

# **Developing and Implementing a Mental Health Court in Michigan**



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## **What Are Mental Health Courts?**

Mental health courts (a type of problem-solving court) focus on therapeutic treatment for offenders involved in the legal system who are mentally ill and whose crime is a condition of the mental illness. The model of a mental health court was designed from the traditional drug court model, utilizing a team approach to address the participant's needs through mental health and/or substance abuse treatment, medication, and intensive judicial supervision. Included in supervision is linking the participant to ancillary services such as vocational skills, education, housing, employment, or other individualized assistance to decrease barriers that may prevent a participant from being successful. A participant must consent to be in the program and have motivation for wanting a better life. Programs may offer legal incentives to encourage participation such as delayed or deferred sentencing, deviation from sentencing guidelines, and/or dismissal of a probation violation.

### **Assessing Need**

Mental health courts are implemented to address the underlying mental illness that resulted in an ill individual's conviction. The programs secure participants' release from jail and ensure that they are in treatment. The first step in determining the need of a mental health court is to determine if a problem with incarcerating mentally ill individuals exists in your jurisdiction. Reviewing arrests within your local jail of those who have identified themselves with a past or present mental illness, reviewing court caseload data of those with a mental illness, and reviewing those who have been or are currently on probation that have a mental illness diagnosis will assist you in determining if there is need for a mental health court in your jurisdiction.

While reviewing the data, track common factors such as charges and/or types of mental illness as this may determine your target population. Some mental health courts focus on those with a severe mental illness diagnosis involving a thought or mood disorder. Other courts focus on those who are developmentally delayed. Still other courts accept variations of those who have a primary mental illness diagnosis with a secondary diagnosis, including but not limited to a substance use diagnosis.

### **Assessing Capacity**

Determining the number of participants that can be served through the program will depend on the availability of staff, staff time, and treatment providers assigned to the program. Consideration should also be given to the type of disorders accepted in the program. Those with higher needs will require more contact from therapists, case managers, and/or probation officers. To effectively develop

the program, it is best to start with a small population. Once the program is established, having a solid core of operation, consideration can be given to increasing the capacity and/or eligibility criteria of the program.

### **Assessing Staffing**

The mental health court team is made up of representatives from different backgrounds within the judicial and treatment systems. The team should work collaboratively, respecting the differing backgrounds, and share similar goals for the mental health court. For example the team should agree on responses to questions such as: What is the target population? What is the eligibility criteria? Is there a legal incentive for participation? How do we to handle noncompliance? When should graduation occur?

Consider having a representative of the prosecutor's office on your team. Prosecutorial involvement is necessary if your program offers legal incentives for participation or program completion. Including a defense attorney on your team is also important. The defense attorney's role is to ensure that the client's best interest, rather than stated interest, is served.

### **Assessing Community Resources**

Community resources are important to the court program. Know what community programs are available to assist a participant with problems they may encounter while in the program. Is there a local National Alliance on Mental Illness (NAMI) chapter in your area? Will you require a participant to attend activities at the local clubhouse community center? How will a participant obtain needed medication? What other types of transportation, housing, vocational, and employment resources are available? Is there a variety of treatment agencies available to work with specific genders, races, ethnicities, etc.?

Consider who will provide coordination of the program, who will provide case management, and who will perform screening and assessments. Will one probation officer work mainly with this specialized caseload? Will you hire staff to fill positions or contract for services? What training and/or credentials will you require staff to have? What agencies will you contract with for services provided to the participant? How will the program be funded? What additional services will participants have aside from treatment, such as transportation, education, and employment that will need to be addressed as part of the program? These are a sample of questions that need to be answered prior to implementation.

## **Assembling the Team**

The following members should be approached as members of your team:

1. Chief judge, judges (note that it may be necessary to obtain support from other judges in the jurisdiction, as well)
2. Program coordinator
3. Case manager(s) and/or probation officer(s)
4. Representative from the prosecutor's office
5. Representative(s) from local law enforcement
6. Representative(s) from the local community mental health service provider
7. Representative from the defense bar
8. Treatment providers and/or treatment agencies for mental health and substance abuse services
9. Representative(s) from local services such as NAMI, Michigan WORKS!, GED programs, vocational services, and transportation services.

The team is responsible for deciding who is screened and admitted into the program, which treatment and ancillary services the participant is linked to, monitoring program compliance requirements, and ensuring that participants are connected to services after mental health court. Ideally, the team should meet at least every other week prior to the court review session to discuss new participants, current progress and status of participants, and to decide who will receive incentives or sanctions or have a neutral court contact. While some team members may not attend staffing meetings or court sessions, having the support of these individuals is critical to the success of the program.

### **Drafting the Memorandum of Understanding (MOU)**

A memorandum of understanding (MOU) describes the roles and responsibilities of each team member of a problem-solving court, including but not limited to, judge, prosecuting attorney, defense attorney, and treatment providers. The decision must be made as to whether a single MOU signed and dated by all team members or separate MOU's for each team member will be used. The duration and terms of the MOU should be included. A link to the State Court Administrative Office (SCAO) website where a sample MOU for a mental health court is available can be found on Appendix A. It may be beneficial to document which team member is responsible for updating and inputting each section of the required minimum standard data set entered into the Drug Court Case Management Information System

(DCCMIS) Mental Health Court tab. For example, will treatment providers enter data about treatment sessions and treatment compliance directly into the DCCMIS or will they forward the information on to the court that has an individual assigned to enter the information.

The DCCMIS is a web-based program developed by the SCAO to track participant information throughout the duration of enrollment in the program. It enables a program to track statistical information regarding structure of the program and program goals, such as the number of treatment hours participants are receiving, the type of treatment available, how often participants have appeared before the judge, what incentives and sanctions are most commonly used, how long a participant has been in a phase, how long a participant has been in the program, a participant's compliance with medication, a participants' improved life function, and more.

### **Local Administrative Order**

A trial court must issue a local administrative order (LAO) that governs the internal management of the court. The SCAO has a model LAO for the mental health court. A link to the webpage where a sample model LAO is available can be found on Appendix A. Mental health courts requesting funding through the SCAO are required to have an approved LAO.

### **Training**

On-site training for mental health courts prior to implementation is not required. National training on behavioral health and/or the development of a mental health court is sporadic. However, a team may choose to go through in-house training, utilizing the Justice Center website training program on *The Development of a Mental Health Court: an Interdisciplinary Curriculum* at: <http://learning.justicecenter.csg.org/>. In addition, the SCAO from time to time holds trainings specific to mental health court.

It is important that the team participates in training/group meetings to inform each team member of their roles and responsibilities to avoid conflicts. For example, a judge can share when s/he would use incarceration in relation to non-compliance and treatment providers can share when incarceration should not be used to prevent future harm. Additionally, it is important to have regularly scheduled meetings to discuss policy and procedures (not participants), to develop new direction for the program, and to engage in team building activities.

## **Planning the Program**

### **Referral**

Consider developing a referral form that will contain cursory information about the participant (charge, age, history of reported and/or current mental illness, residency requirements, etc.) that is used by all referral sources. Those making the referral should be aware of the basic criteria for eligibility for the program. Develop a system (a checklist may be helpful) on how referrals are logged and processed to the time of acceptance into the program or denial. An example of a referral form can be found in Appendix B.

### **Screening**

Once a potential participant has been referred to the program, and upon reviewing cursory information on the person, a screening will be performed. Although many potential participants may seem like viable candidates at first glance, the screening is the process that determines if the needs of the participants can be met by resources available through the program and/or if the participants can meet the requirements of the program. A screening is a face-to-face interview and not as comprehensive as an assessment. The screening will determine if a mental illness and/or a developmental disability exists, along with determining eligibility for the program. You may also wish to screen for substance use to help identify if a co-occurring disorder is present or utilize a tool that screens for a specific disorder or a range of disorders. If utilizing a screening instrument, the team member conducting the screening may need training. A list of screening tools can be found on Appendix C.

The screening process can be an ideal time to develop a comparison group to measure your participants against for the purpose of program evaluation. You may choose to create one comparison group of all individuals who met the basic requirements of your program but were found ineligible upon screening, or you may choose to create multiple comparison groups, each specific to the reason the individuals were not admitted to your program. The latter of these options will require a large number of participant referrals and, therefore, is particularly well-suited to large jurisdictions. All individuals referred to screening must be entered into the statewide DCCMIS in the Mental Health Court tab and those not accepted into your program can be maintained as comparison group participants within the database.

## **Assessment**

Diagnosis of mental illness or developmental disability must be determined through a comprehensive assessment involving specialized interview and assessment tools. Your program will need to determine at what point in the process the assessment will be conducted, who will conduct the assessment, and where the assessment will take place. Participants who are incarcerated prior to acceptance often are assessed in the jail. Participants, as a condition of release, may be instructed to report to the assessing/treatment agency within a specified time frame to have the assessment completed. The assessor may use the *Diagnostic and Statistical Manual of Mental Disorders* or the *International Code of Disorders* to determine a diagnosis, along with other assessment tools.

For participants who have had a recent assessment, prior to referral to the mental health court program, the team will need to decide whether to accept that assessment or require another to be completed prior to acceptance into the program. If the team accepts an assessment that was completed prior to referral, a time limit on the age of an assessment should be determined. For example, an assessment completed within the last 60 days is valid.

A criminogenic risk assessment should be considered and conducted before admission. Criminogenic risk screenings are based on three principles: the risk principle, the need principle, and the responsivity principle. A risk assessment will aid in assigning the participant to the level of treatment and the level of supervision needed to successfully complete the program. See Appendix C for a list of criminogenic risk tools.

## **Admission**

The decision to admit a participant into the program should be collaborative, involving input from the judge, the case manager, treatment providers, defense and prosecuting attorneys, probation officers, and any other team member. However, the judge will make the final decision to accept a participant into the program. Admission should be in the best interest of both the candidate and the public. Once an admission decision has been made, admitted participants may be granted formal admission at a mental health court review hearing. Remember that candidates denied admission can be monitored in a comparison group using the DCCMIS Mental Health Court tab.

Participants will have numerous documents to fill out at admission. The documents provided to the participants should include Advice of Rights, Consent to Release Information, and an Agreement to Participate. Programs may develop other documents that require signatures by participants as needed

based on the structure and design of the program. For example, a program may require a participant to sign documentation relating to drug/alcohol testing procedures.

The Advice of Rights documents should contain information that addresses the rights an individual is waiving by agreeing to participate in the mental health court program (Appendix D).

Communication between team members is vital to help participants progress through the program. The information shared will require a Consent to Release Information form (Appendix E), which should include what information can be shared and with whom as it relates to 42 CFR and HIPAA. The document must contain the beginning and end date for which the release of information is valid.

An Agreement to Participate (Appendix F) should include clear and concrete language that program admittance is voluntary, information regarding mental health court admittance, precise program requirements including the use of incentives and sanctions, and language that disclosure of treatment status may be discussed in open court.

A handbook, although not a requirement for the program, will provide valuable information during the participant's participation in the program. If your program develops a handbook, it should include contact information for appropriate team members, court appearance dates and times, expectations for progressing through the program/phases, rules and regulations, a chart listing sample incentives and sanctions and, the types of behaviors that will foster implementation of incentives and sanctions.

All documents must be signed by the participant and/or his/her guardian.

### **Treatment**

Programs vary in the time frame from admission to the first mental health treatment session. Each program should set a reasonable goal (e.g., within 14 days) for admission into treatment, suited to the participant's need. Types of treatment will be determined by the treatment professional based on the individual treatment plan, which may include individual therapy, group therapy, medication management, case management, substance related therapy, and/or support group meetings.

The court working with local community mental health service provider(s) and/or substance abuse provider(s) is essential for success. It is important for the judicial members to be aware of what services are available and where services are offered. Continual communication among treatment

providers and court members is necessary to ensure participant compliance and progress in treatment. Knowing the treatment approaches that are utilized and understanding the components of the approaches may benefit the team. The team should be aware of the process in which treatment plans are developed and the frequency of which treatment plans are reviewed.

### **Program Length and Phase Requirements**

The team will need to develop program length and phase requirements flexible enough for individualized case plans. Often the program length is determined by the type of court or type of charge a participant faces. For example, programs that accept only misdemeanor offenses may have a program minimum of 12 months up to a maximum of 24 months; programs that accept felony offenses may have a minimum of 18 months up to 36 months or longer. Phase requirements must be clear and structured for participant success. Additionally, the participant should be aware of the benefits that the program will offer that will justify longer supervision than the jail term they may have received in traditional court.<sup>1</sup>

Programs may have few phases or many, depending on the length and/or structure of the program. The team will need to decide if phases will have specific target goals (meaning the participant needs to reach the goal before moving on) or a set time frame for phases (meaning the participant is in the phase for a set time frame before moving on if they have no violations). In addition to determining goals and/or requirements of phases, the team will need to determine whether a participant must complete all requirements of a phase to move on to another phase or if completing a percentage of the requirements is enough to move to another phase.

Also, a policy should be in place regarding the use of phase demotion. The team should define what will constitute such demotion and whether other sanctions will accompany the demotion (e.g., jail, house arrest, curfew hours lengthened). Phase demotion may be more demoralizing than using a sanction that has been proven to correct a particular behavior.

Finally, define what requirements establish graduation. The team will need to decide if achieving all phase requirements, most of the phase requirements, or broad goals such as engagement in treatment, mental stability, medication adherence, and/or law abiding behavior defines graduation.

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<sup>1</sup> Bureau of Justice Assistance, *A Guide to Mental Health Court Design and Implementation*; 2005.

## **Staffing Meetings**

Prior to a mental health court review hearing, most programs hold a staffing meeting. These meetings are for the purposes of bringing all the team members up-to-date about the progress of each participant appearing in court that week and discussing admittance for new participants. The team will need to determine which team members will attend each staffing meeting and how decisions about participants will be recorded during the meeting. This will give the judge information about each participant who stands before him or her and how they are to address the participant during the court session.

Staffing reports can be generated and printed from the DCCMIS to be utilized in the meeting by all team members. Staffing reports are customizable and can include the achievements and difficulties of each participant, staff and treatment provider recommendations for adjustments to treatment plans, drug test results, incentives and sanctions, and other programs components.

## **Status Review Hearing**

Judicial status review hearings typically follow the staffing meetings. These should be dockets dedicated solely to mental health court participants. Participants attend these hearings as a group and remain in the courtroom as each fellow participant interacts with the judge. This allows participants to see the consequences of others' actions and builds a sense of mutual support among participants.

The number of status review hearings a participant attends during the month may be contingent on the phase he/she is currently in, the need to address a behavior, or their progress in the program. Ideally, individuals in phase one or early in the program should attend status review hearings more frequent than in later phases.

## **Substance Abuse Testing**

Substance abuse testing of those with a co-occurring substance use disorder is an effective way to monitor whether a participant is remaining substance free or engaging in use. Random and frequent testing, which includes weekends and holidays, can serve as a deterrent from routine use. Abstinence can also lead to phase advancement and/or rewards from the team.

Policy regarding substance abuse testing should be clear, concise, and in a written form that is provided to the participant either in the handbook or prior to admission into the program. A resource for review in the development of policy and procedure is the Office of Justice Program's *Drug Testing in a*

*Drug Court Environment: Common Issues to Address* available at <http://www.ncjrs.gov/pdffiles1/ojp/181103.pdf>.

If the program utilizes a testing agency, the name(s) of the agency should be provided to the participant, along with times of testing and the cost for which the participant is responsible. The participant should sign consent to test and release of information with both the program and the agency for disclosure of test results. Confirmation of tests should be outlined in the policy and procedure document, along with who is responsible for the cost. The team should be aware of all policies required of a participant by the testing agency and how the agency responds to unexpected situations. Communication between the team and agency utilized for testing is crucial. The team should know when to expect testing results from a testing agency and the agency should know what expectations the team has for its participants.

If the program chooses to drug test in-house, the location, times, type of testing, and cost to the participant should be provided to the participant. The team should consider having same-gender observers for all urinalyses, identifying which company will provide testing supplies, and having proper training relating to observation of tests, interpretation of tests, and the chain of custody for each test.

Whether testing is conducted by an agency or performed in-house, entry of each test should be tracked in the DCCMIS Mental Health Court tab.

### **Incentive and Sanctions**

Incentives and sanctions are responses to behavior of a participant, whether positive or negative. They should be individualized, explained to the participant prior to admission of the program, and coordinated in a way to motivate participants. Remember, one person's sanction may be another person's reward.

Examples of incentives and sanctions that have been developed by *The Center for Court Innovation* follow:

#### **INCENTIVES:**

**Recognition:** Praise, applause

**Frequency of status hearings:** Give participants a voice in their frequency and/or priority in order of appearance or seating. Don't implement a blanket rule to have participants who are doing well come to court less frequently - many mental health court participants like to come to court.

**Showcase talent:** Encourage participants to bring in art work or poetry or to sing in court

**Gift certificates**

**Participation in court-sponsored events**

**Less restrictive conditions** (e.g., telephone check-ins)

**Less frequent urine testing**

**Granting of privileges** (e.g., travel, later curfew)

**Honor roll:** Publicly acknowledge all the participants on the calendar who have been in compliance for a specified number of consecutive court appearances, and call their cases first

**Frequency of case management appointments with mental health court/monitoring staff:** Make appointments less frequent, or give court participants a say in how frequently they come to court

**Charge reduction or dismissal of case**

**Certificates for phase completion:** Keep these fairly general (“adjustment,” “engagement,” “progress in treatment”) and avoid highly specific or quantifiable standards for phase advancement

#### **SANCTIONS:**

**Reprimand,** disapproval

**More frequent appointments** with mental health court/monitoring staff

**More frequent status hearings**

**Unannounced visits** by monitoring staff

**Penalty box** (cautionary note: for some participants, especially those with trauma histories or anxiety disorders, this can be traumatizing or destabilizing)

**Writing assignments** (e.g., journal entries, letter to the judge)

**Workbook assignments**

**More restrictive pretrial release status** (e.g., contact supervision, electronic monitoring)

**Loss of privileges** (e.g., travel, curfew)

**Community service**

**Bench warrants**

**Jail remand** (short stays; establish protocols with the jail to ensure continuity of treatment)

**Termination/sentencing**

Incentives should be awarded at a rate of 4 to 1 of sanctions.<sup>2</sup> Behaviors should be addressed promptly so the participant can relate the response to the behavior.

### **Confidentiality**

Communication between team members is an important process and is crucial for continued public safety and rehabilitation. Governing disclosure of information as it relates to mental health court are two federal statutes: Health Insurance Portability and Accountability Act (HIPAA) and 42 Code of Federal Regulation Part 2. The court, probation officer(s), and/or law enforcement are not bound by HIPAA requirements. However, best practice is to follow the spirit of the requirement. 42 CFR Part 2 applies to programs that are supported by funds provided by any department or agency of the United States, including state or local governments.<sup>3</sup> Upon admittance to treatment, the treating agency will obtain a signed release of information by the participant. This release of information will identify who can have the information, what information is to be released, and the length of time the release is in effect. This release may be reciprocal to team members; however, it will not cover communication

<sup>2</sup> P.Gendreau, P. & Goggin, C., *Correctional Treatment: Accomplishments and Realities*, Correctional Counseling and Rehabilitation, edited by ZP.V. Voorhis, M. Braswell and D. Lester (Cincinnati, OH: 1997)

<sup>3</sup> John Pettila, J.D., L.L.M. and Hallie Fader-Towe, J.D.; Council of State Governments Justice Centers, *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*;

among team members. Thus, the court should obtain a signed release to ensure the rights of the participant are protected from the beginning of the process to the end. The ideal time to obtain the release of information is in the screening process.

An example of a disclosure of information can be found in *A Guide to Mental Health Court Design and Implementation*; page 90. A sample disclosure of information is also provided in Appendix D.

### **Discharges**

Participants will be discharged from the program for various reasons: successful completion of program requirements, noncompliance to program requirements, and/or absconding from the program. It will be important for the program to have defined discharge criteria for all of the above reasons for discharge. For example, successful completion of the program may include that the participant has engaged in treatment for a specified time frame receiving low level care, that he or she is medication adherent for a specified time frame, that he or she is substance use free for a specified time frame, that employment or a higher level of education was obtained, etc. An example of an unsuccessful termination may include continuous noncompliance of program requirements, receiving a new offense (the program may need to decide if all new offenses or certain offenses require termination from the program), and/or absconding for a determined length of time. The team should consider how long to wait until a participant is discharged for absconding. To ensure accuracy of data, you should not wait longer than 90 days.

In addition to defining discharge criteria, it is important for the team to decide how often graduation ceremonies will take place, how many participants will be honored, and who will be invited (family of participants, friends, stakeholders, and/or media). If media is invited to the ceremony, remember that the participants will need to sign a release or waiver agreeing to be identified.

### **Evaluating Your Program**

Sustaining a program requires data collection, evaluation of the program, continuous improvement, and community support. Data collection is vital to the program as the information gathered can support requests for funding, inform the community, and contribute to the success of the program. Two types of evaluations are: a process evaluation (which assesses whether the program operates in the way that it was intended) and an outcome evaluation (which assesses whether the program meets the intended goal). The latter evaluation will take longer to gather necessary data. As a

result of collecting data and evaluating the effectiveness of your program, you will be able to promote your program's success to stakeholders at local meetings and to the community through newspaper articles.

**Data Collection:** All mental health courts that receive funding through the SCAO are required to enter data into the DCCMIS Mental Health Court tab. Information entered must follow the Minimum Standard Data.

## **Funding**

The SCAO has distributed general fund monies to selected mental health courts in Michigan. The courts that receive funding have worked together with their local community mental health service provider or their local community mental health authority, developing a joint grant application to address the funding cost for treatment. More information regarding funding can be found at <http://www.courts.michigan.gov/administration/admin/op/problem-solving-courts/pages/grants-and-funding.aspx>.

Other sources of funding may be found by visiting The Substance Abuse and Mental Health Administration (SAMHSA) website (located in Appendix F) and reviewing possible grant opportunities that may apply to your court.

The SAMHSA's GAIN for Behavioral Health and Justice Website (located in Appendix F) offers a variety of support, depending on a program's need. On-site technical assistance includes trainings, workshops, and consultation by experts in the field; however, this may not be available to all. Other forms of assistance include conference calls and e-mail correspondence.

The Bureau of Justice Assistance (BJA), Office of Judicial Programs (OJP), and Grants.gov often list grant opportunities that apply to both mental health and substance abuse programs. These grants, if received, are federal monies and have specific requirements to ensure continued reimbursement.

## **Community Resources**

Participants in the mental health court program often have needs for services such as housing, employment, medical, education, and transportation. As the team develops, consider what needs your participants will have and determine what resources are available within your community to help support the participant and the program. Consider which resources will be a requirement of the

program. For example; a participant who is unemployed may be required to participate in an education or vocational training program to assist in the development of employable skills.

It is important for the program to develop a relationship with the agency providing resources to foster continuity in the services provided to the participant. Services that the participant will be referred to should be centered around the need of the participant so as to strengthen the participant's ability to succeed in the program. Consider the logistics involved when referring a participant to a particular community resource (e.g. distance, availability to meet the participant's need, or the ability to manage the mental health symptoms of the participant).

Providing a list of available resources at the time of admission is beneficial so that the participant will know what and where resources are available. The list will also provide additional resources that the participant may want to seek out on their own.

### **Mission Statement and Goals**

Defining the mission statement and goals of the mental health court program will aid in the direction and development of the program. A mission statement should reinforce the program's goal and provide the framework for its operation. In developing the mission statement, consider why a mental health court is being developed, why it is important to develop such a program, and what benefits the program will provide. Allowing team members to participate in the development of the mission statement will generate goals for the program from different perspectives.

In the development of the goals, keep in mind that they must be attainable and measurable. Having measurable goals will aid in the collection of data and grant writing, thus providing information to share with stakeholders for community support. Measurable goals have a clear end result with objectives to achieve within a specified time frame. Your goals can easily be tracked using the Drug Court Analytical System (DCAS).

DCAS is the analytical component of the DCCMIS. Information that has been entered about participants can be extracted using DCAS. Specific information, such the number of court appearances attended, number of court reviews scheduled, number of days participants remain in the program, time from referral to screening to admission, number of participants medication compliant, number of participants tested for drug/alcohol, types of drugs tested for, and number of positive tests can be obtained by using DCAS.

## **Peer Mentor – Peer Support**

Peer mentors may be utilized to aid a participant through the program. Peer mentors who have achieved a certain level of recovery within their own life can provide support, hope, and encouragement to the participant. They can provide a bond based on sharing similar experiences, accompany and/or link a participant to community resources, and promote recovery and a positive, healthy lifestyle. You can learn more about peer mentoring and the availability of services by contacting your local community mental health agency.

## **Alumni Groups and Step Down Phases**

As participants reach certain goals within the program, they have fewer requirements and/or restrictions. One requirement, as the participant reaches a higher phase or nears graduation, can be to attendance at alumni groups. Alumni groups encourage continued recovery outside of the program, while developing relationships with those who have experienced similar circumstances. But developing an alumni group may have challenges. Keep in mind where the meetings will be held, what the ground rules are for attending, who will be in charge of the meeting and for how long, understanding the capacity of the group, how members will be able to contact each other, and the time and frequency of the meetings.

# **Appendix A**

## ***MEMORANDUM OF UNDERSTANDING***

### ***LOCAL ADMINISTRATIVE ORDER***

#### ***MINIMUM STANDARD DATA***

<http://courts.mi.gov/administration/admin/op/problem-solving-courts/pages/mental-health-court.aspx>

# Appendix B

## SAMPLE MENTAL HEALTH COURT REFERRAL FORM

### Referral

#### Mental Health Court Program

Program Contact Person

Program Address

Program Phone Number

Program Fax Number

Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this person a resident of the county? Yes \_\_\_ No \_\_\_

Is this person incarcerated at the time of the referral date? Yes \_\_\_ No \_\_\_

Current charge(s): \_\_\_\_\_ Sentenced: Yes \_\_\_ No \_\_\_

Sentence date: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Drug or Alcohol Use: Yes \_\_\_ No \_\_\_

Drug of choice(s): \_\_\_\_\_

Eligibility Criteria: Legal: list the program's legal criteria

Clinical: list the program's clinical criteria

Date screened: \_\_\_\_\_

Approved: \_\_\_ Denied: \_\_\_ Date: \_\_\_\_\_

# Appendix C

## MENTAL HEALTH SCREENING TOOL<sup>4</sup>

Mental Health Screen Form III (MHSF III)  
K6 Screen Scale (K6)  
K10 Screen Scale

## *SUBSTANCE ABUSE SCREENING TOOL<sup>5</sup>*

Alcohol Use Disorders Identification Test (AUDIT)  
CAGE  
Drug Abuse Screening Test (DAST)  
Michigan Alcoholism Screening Test (MAST)

## *CO-OCCURRING SCREENING INSTRUMENTS<sup>6</sup>*

Psychiatric Research Interview for Substance and Mental Disorders (PRISM)

## *RISK ASSESSMENT INSTRUMENTS*

LSI-R <http://www.mhs.com/product.aspx?gr=saf&prod=lsi-r&id=overview>.

COMPAS [http://www.northpointeinc.com/files/downloads/FAQ\\_Document.pdf](http://www.northpointeinc.com/files/downloads/FAQ_Document.pdf).

WISC (DOC 502) [http://www.wi-doc.com/PDF\\_Files/WIRiskValidation\\_August%202009.pdf](http://www.wi-doc.com/PDF_Files/WIRiskValidation_August%202009.pdf).

Historical-Clinical-Risk

<http://www4.parinc.com/Search.aspx?q=Historical%20Clinical%20Risk%20Management>.

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<sup>4</sup> Peters, R.H., Bartoi, M.G., & Sherman, P.B. (2008). *Screening and Assessment of Co-Occurring Disorders in the Justice System*. Delmar, NY: CMHS National Gains Center.

<sup>5</sup> Peters, supra.

<sup>6</sup> Peters, supra

# Appendix D

## *SAMPLE ADVICE OF RIGHTS* Mental Health Court Plea

You have been offered to plead guilty or nolo contendere in this matter. Before accepting your plea, the court must be convinced that you understand the following:

- A. If your plea is accepted, you will not have a trial of any kind and you will be giving up the rights you would have at a trial, including the right:
- 1) To be tried by a jury;
  - 2) To be presumed innocent until proved guilty;
  - 3) To have the prosecutor prove beyond a reasonable doubt that you are guilty;
  - 4) To have the witnesses against you appear at the trial;
  - 5) To question the witnesses against you;
  - 6) To have the court order any witnesses you have for the defense to appear at the trial;
  - 7) To remain silent during the trial;
  - 8) To not have that silence used against you; and
  - 9) Testify at the trial if you want to testify.
  - 10) I understand I may be sanctioned at mental health court review hearings, including community service or jail.
  - 11) I have reviewed the Mental Health Court Manual/Mental Health Court Participant Agreement and I agree to follow all program rules.
  - 12) I understand that if I am not approved for entry into the mental health court at sentencing, I will have the right to withdraw my plea.
- B. If your plea is accepted, any appeal from your conviction and sentence pursuant to this plea will be by application for leave to appeal and not by right.

You will be required to state orally on the record that you have read and understand all of the above and that you agree to waive all the above rights.

\_\_\_\_\_  
Defendant/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Attorney

\_\_\_\_\_  
Date

Adapted from 4th Judicial Circuit Court, Jackson County, Advice of Rights Recover Court Plea

# Appendix E

## SAMPLE CONSENT TO RELEASE INFORMATION

### CRIMINAL JUSTICE CONSENT TO RELEASE INFORMATION

XXXX Mental Health Court Program  
Program Address

I, \_\_\_\_\_, hereby consent to communication between the XXXX Mental Health Court program and: \_\_\_\_\_

(Name all persons and agencies to which disclosure is to be made-i.e., prosecuting attorney, treatment agency, drug/alcohol testing center)

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptance for treatment services, attendance, prognosis, compliance and progress in accordance with the mental health court program's monitoring criteria.

I understand this consent will remain in effect from date to date and cannot be revoked by me until there has been a formal and effective termination, whether successful or unsuccessful, of my involvement with the XXXX Mental Health Court.

I understand that any disclosure made is bound by the Code of Federal Regulations Title 42, Part 2, governing confidentiality of alcohol and drugs abuse patient records and the Code of Federal Regulation, Part 45, Parts 160 and 164 Health Insurance and Portability and Accountability Act (HIPAA) governing protected health information.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Appendix F

## SAMPLE AGREEMENT TO PARTICIPATE FORM

XXXX Mental Health Court Program  
Program Contact Person  
Program Address  
Program Phone Number  
Program Fax Number

I, \_\_\_\_\_, voluntarily agree to participate in the XXXX Mental Health Court Program. I understand that I will be waiving certain rights as discussed with my attorney. I agree to follow all terms and conditions of the mental health court program as established by the court and the XXXX mental health court team.

- 1. I understand I will be required to cooperate with the mental health court liaison to complete an assessment. A treatment recommendation will be made and shared with the mental health court team.
- 2. I understand I will be required to work with treatment staff to develop a treatment plan and follow the plan accordingly.
- 3. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me I may be sanctioned and/or terminated from the program.
- 4. I understand that my terms of probation will become terms of the mental health court program.
- 5. I understand I am required to attend all appointments for court, treatment, ancillary services, and all drug and alcohol testing as scheduled.
- 6. I understand that my progress and compliance within the mental health court may be discussed in open court.
- 7. I understand that the term mental health court will appear in a legal and public file of the XXXX court.
- 8. I understand that sanctions may be imposed and additional conditions may be added due to my failure to comply with the mental health court program rules.
- 9. I understand that if I am terminated from the program I may be sentenced on the charges for which I pled guilty to.
- 10. I shall maintain the confidentiality of other mental health court participants.

I have discussed the above listed conditions with my attorney and received a copy of this form.

\_\_\_\_\_  
Participant/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature /Witness

\_\_\_\_\_  
Date

# Appendix G

## RESOURCES

Justice Center's *Developing a Mental Health Court: An Interdisciplinary Curriculum* can be found at <http://learning.justicecenter.csg.org>.

Bureau of Justice Assistance and Justice Center's *Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court* [2007].

Bureau of Justice Assistance and Justice Center's *Mental Health Courts: A primer for Policymakers and Practitioners* [2008].

Bureau of Justice Assistance and Consensus Project's *A Guide to Mental Health Court Design and Implementation* [2005]

Bureau of Justice Assistance and Justice Center's *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws* [2010]

Peters, R. H., Bartoi, M. G., & Sherman, P. B. [2008]. *Screening and Assessment for Co-Occurring Disorders in the Justice System*. Delmar NY: The CMHS National Gains Center.

National Center for State Courts, *Mental Health Court Performance Measures, Implementation and Users Guide*, [2010]

## WEBSITES

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation can be found at <http://gains.prainc.com>.

Substance Abuse and Mental Health Services Administration can be found at <http://www.samhsa.gov>.

Bureau of Justice Assistance can be found at <https://www.bja.gov/default.aspx>.

Office of Justice Programs can be found at <http://www.ojp.usdoj.gov>.

Mental Health America can be found at <http://www.nmha.org>.

National Alliance on Mental Illness (NAMI) can be found at <http://www.nami.org>.

Mental Health First Aid USA can be found at <http://www.mentalhealthfirstaid.org/cs>.

Justice Center The Council of State Governments <http://csgjusticecenter.org/>.