

**NEW YORK STATE MENTAL HEALTH COURTS (MHC)
KEY PRINCIPLES, COURT COMPONENTS AND PLANNING TASKS**

Key principle	Court components	Planning tasks
Coordinated planning and administration	<ul style="list-style-type: none"> ▪ Stakeholders; advisory groups ▪ MHC operates in a broad mental health/criminal justice context; other collaborations may exist involving law enforcement, local and/or state corrections, re-entry services, other court diversion programs, etc. 	<ul style="list-style-type: none"> ▪ Identify stakeholders and planning partners ▪ Convene core court planning team and stakeholder working group ▪ Conduct community mapping exercise ▪ Identify mental health court objectives that respond to local needs and priorities ▪ Identify governmental and other resources in the community to support the clinical functions of the mental health court program ▪ Develop cross-training program covering both mental health and criminal justice issues ▪ At the conclusion of the planning process, draft a “planning document” that sets forth policies, program guidelines and court operations
Target population	<ul style="list-style-type: none"> ▪ Criminal justice eligibility: eligible offenses, exclusions ▪ Mental health eligibility: eligible disorders and attributes, exclusions 	<ul style="list-style-type: none"> ▪ Determine criminal justice and mental health eligibility criteria
Referral, screening and assessment	<ul style="list-style-type: none"> ▪ Points of entry, referral sources ▪ Screening procedures (who, when, where and what) ▪ Assessment procedures to determine eligibility and develop individualized treatment plans (who, when, where and how) 	<ul style="list-style-type: none"> ▪ Develop procedures for referral ▪ Develop procedures for screening, including selection of screening instruments ▪ Determine what types of mental health professionals need to participate in the assessment process (e.g., when psychiatrists need to be involved, when social workers and/or psychologists are appropriate) ▪ Identify who will conduct assessments ▪ Determine who will make eligibility decisions (both criminal justice and mental health)

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Individualized treatment plans	<ul style="list-style-type: none"> ▪ Protocols regarding treatment mandates 	<ul style="list-style-type: none"> ▪ Identify the types of services that will most often be included in individualized treatment plans ▪ Through cross-training and discussion, reach a shared understanding among mental health and criminal justice stakeholders as to how clinical and criminal justice goals will be balanced ▪ Decide what treatment-related objectives to set for mental health court participants ▪ Determine the minimum, maximum and average length of court-mandated treatment plans ▪ Develop a format or template for individualized treatment plans
Informed choice and voluntary participation	<ul style="list-style-type: none"> ▪ Procedures for resolving questions of competency ▪ Procedures for ensuring that participant fully understands terms of participation from both a criminal justice and treatment perspective 	<ul style="list-style-type: none"> ▪ Establish procedures regarding informed choice
Terms of participation	<ul style="list-style-type: none"> ▪ Stage of proceedings (if felony, pre-indictment or post-indictment; pre-plea or post-plea; if post-plea, pre-sentence or sentenced) ▪ Procedures regarding participation decision (e.g., opt-in period) ▪ Phases or other means of marking progress during court-mandated treatment ▪ Length of treatment mandate ▪ Requirements for graduation (including compliance with individual treatment plan) ▪ Rewards for successful completion ▪ Back-end punishment for program failure 	<ul style="list-style-type: none"> ▪ Reach consensus on terms of participation ▪ Develop protocols and program participation guidelines

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<p>Linking to coordinated community-based services</p>	<ul style="list-style-type: none"> ▪ Range of services included in court-mandated treatment plans: mental health treatment, substance abuse treatment, community-based case management (also called care coordination), supported housing, respite/crisis/immediate placement beds; educational and vocational services ▪ Ancillary services (esp. benefits) ▪ Referrals to services ▪ Case management/care coordination services 	<ul style="list-style-type: none"> ▪ Identify and meet with treatment and other service providers who are interested in working with participants in the mental health court ▪ Determine what referral methods are required and/or appropriate for various services and/or providers ▪ Determine who will perform case management/ care coordination functions
<p>Information sharing and confidentiality</p>	<ul style="list-style-type: none"> ▪ Protocols for sharing information among members of the court team that will help the court, its participants and its key stakeholders (prosecutor, defense attorneys and service providers) achieve their individual and shared goals while respecting the private nature of information related to mental illness and treatment 	<ul style="list-style-type: none"> ▪ Identify information that is important to obtain and/or share that might be affected by confidentiality laws or principles. ▪ Determine who will have access to which information ▪ Create consent forms that permit confidential information to be shared as needed. ▪ Create protocols for service providers to report to the court on critical events and progress or lack of compliance in treatment
<p>Judicial monitoring and motivating compliance</p>	<ul style="list-style-type: none"> ▪ Court appearances ▪ Reporting related to compliance with court-mandated treatment ▪ Tools for motivating compliance: rewards, sanctions and clinical responses 	<ul style="list-style-type: none"> ▪ Develop protocols for frequency of court appearances and/or case management meetings ▪ Develop protocols for information-sharing with service providers, including reports on compliance with court mandates ▪ Develop protocols for drug testing ▪ Develop protocols for coordinating responses to noncompliance by court and providers ▪ Develop shared understanding among court, prosecutor, defense attorneys and providers about the array of possible rewards, sanctions and clinical responses

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Evaluation	<ul style="list-style-type: none"> ▪ Case tracking mechanisms ▪ Mechanism for collecting and analyzing data that will enable court and stakeholders to determine whether the court's mission and goals are being achieved 	<ul style="list-style-type: none"> ▪ Establish case tracking mechanisms ▪ Establish procedures for standardized reporting ▪ Decide what additional indicators, if any, will be used to determine whether objectives are being achieved and, if so, develop format for additional performance reports