supervision provider actively monitors participants outside of the mental health court setting, including conducting home and job visits. All client contact is documented, and visits are logged to help encourage positive participant behavior. Any person serving as a community supervision provider for treatment court participants shall attend at least six (6) hours of program-related training annually.

3-1.3 POLICY MANUAL REQUIREMENTS FOR MENTAL HEALTH COURT TEAM

The mental health court policy manual shall:

- Identify each member of the mental health court team;
- Identify the roles of each member of the mental health court team;
- Identify the continuing education expectations for each team member;
- Be signed by each member of the mental health court team;
- Identify the approved procedure when the mental health court judge is not available for staffing or court hearings.

SUBCHAPTER 3-2: PROGRAM PHASES

3-2.1 PROGRAM PHASES

Mental health courts provide a phased structure toward program completion. Generally, phase 1 of the program focuses on orientation and acute stabilization, with phase goals building on the

preceding phase so that upon completion of all phases, the participant has established a foundation for living a life of recovery.

3-2.2 PHASE COMPLETION REQUIREMENTS

Phase completion requirements shall include:

- Progress toward specified recovery-oriented goals;
- Compliance with court orders; and
- Reasonable, measurable expectations that align with overall program goals (ex., an early phase may require one (1) month of appointment attendance while a later phase may commonly require employment).

3-2.3 POLICY MANUAL REQUIREMENTS FOR PROGRAM PHASES

The treatment court policy manual shall include the requirements to complete each program phase, identify:

- Realistic and defined behavioral objectives for phase advancement, such as:
 - Reliable attendance;
 - Achieving clinical stability, psychosocial stability, and early remission;
 - Evidencing changes in attitude and maladaptive thought patterns; and
 - Developing recovery-supportive relationships and recovery capital.

3-2.4 HANDBOOK REQUIREMENTS FOR PROGRAM PHASES

The mental health court participant handbook shall include the requirements to complete each program phase, which:

- Are clearly defined and measurable;
- Are standardized, but can be modified to best meet participants' needs and serve diverse populations;
- Include supervision requirements, including random substance testing as appropriate, and home compliance checks;
- Identify basic treatment requirements which are consistent with the Essential Elements of Mental Health Court Guidelines;
- Identify any program fee requirements and anticipated payment schedule, if applicable; and
- Identify the process of phase advancement.

SUBCHAPTER 3-3: ADMISSION PROCEDURES

3-3.1 REFERRAL AND ELIGIBILITY

Prompt identification and placement of eligible defendants into the treatment court program is a priority to enhance positive outcomes. Mental health courts can take all risk and need levels as long as there is a serious mental illness (SMI) diagnosis. Candidates shall not be disqualified from participation because of co-occurring substance abuse, medical condition, housing status, or because they have legally prescribed psychotropic or addiction medicine. Mental health court is

open to misdemeanor and felony defendants or those with an application to accelerate or revoke a probation violation.

Treatment contractors shall provide assessment services to program referrals that do not have a current mental health diagnosis, as identified by an assessment being completed or treatment services being provided by the contractors within the previous six (6) months. Treatment contractors are encouraged to collaborate with county jail medical providers to consider diagnostic information while incarcerated.

3-3.2 PARTICIPANT ORIENTATION

Mental health court participants shall be informed of their choices to decline or accept participation in the program. For applicants to make an informed decision regarding program participation, applicants shall receive a complete orientation to the program before plea.

3-3.3 POLICY MANUAL REQUIREMENTS FOR PARTICIPANT ORIENTATION

The mental health court policy manual shall identify the procedures for participant orientation which:

- Identify the team member(s) responsible for completing program orientation;
- Are provided to all participants within the designated time;
- Include the distribution and review of the participant handbook; and
- Identifies the documentation of a signature and date that the participant has been provided the orientation and a copy of the participant handbook.

SUBCHAPTER 3-4: SUPERVISION

3-4.1 SUPERVISION

Supervision staff provides monitoring of participant behavior, which is a vital component of the success of a mental health court program. Occurring in both office settings and in participants' homes and jobs, supervision shall be performed respectfully. According to All Rise, community supervision has seven (7) identified functions: (1) protection of the public; (2) providing accountability; (3) enhancing drug refusal skills; (4) identifying environmental threats; (5) catching impending signs of relapse; (6) partnering with treatment; and (7) enforcing community obligations.

Frequent and accurate reporting to the treatment court team enhances program accountability. Supervision staff shall document all supervision contacts with program participants per program policies.

Supervising staff shall minimally report:

- Drug and alcohol test results, including efforts to defraud or invalidate said tests;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;

- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior directed at staff members, participants, or other persons.

3-4.2 POLICY MANUAL REQUIREMENTS FOR SUPERVISION

The mental health court policy manual shall include supervision information that:

- Describes the communication requirements between supervision staff and the mental health court coordinator, or designee, minimally occurring weekly; and
- Identifies the documentation requirements of supervision contacts with participants.

3-4.3 HANDBOOK REQUIREMENTS FOR SUPERVISION

The mental health court participant handbook shall include:

- A specialized set of terms and conditions for community supervision, that shall be reviewed with participants at regular intervals; and
- Provisions for home compliance visits.

3-4.4 SUBSTANCE TESTING

The mental health court encourages participants' abstinence from drugs and alcohol, and testing is performed regularly enough to ensure substance use is detected quickly and reliably. Substance testing shall be used as a tool to support recovery and engagement, not solely as a means to support sanctions. The mental health court shall rely on expert medical input to determine whether a prescription for an addictive or intoxicating medication is necessary and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. Test results, including the results of confirmation testing, should be available to the mental health court team within forty-eight (48) hours of sample collection.

The mental health court shall utilize at least five percent (5%) of administrative contract funds to support the costs of indigent drug testing.

3-4.5 POLICY MANUAL REQUIREMENTS FOR SUBSTANCE TESTING

The mental health court policy manual shall identify the process of substance testing, including:

- Method(s) of testing which are (a) scientifically valid; (b) legally defensible; and (c) therapeutically beneficial;
- Identification of the individual(s) responsible for the collection of samples. If an employee of a treatment agency, ODMHSAS shall be notified in writing within thirty (30) days of contract execution;
- Chain of custody process for sample collection, including storage of samples;
- Regular substance testing occurs until the last program phase for all mental health court participants or at least twice a week for mental health court participants identified as having a severe substance use disorder;
- Process for random, unpredictable selection of participants for substance testing;

- Process for reporting results; and
- Process for lab confirmation upon participant objection to testing results.

3-4.6 HANDBOOK REQUIREMENTS FOR SUBSTANCE TESTING

The mental health court handbook shall identify the participant requirements for substance testing, including:

- The method by which participants will be notified to submit to testing and the timeline by which they must respond, typically no more than eight (8) hours after being notified to test for urine specimens and no more than four (4) hours after being notified for oral fluid tests;
- The consequence of not submitting to a substance test;
- Explanation of a dilute sample and the consequence of submitting one;
- The consequence of submitting a modified or tampered sample;
- Established rules for the collection of samples;
- Identification of any restrictions to over-the-counter (OTC), prescription (Rx) medications, supplements, or other substances; and
- Process for requesting lab confirmation, including any required fee to do so.

SUBCHAPTER 3-5: TREATMENT

3-5.1 TREATMENT SERVICES

Behavioral health treatment services are a vital component of the success of a mental health court program. Individualized to each participant's needs, treatment services shall be based on sound theory and provided through evidence-based interventions. According to All Rise, behavioral health treatment services have three (3) identified functions: (1) motivation; (2) insight; and (3) behavioral Skills.

Mental health courts shall verify that all entities providing treatment services to participants are Approved Treatment Entities. Verification shall be documented in the treatment court office for inspection and review by ODMHSAS. Mental health courts shall participate in all ODMHSAS participant count verifications. Treatment services shall:

- Provide a continuum of care for substance use disorder treatment. Level of care decisions are based on the ASAM Patient Placement Criteria;
- Be provided in a structure that makes available, as defined in the participant handbook, any and all treatment services needed identified in a validated assessment and by a licensed clinician based the participants' individualized need;
- Not include incarceration to achieve clinical or social service objectives, such as obtaining access to detoxification services or sober living quarters.
- Be available to participants regardless of their work schedule. Treatment agency contractors shall be available for services at least forty (40) hours per week, except for state and federally designated holidays. Utilize risk, need, and responsivity principles in targeting the criminogenic and non-criminogenic/responsivity needs of participants. Treatment shall ordinarily be sequenced to first address responsivity needs such as housing (all referrals for recovery housing shall be certified by OKARR, Oxford House, or

ODMHSAS), mental health symptoms, cravings, withdrawal, etc. (phase 1), then criminogenic needs such as criminal thinking, delinquent peer interactions, and family conflict (interim phases), and lastly, long-term functioning needs such as vocational, educational services (later phases);

- Use evidence-based criminal thinking interventions after participants are stabilized clinically and no longer experiencing acute symptoms of distress, such as cravings, withdrawal, or depression;
- Include substance use treatments that are manualized and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system;
- Include medications, as clinically appropriate based on medical necessity as determined by a treating physician with specialized behavioral health expertise;
- Be available to applicants immediately upon identification of clinical eligibility (before plea);
- Provide group-based and individual-based interventions for all participants;
- Include the following services:
 - Gender-Specific
 - Parenting
 - Anger Management
 - Family-based Services
 - Trauma-Specific Interventions
 - Skill Building/Problem-Solving
 - Cognitive Behavioral Therapies
 - Relapse Prevention
 - Mental Health Treatment
 - Prevention of Health-Risk Behaviors
 - Overdose Prevention and Reversal
 - Peer Recovery Support Services
 - Aftercare, follow-up contact with the participant is available through at least the first ninety (90) days after discharge.
- If multiple treatment providers are utilized, the mental health court shall have a policy that identifies the treatment agency's selection process for each participant.

3-5.2 SERVICE COLLABORATION

In addition to behavioral health treatment needs, mental health court participants frequently have multiple needs requiring service agency collaboration (ex., housing, medical, transportation, vocational, etc.). All housing referrals must be made to OKARR-certified recovery residences, Oxford House, or ODMHSAS-approved housing. Holistic care is recognized as the standard of care in treatment court programs. ODMHSAS encourages the use of peer support resources such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, Double Trouble in Recovery, NAMI support groups, Celebrate Recovery, etc. However, if attendance at a peer support program is mandated, treatment courts shall offer both secular and non-secular options for attendance.

3-5.3 POLICY MANUAL REQUIREMENTS FOR SERVICE COLLABORATION

The mental health court policy manual shall include service collaboration information, which:

- Identifies the vocational and educational support provided to participants; and
- Identifies the collaborations between the court and other social service providers in the community. The mental health court is encouraged to develop Memoranda of Understanding (MOUs) to formalize partnerships.

3-5.4 TREATMENT REPORTING

Frequent and accurate reporting to the mental health court team enhances program accountability. Treatment staff shall document all services per ODMHSAS. Additionally, treatment staff shall submit regular treatment reports to program coordinators or designees before each staffing.

Treatment staff shall minimally report:

- Assessment results pertaining to participants' eligibility for the treatment court, including treatment and supervision needs;
- Attendance at scheduled appointments;
- Attainments of treatment plan goals, such as completion of a required treatment regimen;
- Evidence of symptom resolution, such as reductions in drug cravings, withdrawal symptoms, or mental illness symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of phase requirements, such as obtaining and maintaining employment or enrolling in an educational program;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior directed at staff members, participants, or other persons.

3-5.5 POLICY MANUAL REQUIREMENTS FOR TREATMENT REPORTING

The mental health court policy manual shall include treatment reporting information that describes the communication requirements between treatment staff and the mental health court coordinator or designee, minimally occurring weekly.

3-5.6 HANDBOOK REQUIREMENTS FOR TREATMENT SERVICES AND REPORTING

The mental health court participant handbook shall identify:

- Typical treatment requirements by program phase;
- Contact information for the participant's treatment provider;
- The treatment provider's reporting requirements to the treatment court team; and
- Types of treatment services available.

SUBCHAPTER 3-6: STAFFING AND STATUS HEARINGS

3-6.1 TEAM STAFFING

Frequent staffing provides an open forum in which everyone involved in a case can share information, discuss issues, and reach a consensus on the next steps toward a participant's successful rehabilitation and completion of the program.

The mental health court team shall have staffing before the status hearing. At a minimum, staffing should include the judge, coordinator, a defense counsel representative, a district attorney representative, treatment provider, and community supervision officer. To the greatest extent possible, the same representative should attend regularly to ensure the greatest level of teamwork and continuity. The program models support all members of the team having input, with the judge being the ultimate arbiter of factual controversies and making the final decisions concerning the imposition of incentives, sanctions, or service adjustments that affect a participant's legal status or liberty. While the specific roles of the team members differ, the goal of maintaining a therapeutic environment shall be at the forefront of decisions.

3-6.2 POLICY MANUAL REQUIREMENTS FOR TEAM STAFFING

The mental health court policy manual shall identify the process of team staffing, including:

- Addressing participants on an individual basis;
- Holding team discussions on the implementation of incentives, sanctions, and service adjustments;
- Holding team discussions of treatment and support service needs;
- Allowing input from all team members;
- Resolving disagreements between team members to present a united front in court;
- Frequency of team staffing;
- Location and time of team staffing; and
- Team members who regularly attend.

3-6.3 HANDBOOK REQUIREMENTS FOR TEAM STAFFING

The mental health court participant handbook shall identify the process of team staffing, including the purpose of team staffing.

3-6.4 STATUS HEARINGS

The mental health court holds status hearings frequently at the outset of the program and decreases as participants progress positively. Frequent court hearings establish and reinforce the mental health court's policies, ensure participants' needs are being met, and provide supervision and accountability for each participant. Participants shall ordinarily appear in front of the same judge throughout their enrollment in the mental health court program.

3-6.5 POLICY MANUAL REQUIREMENTS FOR STATUS HEARINGS

The mental health court policy manual shall identify the process for status hearings including:

- Frequency of status hearings;
- Location and time of status hearings; and
- Team members who are expected to attend status hearings.

3-6.6 HANDBOOK REQUIREMENTS FOR STATUS HEARINGS

The mental health court participant handbook shall identify the participant requirements for status hearings including:

- Typical attendance requirements by program phase;
- Location and time of status hearings; and
- Any rules or restrictions set by the mental health court about behavior, attire, and attendance expectations.

3-6.7 INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

The mental health court model is based on the principle of behavior modification, rewarding positive behavior, and sanctioning program violations. Research identifies that certainty and immediacy of team responses to behavior are the two (2) most important factors in the successful administration of incentives and sanctions.

Participants shall receive consequences without regard to their gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation. Sanctions shall be imposed without expressing anger or ridicule. Participants shall not be shamed or subjected to foul or abusive language. It is recommended that incentives be provided at a greater frequency than sanctions by a four (4) to one (1) ratio.

Participants are allowed to explain their perspectives concerning factual controversies. 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.

Incentives: The mental health court places as much emphasis on incentivizing productive behavior as on responding to program violations. Incentives should consider the proximal and distal goals of each participant. (Ex., Proximal goal: incentive low; Distal goal: incentive high.)

The treatment court shall utilize at least five percent (5%) of administrative contract funds to support the costs of providing incentives.

Progressive Sanctions: Jail sanctions shall be imposed judiciously and sparingly and should not exceed six (6) days. Jail sanctions for multiple violations cannot be used to extend jail sanctions beyond 6 days. Unless a participant poses an immediate risk to public safety, jail sanctions are imposed after less severe consequences have been ineffective at deterring infractions. Mental

health courts should impose sanctions in advance of a participant's regularly scheduled court hearing. Sanctions should only be imposed by the mental health court judge.

Sanctions imposed may include termination from the program. Sanctions should consider the proximal, distal, and managed goals of each participant. (Ex., Proximal goal: sanction; Distal goal: service adjustment.)

Service Adjustments: Service adjustments are appropriate for distal goal infractions. Service adjustments include therapeutic adjustments, supervision adjustments, and learning assignments. Any modification of the treatment plan shall adhere to the recommendations of the treatment clinician.

3-6.8 POLICY MANUAL REQUIREMENTS FOR INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

The mental health court policy manual shall identify the process for implementation of incentives, sanctions and service adjustments, which:

- Identifies the regular monitoring of the delivery of incentives, sanctions, and service adjustments to ensure they are administered equivalently to all participants.
- Identifies the opportunity for participants to be heard to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and service adjustments.
- Identifies that participants will receive a clear justification for why a particular consequence is or is not being imposed; and
- Includes a menu of incentives, sanctions, and service adjustments, and the right of the team to use discretion in choosing an appropriate response to behavior, considering the circumstances presented in each situation.

3-6.9 HANDBOOK REQUIREMENTS FOR INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

The mental health court participant handbook shall identify the process for implementation of incentives, sanctions, and service adjustments, which:

- Identifies behaviors that may elicit an incentive, sanction, or service adjustment;
- Identifies the range of consequences that may be imposed;
- Identifies phase advancement and graduation criteria, including the legal and collateral consequences. Graduation criteria shall typically include (*modifications allowable and necessary on an individualized basis*) a requirement for approximately ninety (90) days of sobriety without perfection, employment, home management, school attendance or meaningful volunteerism, and stable housing;
- Termination criteria and the legal and collateral consequences; and
- The right of the mental health court team to use a reasonable amount of discretion to choose responses to behavior, considering the circumstances presented in each situation.

SUBCHAPTER 3-7: PARTICIPANT RIGHTS

3-7.1 CONFIDENTIALITY

Open communication between multiple agencies and offices is a hallmark of the mental health court program models. However, much of the information necessary to discuss, such as all information related to the identity, diagnosis, prognosis, or treatment of any patient, is protected by state, federal, and tribal laws. As such, mental health court programs shall maintain the ability to communicate this protected health information through appropriate participant written consent. Consent for the release of information shall not be valid if (a) the expiration date has passed, (b) the release has not been filled out with all required information identified in 7-1.2, or (c) the participant does not give consent freely and voluntarily.

The mental health court shall utilize consent for the release of information, which includes:

- The statement, in bold font, “The information authorized for release may include records which may indicate the presence of a communicable disease;”
- The specific name or general designation of the program or person permitted to make the disclosure;
- The name or title of the individual or the name of the organization to which disclosure is being made;
- The name of the consumer whose records are to be released;
- A description of the information to be disclosed, including specifically whether substance abuse treatment information may be included with the disclosure;
- The dated signature of the consumer, authorized representative, or both when required;
- Purpose of the disclosure;
- An expiration date, event, or condition which shall ensure release will last no longer than reasonably necessary to serve the purpose for which it is given; and
- If the release is signed by a person authorized to act for a consumer, a description of the authority of such person to act.

3-7.2 POLICY MANUAL REQUIREMENTS FOR CONFIDENTIALITY

The mental health court policy manual shall identify the confidentiality practices of communication that require the use of consent for the release of information before disclosure of the information. The policy shall include:

- Identification of the team member responsible for collecting the consent for release of information; and
- Identification of the secure storage procedure of any records that contain protected health information.

3-7.3 HANDBOOK REQUIREMENTS FOR CONFIDENTIALITY

The mental health court participant handbook shall identify confidentiality information, including:

- A brief description of protected health information;

- The role of consent for the release of information in the mental health court program; and
- The limits to confidentiality

3-7.4 CONSUMER RIGHTS

Respectful treatment of program participants is a best practice that has been proven to enhance positive outcomes. It is also a right of program participants to be treated with respect and have interactions with mental health court team members free from foul or abusive language.

Dual relationships are a consumer rights issue that is expected to occur from time to time. Especially in rural areas, former interactions between mental health court team members and participants (ex., employee/employer, familial, etc.) should be recognized as an important issue to the mental health court team, and steps should be taken to minimize the impact on the participant should occur. Each mental health court program shall have a grievance procedure available to program participants. Grievance procedures are a means by which participants can formally notify team members of potential rights violations or general concerns regarding their treatment. Formal grievance processes assist in holding team members accountable to high ethical standards of care and protect both the program and the participants.

3-7.5 POLICY MANUAL REQUIREMENTS FOR CONSUMER RIGHTS

The mental health court policy manual shall identify consumer rights information, which:

- Identifies that mental health team members shall not create new dual relationships with participants (ex. employee/employer relationships excluding certified peer recovery support opportunities, sexual relationships, etc.); and
- Establishes agreed-upon guidelines by the mental health court team for instances of prior relationships between team members and participants. This shall include notification and documentation requirements and steps to minimize the impact of prior relationships on participation.

3-7.6 HANDBOOK REQUIREMENTS FOR CONSUMER RIGHTS

The mental health court participant handbook shall identify consumer rights information, which:

- Identifies the participant's rights to respectful treatment while in the program;
- Identifies a grievance process that:
 - Identifies the method by which participants can file a grievance;
 - Includes a timeframe for the grievance process, which allows for an expedient resolution (not to exceed 14 days);
 - Includes the provision of written notification to the participant of the outcome;
 - Identifies the mechanism by which the participant can appeal the outcome.
- Includes the ODMHSAS Consumer Advocate's Office email and phone numbers:
 - advocacydivision@odmhsas.org
 - Local: 405-248-9037
 - Toll-free: 1-866-699-6605

SUBCHAPTER 3-8: FISCAL RESPONSIBILITIES

3-8.1 PARTICIPANT FEES

Mental health court programs shall follow the requirements identified in ODMHSAS contracts and applicable state and federal laws about the charging and collection of participant fees and copayments. Treatment services, phase promotions, or graduation shall not be contingent on paying any required fee or copay.

3-8.2 POLICY MANUAL REQUIREMENTS FOR PARTICIPANT FEES

The mental health court policy manual shall identify:

- The procedures for the collection of participant fees, including to whom payments are made, methods of payment accepted, storage of payments collected, and the deposit process of payments collected; and
- The amount of participant fees to be charged to program participants.

3-8.3 HANDBOOK REQUIREMENTS FOR PARTICIPANT FEES

The mental health court participant handbook shall identify:

- Amount of participant fees, detailed by type of fee (ex., program fee, supervision fee, etc.)
- Required schedule for payment of fees;
- Participant expectations for the fee collection process, including to whom payments are made, methods of payments accepted, and how receipts for payments will be issued; and
- Participant process for requesting the history of payments made and the remaining balance due.

3-8.4 ACCOUNTING PROCEDURES

Mental health court programs shall follow sound accounting procedures, including state purchasing requirements. Mental health court programs shall follow the financial procedures outlined in 22 O.S. § 471.1 and Standard Operating Procedure #23 prepared by the State Auditor and Inspector's office (SA&I). Mental health court programs shall comply with ODMHSAS and SA&I audit requests, including making all program account information accessible to ODMHSAS and SA&I.

3-8.5 EXPENDITURE REPORTS

Mental health court programs shall submit quarterly expenditure reports to ODMHSAS within 45 days of the close of each quarter and shall comply promptly with any follow-up requests. If the 45th day falls on a weekend or holiday, it will be due on the next business day.

3-8.6 ALLOWABLE USE OF FUNDS

To ensure uniform fiscal responsibility and sound management of mental health courts, the ODMHSAS enacts this policy to provide direction on the allowable use of mental health court funds.

I. Applicability

This policy applies to all Oklahoma mental health court programs receiving any financial support from ODMHSAS.

II. Audit Requirements

All expenses shall be documented, auditable, and consistent with state purchasing rules.

III. Allowable Use of Contract Funds

Allowable ODMHSAS contract expenditures include:

- A. Salaries and benefit costs of mental health court employees;
- B. Salaries and benefit costs of mental health court team members for only those portions of time working on mental health court duties;
- C. Expenses of mental health court employees, such as phone, supplies, and mileage, for only those portions of expenses directly related to mental health court duties;
- D. Contracts for professional services of team members, including probation, defense attorney, law enforcement, and other team members;
- E. Travel and training for team members directly related to mental health courts, and following state travel procedures;
- F. Administrative costs, including office supplies and equipment used for the sole purpose of mental health court operations. If sharing equipment across programs (i.e., mental health court, juvenile diversion, etc.), costs will be allocated across the various programs;
- G. Infrastructure costs, including rent, building upkeep, cleaning supplies, and insurance, used for the sole purpose of mental health court operations. If sharing infrastructure costs across programs (i.e., mental health court, juvenile diversion, etc.) costs must be allocated across the various programs;
- H. Drug/alcohol testing supplies and laboratory confirmations, including urine drug/alcohol testing cups and dips, oral fluid tests, sweat patches, hair follicle tests, latex gloves, or similar products needed to administer the drug/alcohol test, and contracts with vendors to administer drug/alcohol testing. Vendors shall be selected and paid using state purchasing rules;
- I. Electronic home monitoring installation and daily fees, which must be paid directly to the vendor;
- J. Alternate drug/alcohol testing or supervision devices (ex., ocular scanners, fingerprint scanners, portable breath test devices, smartphone technology, etc.), which must be paid directly to the vendor;
- K. Workbooks, brochures, pamphlets, diaries, journals, meditation books, sobriety tokens, medallions, and calendars are provided directly to program participants to support program goals;
- L. Bus and other transportation support for participants to attend program-related activities; and
- M. Incentives authorized under applicable program statutes, not to exceed \$25 per incentive. No gifts or incentives shall be given to anyone other than active program participants; Incentives must be appropriately documented in the Courts System; any inventory of incentives must be documented, controlled, tracked, and reconciled.
- N. Graduation memento, including but not limited to frames for graduation certificates, not to exceed \$40 per person; and
- O. Up to two (2) mental health court activities/events for participants, which include:
 - Cake, desserts, refreshments, and meals, not to exceed \$14 per person; and

- Activity costs not to exceed \$8 per person; or
- A combination of refreshments/meals/activity, not to exceed \$22 per person.

IV. Allowable Use of Participant Fees

Allowable Participant Fee expenditures include:

- A. Salaries and benefit costs of mental health court employees;
- B. Salaries and benefit costs of mental health court team members for only those portions of time working on mental health court duties;
- C. Expenses of mental health court employees, such as phone, supplies, and mileage for only those portions of expenses directly related to mental health court duties;
- D. Contracts for professional services of team members, including probation, defense attorney, law enforcement, and other team members;
- E. Administrative costs, including office supplies and equipment, used for the sole purpose of mental health court operations. If sharing equipment across programs (i.e., mental health court, juvenile diversion, etc. costs will be allocated across the various programs).
- F. Infrastructure costs, including rent, building upkeep, cleaning supplies, and insurance, used for the sole purpose of mental health court operations. If sharing infrastructure costs across programs (i.e., mental health court, juvenile diversion, etc.) costs must be allocated across the various programs;
- G. Drug/alcohol testing supplies and laboratory confirmations, including urine drug/alcohol testing cups and dips, oral fluid tests, sweat patches, hair follicle tests, latex gloves, or similar products needed to administer the drug/alcohol test, and contracts with vendors to administer drug/alcohol testing. Vendors shall be selected and paid using state purchasing rules;
- H. Electronic home monitoring installation and daily fees, which must be paid directly to the vendor;
- I. Alternate drug/alcohol testing or supervision devices (ex., ocular scanners, fingerprint scanners, portable breath test devices, smartphone technology, etc.), which must be paid directly to the vendor;
- J. Workbooks, brochures, pamphlets, diaries, journals, meditation books, sobriety tokens, medallions, and calendars provided directly to program participants to support program goals;
- K. Bus and other transportation support for participants to attend program-related activities;
- L. Incentives authorized under applicable program statutes, not to exceed \$25 per incentive. No gifts or incentives shall be given to anyone other than active program participants; Incentives must be appropriately documented in the Courts System; any inventory of incentives must be documented, controlled, tracked, and reconciled.

V. Allowable Use of Gifts and Donations

Gifts and donations accepted by the mental health court may be used for any allowable expenses under Section III or IV of this policy. Acceptance and use of donated funds shall be consistent with state law and all applicable ethics rules.

VI. Allowable Use of Grant Funds

- A. Any state or federal grant must follow the spending guidelines of the grant;
- B. In the event of a conflict between the terms of the grant and this policy, the more restrictive shall apply unless approved in writing by ODMHSAS; and
- C. Grant funds shall be kept in a separate Trust and Agency Fund set up with the County Clerk and Treasurer established specifically for that purpose.
- D. If Grant funds being received are drawn down as cost reimbursement where submission of an invoice as documentation of the expenditure by the contractor is required prior to payment, funds must be deposited into the specialty court account where the original invoice was paid.

VII. Pre-Approval Threshold

Any purchase equal to or exceeding \$5,000 shall have prior written approval from ODMHSAS. No split purchasing is allowable. Larger counties with multiple expenditures over the \$5,000 threshold may submit a list at the beginning of each fiscal year with estimated purchases over the threshold for review and approval.

VIII. Required Reporting and Documentation

If a program is found to be in non-adherence on reporting criteria or documentation submission at any time:

- A. A notice of non-compliance may be issued to the program.
- B. Upon receipt of the notice, which may be issued through an on-site review or by certified mail, the program shall have a written timeline to demonstrate compliance.
- C. Failure to demonstrate compliance within the given timeline of receipt of the notice may result in immediate cancellation of access to funding.

IX. Additional Items

Any items not covered in this policy must have prior written approval from ODMHSAS. Examples include, but are not limited to, vehicle and vehicle-related expenses, marketing material, and staff incentives.

All expenses shall be documented, auditable, and consistent with state purchasing rules.

SUBCHAPTER 3-9: MENTAL HEALTH COURT PERSONNEL AND PURCHASING SERVICES

3-9.1 MENTAL HEALTH COURT PERSONNEL

Mental health courts shall have mental health court personnel who minimally perform the duties identified in the ODMHSAS Administrative Contracts.

3-9.2 POLICY MANUAL REQUIREMENTS FOR MENTAL HEALTH COURT PERSONNEL

The mental health court policy manual shall identify:

- The employment status of each mental health court personnel (ex., contractor, county employee, etc.);

- The immediate supervisor of each mental health court personnel; and
- The requirement of submission of timecards for mental health court personnel paid with funds provided by an ODMHSAS Administrative Contract, documenting hours spent on program-related tasks, which shall be reviewable by ODMHSAS upon request.

3-9.3 HANDBOOK REQUIREMENTS FOR MENTAL HEALTH COURT PERSONNEL

The mental health court participant handbook shall identify the contact information for the designated Mental health court coordinator.

3-9.4 PURCHASED SERVICES

Mental health courts using any program funds, including those provided by ODMHSAS contracts, to purchase services to carry out any portion of those duties required in the ODMHSAS treatment court contracts (ex., supervision, drug testing, etc.) shall follow all applicable purchasing requirements.

3-9.5 POLICY MANUAL REQUIREMENTS FOR PURCHASED SERVICES

The mental health court policy manual shall identify:

- The method by which the provider(s) of the purchased services shall be selected and monitored;
- The requirement of all service providers to post the grievance process and ODMHSAS Consumer Advocate's contact information at any service location to which participants are required to report; and
- The requirement of submission of written agreements and invoices for payment, which include the individual cost of service, the number of services provided, dates of services, and a signature of service provided with attestation.

SUBCHAPTER 3-10: EVALUATION AND PERFORMANCE IMPROVEMENT

3-10.1 DATA REPORTING

Mental health courts shall participate in the ODMHSAS-required data reporting and evaluation process. This shall minimally include (a) coordinators entering required data into the Courts System by the 1st of each month and (b) treatment providers entering data into the Medicaid Management Information System (MMIS) per established procedures. It is recommended that documentation occur within forty-eight (48) hours of respective events, but at the latest, documentation shall be entered within 7 days. Records not updated within sixty (60) days shall not be counted as active for purposes of funding. All team members shall have access to enter and review information in the Courts System.

3-10.2 POLICY MANUAL REQUIREMENTS FOR DATA REPORTING

The mental health court policy manual shall identify an internal review process that:

- Ensures the accurate reporting of participants' active status;
- Includes an at least quarterly review by an individual other than the person whose regular responsibility it is to report data; and
- Reports any errors in reporting to ODMHSAS within 7 days.

3-10.3 PERFORMANCE IMPROVEMENT

Evaluation and performance improvement are important components of mental health court programs. Research identified that programs utilizing data to impact program functions have better

outcomes than those programs that do not. Further, mental health court programs that meet outside of traditional staffing and status hearings to target performance improvement measures similarly show improved results.

ODMHSAS provides outcomes and other select reports, on at least a quarterly basis, to each mental health court program. Many program evaluation reports are available on the Courts System, and additional information may be requested from ODMHSAS to assist with program evaluations.

3-10.4 POLICY MANUAL REQUIREMENTS FOR PERFORMANCE IMPROVEMENT

The mental health court policy manual shall identify business meetings on at least an annual basis, which:

- Include all mental health court members;
- Include a review of program outcomes and other data reports;
- Focus on performance improvement;
- Review in-program progress and outcomes of historically disadvantaged groups;
- Assess adherence to best practice standards and create an action plan with needed improvements; and
- Include a review of the policy manual, participant handbook, and team organizational process.

SUBCHAPTER 3-11: DOCUMENTATION

Mental health court programs shall maintain documentation requirements that minimally include:

Mental health court participant file: The mental health court participant file shall be stored separately from treatment and public records and shall be maintained in a secure, locked environment not accessible to individuals who are not a part of the mental health court team, including program participants. The mental health court has documentation that shall minimally include:

- Plea date;
- Current case number;
- Current program phase;
- Current status (ex., AWOL, In-custody, Active, IRF, etc.)
- Graduation/Revocation date, as applicable;
- Signed acknowledgment of participant handbook receipt;
- Signed participant contract;
- Documentation of final disposition, as applicable;
- Chronological reports which contain information regarding supervision contact with a participant, including (a) date, (b) time, (c) location, and (d) team members' signature. This includes, but is not limited to, home visits, office visits, substance testing, missed appointments, and telephone calls, unless entered into the Courts System. If supervision is provided by the staff of state or municipal supervision entities, such as the Department of Corrections, their documentation requirements shall supersede this section;
- Screening reports from treatment providers unless entered directly into the Courts System;
- Treatment update reports from treatment providers unless entered directly into the Courts System;
- Consents for the release of information;
- Approved requests for travel if the treatment court program requires such requests;

- Documentation signed by the participant, or a copy provided to the participant at the time of sanctioning, identifying the violation and requirements of completing the sanction, including the date the sanction is to be completed;
- Substance testing records that identify: (a) the substance tested for, (b) the method of testing, (c) results, (d) the signature of the individual administering the test, and (e) the participant's signature; and
- Copies of participant receipts, when treatment court fines or fees are not collected directly by the court clerk.

Treatment records: The treatment provider shall maintain the original treatment documentation, and records shall remain with the respective treatment agency in accordance with applicable sections of OAC Title 450.

Public court records: The public court record shall be stored separately from the mental health court participant file and treatment record, following applicable state and federal laws.

CHAPTER 4: EARLY DIVERSION PROGRAMS

SUBCHAPTER 4-1: EARLY DIVERSION STRUCTURE

4-1.1 GOVERNANCE

Early diversion programs provide behavioral health services and intensive case management to individuals charged with misdemeanor offenses or first-time felonies and can operate under multiple legal authorities, including, but not limited to, law enforcement diversion, pretrial services, deferred prosecution agreements, and plea agreements. Early diversion programs operating as misdemeanor drug courts shall operate independently from any operating felony drug court programs and shall follow guidelines as referenced in Chapter 2, except for program length and phase structure. Other program models shall follow the statutory requirements of the specific legal structure that best describes the operating program's structure.

4-1.2 PARTICIPATING ENTITIES

Participating entities within each jurisdiction will vary based on the program model followed. For all program models, minimally the district attorney, public defender, and presiding district judge shall be provided information about the program when one exists in a jurisdiction.

SUBCHAPTER 4-2: TREATMENT

4-2.1 TREATMENT SERVICES

Treatment contractors shall provide screening services within five (5) days of admission to the program to determine program requirements and case planning. The screening shall minimally include a validated substance use disorder screening tool and an ODMHSAS-approved criminogenic risk assessment instrument, completed by a clinician meeting minimum

qualifications for screening and referral, as identified in the most recent version of the services manual, and trained to administer the instrument.

Treatment service requirements shall be provided within the requirements of general substance abuse or mental health statements of work. Services shall be provided regardless of income level and shall not be contingent upon payment of program fees or copays.

Early Diversion programs shall verify that all entities providing treatment services to participants are Approved Treatment Entities. Verification shall be documented in the office for inspection and review by ODMHSAS.

Treatment services shall:

- Be provided within the requirements of general substance abuse or mental health statements of work;
- Not include incarceration to achieve clinical or social service objectives, such as obtaining access to detoxification services or sober living quarters;
- Be available to participants regardless of their work schedule. Treatment agency contractors shall be available for services at least forty (40) hours per week, except for state and federally designated holidays;
- Utilize risk, need, and responsivity principles in targeting the criminogenic and non-criminogenic/responsivity needs of participants;
- Use evidence-based criminal thinking interventions after participants are stabilized clinically and no longer experiencing acute symptoms of distress, such as cravings, withdrawal, or depression;
- Include substance use treatments that are manualized and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system; and
- Include medications, as clinically appropriate based on medical necessity as determined by a treating physician with specialized behavioral health expertise.

4-2.2 TREATMENT REPORTING

Frequent and accurate reporting to the program enhances program accountability. Treatment staff shall document all services in accordance with ODMHSAS. Additionally, treatment staff shall submit regular treatment reports to program coordinators or designees as required. Treatment staff shall report information consistent with 2-5.4.

SUBCHAPTER 4-3: SUPERVISION

Supervision is not a required component of the Early Diversion program. If the program includes supervision, the program shall provide supervision consistent with the level identified as necessary in the criminogenic risk assessment. Programs not requiring supervision may disregard this subchapter.

If the Early Diversion program includes substance testing, it shall follow the requirements as identified in 2-4.4 and 2-4.5.

SUBCHAPTER 4-4: EXPENDITURE REPORTS

Early Diversion programs shall submit quarterly expenditure reports to ODMHSAS within 45 days of the close of each quarter and shall comply promptly with any follow-up requests.

CHAPTER 5: JUVENILE DIVERSION PROGRAMS

SUBCHAPTER 5-1: JUVENILE DIVERSION PROGRAM STRUCTURE

5-1.1 GOVERNANCE

Juvenile Diversion programs provide behavioral health services to juveniles involved with the criminal justice system and can operate under multiple legal authorities, including but not limited to law enforcement diversion, deferred prosecution agreements, and juvenile drug courts. Juvenile Diversion programs operating as juvenile drug courts shall operate independently from any operating adult drug court programs and shall follow guidelines as referenced in Chapter 2, except for any statutes specific to juvenile case processing. Goals include decreasing involvement with the criminal justice system, increasing engagement with treatment services, reducing substance use, and achieving overall cost savings.

5-1.2 PARTICIPATING ENTITIES

Participating entities within each jurisdiction will vary based on the program model followed. For all program models, minimally the district attorney, public defender, and presiding district judge shall be provided information about the program when one exists in a jurisdiction.

SUBCHAPTER 5-2: TREATMENT

5-2.1 TREATMENT SERVICES

Treatment contractors shall provide screening services within five (5) days of admission to the program to determine program requirements and case planning. The screening shall minimally include a validated substance use disorder and mental health screening tool.

Treatment service requirements shall be provided within the requirements of general substance abuse or mental health statements of work. Services shall be provided regardless of income level and shall not be contingent upon payment of program fees or copays.

Juvenile Diversion programs shall verify that all entities providing treatment services to participants are Approved Treatment Entities. Verification shall be documented in the office for inspection and review by ODMHSAS.

Treatment services shall:

- Involve multiple systems impacting children, including, but not limited to, family, school, child welfare, and criminal justice;
- Not include incarceration to achieve clinical or social service objectives, such as obtaining access to detoxification services or sober living quarters.
- Be available to participants regardless of their school schedule. Treatment agency contractors shall be available for services at least forty (40) hours per week, except for state and federally designated holidays.
- Include substance use treatments that are manualized and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system; and
- Include medications, as clinically appropriate based on medical necessity as determined by a treating physician with specialized behavioral health expertise.

5-2.2 TREATMENT REPORTING

Frequent and accurate reporting to the program enhances program accountability. Treatment staff shall document all services in accordance with ODMHSAS. Additionally, treatment staff shall submit regular treatment reports to program coordinators or designees as required. Treatment staff shall report information consistent with 2-5.4.

SUBCHAPTER 5-3: SUPERVISION

Supervision is not a required component of the Juvenile Diversion program. If the program includes supervision, the program shall provide supervision consistent with the level identified as necessary in the criminogenic risk assessment. Programs not requiring supervision may disregard this subchapter.

If the Juvenile Diversion program includes substance testing, it shall follow requirements as identified in 2-4.4 and 2-4.5.

SUBCHAPTER 5-4: EXPENDITURE REPORTS

Juvenile Diversion programs shall submit quarterly expenditure reports to ODMHSAS within 45 days of the close of each quarter and shall comply promptly with any follow-up requests.

CHAPTER 6: MUNICIPAL DIVERSION PROGRAMS

SUBCHAPTER 6-1: MUNICIPAL DIVERSION PROGRAM STRUCTURE

6-1.1 GOVERNANCE

Municipal Diversion programs provide behavioral health services to individuals with municipal crimes and can operate under multiple legal authorities, including but not limited to law enforcement diversion, pretrial services, deferred prosecution agreements, and plea agreements.

Program models shall follow the statutory requirements of the specific legal structure that best describes the operating program's structure.

6-1.2 PARTICIPATING ENTITIES

Participating entities within each jurisdiction will vary based on the program model followed. For all program models, minimally the presiding judge, city attorney, court staff, jail staff, and police department shall be provided information about the program when one exists in a jurisdiction.

SUBCHAPTER 6-2: TREATMENT

6-2.1 TREATMENT SERVICES

Treatment contractors shall provide screening services within five (5) days of admission to the program to determine program requirements and case planning. The screening shall minimally include a validated substance use disorder screening tool and an ODMHSAS-approved criminogenic risk assessment instrument, completed by a clinician meeting minimum qualifications for screening and referral, as identified in the most recent version of the services manual, and trained to administer the instrument.

Municipal Diversion programs shall verify that all entities providing treatment services to participants are Approved Treatment Entities. Verification shall be documented in the office for inspection and review by ODMHSAS.

Treatment services shall:

- Not include incarceration to achieve clinical or social service objectives, such as obtaining access to detoxification services or sober living quarters.
- Be available to participants regardless of their work schedule. Treatment agency contractors shall be available for services at least forty (40) hours per week, except for state and federally designated holidays.
- Utilize risk, need, and responsivity principles in targeting the criminogenic and non-criminogenic/responsivity needs of participants;
- Use evidence-based criminal thinking interventions after participants are stabilized clinically and no longer experiencing acute symptoms of distress, such as cravings, withdrawal, or depression;
- Include substance use treatments that are manualized and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system; and
- Include medications, as clinically appropriate based on medical necessity as determined by a treating physician with specialized behavioral health expertise.

6-2.2 TREATMENT REPORTING

Frequent and accurate reporting to the program enhances program accountability. Treatment staff shall document all services in accordance with ODMHSAS. Additionally, treatment staff shall

submit regular treatment reports to program coordinators or designees as required. Treatment staff shall report information consistent with 2-5.4.

SUBCHAPTER 6-3: SUPERVISION

Supervision is not a required component of the municipal diversion Program. If the program includes supervision, the program shall provide supervision consistent with the level identified as necessary in the criminogenic risk assessment. Programs not requiring supervision may disregard this subchapter.

If the municipal diversion program includes substance testing, it shall follow requirements as identified in 2-4.4 and 2-4.5.

SUBCHAPTER 6-4: EXPENDITURE REPORTS

Municipal diversion programs shall submit quarterly expenditure reports to ODMHSAS within 45 days of the close of each quarter and shall comply in a timely manner with any follow-up requests.

CHAPTER 7: PRETRIAL SERVICES PROGRAMS

SUBCHAPTER 7-1: PRETRIAL SERVICES PROGRAM STRUCTURE

7-1.1 GOVERNANCE

Pretrial services programs assist with the assessment of defendants to determine the risk to reoffend and the likelihood to reappear for court and can operate under multiple agencies, including, but not limited to, treatment agencies and designated pretrial services agencies. Program models shall follow the statutory requirements of the specific legal structure that best describes the operating program's structure.

7-1.2 PARTICIPATING ENTITIES

Participating entities within each jurisdiction will vary based on the program model followed. For all program models, minimally the presiding judge, court staff, jail staff, treatment court, and diversion program coordinators shall be provided information about the program when one exists in a jurisdiction.

SUBCHAPTER 7-2: TREATMENT

7-2.1 TREATMENT SERVICES

Treatment contractors shall provide screening services within five (5) days of admission to the program to determine risk assessment and case planning. The screening shall minimally include a validated, ODMHSAS-approved criminogenic risk assessment instrument, completed by a person meeting minimum qualifications for screening and trained to administer the instrument.

Pretrial services programs shall verify that all entities providing treatment and/or case management services to participants, when deemed appropriate, are Approved Treatment Entities. Verification shall be documented in the office for inspection and review by ODMHSAS.

Treatment services shall:

- Not include incarceration to achieve clinical or social service objectives, such as obtaining access to detoxification services or sober living quarters.
- Be available to participants regardless of their work schedule. Treatment agency contractors shall be available for services at least forty (40) hours per week, except for state and federally designated holidays.
- Utilize risk, need, and responsivity principles in targeting the criminogenic and non-criminogenic/responsivity needs of participants;
- Use evidence-based criminal thinking interventions after participants are stabilized clinically and no longer experiencing acute symptoms of distress, such as cravings, withdrawal, or depression;
- Include substance use treatments that are manualized and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system; and
- Include medications, as clinically appropriate based on medical necessity as determined by a treating physician with specialized behavioral health expertise.

7-2.2 TREATMENT REPORTING

Frequent and accurate reporting to the program enhances program accountability. Treatment staff shall document all services in accordance with ODMHSAS. Additionally, treatment staff shall submit regular treatment reports to program coordinators or designees as required. Treatment staff shall report information consistent with 2-5.4.

SUBCHAPTER 7-3: SUPERVISION

Supervision is not a required component of the Pretrial Services program. If the program includes supervision, the program shall provide supervision consistent with the level identified as necessary in the criminogenic risk assessment. Programs not requiring supervision may disregard this subchapter.

If the pretrial services program includes substance testing, it shall follow requirements as identified in 2-4.4 and 2-4.5.

SUBCHAPTER 7-4: EXPENDITURE REPORTS

Pretrial services programs shall submit quarterly expenditure reports to ODMHSAS within 45 days of the close of each quarter and shall comply in a timely manner with any follow-up requests.

CHAPTER 8: COMMUNITY COURT PROGRAMS

SUBCHAPTER 8-1: COMMUNITY COURT PROGRAM STRUCTURE

8-1.1 GOVERNANCE

Community court programs provide behavioral health services and intensive case management to individuals charged with misdemeanor offenses and can operate under multiple legal authorities, including, but not limited to, law enforcement diversion, pretrial services, deferred prosecution agreements, and plea agreements. Community court programs will conduct legal proceedings and client interaction outside of the courthouse and shall engage local businesses, faith-based organizations, and/or social service agencies as appropriate in the program. Social services needed to meet participants' individualized needs shall be available on-site during court operations. Through community service requirements and other program components, participants should be held accountable in ways that make justice visible to the community in which the court resides. Other program models shall follow the statutory requirements of the specific legal structure that best describes the operating program's structure.

8-1.2 PARTICIPATING ENTITIES

Participating entities within each jurisdiction will vary based on the program model followed. For all program models, minimally the district attorney, public defender, and presiding district judge shall be provided information about the program when one exists in a jurisdiction.

SUBCHAPTER 8-2: TREATMENT

8-2.1 TREATMENT SERVICES

Treatment contractors shall provide screening services within five (5) days of admission to the program for the purpose of determining program requirements and case planning. The screening shall minimally include a validated substance use disorder screening tool and an ODMHSAS-approved criminogenic risk assessment instrument, completed by a clinician meeting minimum qualifications for screening and referral, as identified in the most recent version of the services manual, and trained to administer the instrument.

Treatment service requirements shall be provided within the requirements of general substance abuse or mental health statements of work. Services shall be provided regardless of income level and shall not be contingent upon payment of program fees or copays.

Community court programs shall verify that all entities providing treatment services to participants are Approved Treatment Entities. Verification shall be documented in the office for inspection and review by ODMHSAS.

Treatment services shall:

- Be provided within the requirements of general substance abuse or mental health statements of work;
- Not include incarceration to achieve clinical or social service objectives, such as obtaining access to detoxification services or sober living quarters;
- Be available to participants regardless of their work schedule. Treatment agency contractors shall be available for services at least forty (40) hours per week, except for state and federally designated holidays;
- Utilize risk, need, and responsivity principles in targeting the criminogenic and non-criminogenic/responsivity needs of participants;
- Use evidence-based criminal thinking interventions after participants are stabilized clinically and no longer experiencing acute symptoms of distress, such as cravings, withdrawal, or depression;
- Include substance use treatments that are manualized and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system; and
- Include medications, as clinically appropriate based on medical necessity as determined by a treating physician with specialized behavioral health expertise.

8-2.2 TREATMENT REPORTING

Frequent and accurate reporting to the program enhances program accountability. Treatment staff shall document all services in accordance with ODMHSAS. Additionally, treatment staff shall submit regular treatment reports to program coordinators or designees as required. Treatment staff shall report information consistent with 2-5.4.

SUBCHAPTER 8-3: SUPERVISION

Supervision is not a required component of the community court program. If the program includes supervision, the program shall provide supervision consistent with the level identified as necessary in the criminogenic risk assessment. Programs not requiring supervision may disregard this subchapter.

If the community court program includes substance testing, it shall follow requirements as identified in 2-4.4 and 2-4.5.

SUBCHAPTER 8-4: EXPENDITURE REPORTS

Community court programs shall submit quarterly expenditure reports to ODMHSAS within 45 days of the close of each quarter and shall comply in a timely manner with any follow-up requests.