



SKAGIT COUNTY MENTAL HEALTH COURT PROTOCOL

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Purpose of Mental Health Court

Skagit County Mental Health Court is a collaborative, problem-solving court designed to promote public safety and reduce recidivism among mentally ill offenders through an intensive program of evaluation, treatment and frequent monitoring of compliance. Its goal is to bring long-term stability, sobriety and safety to mentally ill offenders while ensuring the security and well-being of the community.

The Skagit County Mental Health Court program draws on the expertise and cooperation of Skagit County Superior Court, Skagit County Prosecuting Attorney and Public Defender, public mental health providers, local advocacy and support agencies, and private providers of mental health, substance abuse and ancillary services.

Eligibility

Mental Health Court is a voluntary twenty-four (24) month program for offenders who have a mental illness. Persons may be eligible for a suitability evaluation if they fall within the following guidelines.

1. Adult individuals who have been charged with felony in Skagit County Superior Court.
2. Adult individuals who have been diagnosed with a DSM-IV Axis I diagnosis.
3. Adult individuals whose predominant diagnosis is DSM-IV Axis II, or results from brain disorder, developmental disability, or dementia may be evaluated on a case-by-case basis.
4. The individual may not have a previous conviction for a serious violent felony offense or sex offense as defined in RCW 9.94A.030. (RCW 2.28.180).
5. The offender is not currently charged with or convicted of an offense a) that is a sex offense; b) that is a serious violent offense; c) during which the defendant used a firearm; or d) during which the defendant caused substantial or great bodily harm or death to another person. (RCW 2.28.180)

6. The individual is not currently charged with or convicted of the following:

10.95.020	Aggravated Murder 1
9A.48.020	Arson 1
9A.36.011	Assault 1
9A.36.021(2)(a)	Assault 2
9A.36.021(2)(b)& 9.94A.835	Assault 2 with Sexual Motivation

9A.36.120	Assault of a Child 1
9A.36.130	Assault of a Child 2
9A.76.170(2)(a)	Bail Jump with Murder 1 Offense
9A.52.020	Burglary 1
9A.44.083	Child Molestation 1
9A.44.086	Child Molestation 2
69.50.415	Controlled Substance Homicide
70.74.180	Explosive Devices Prohibited (Possession of Explosive Device for Unlawful Purpose)
9A.56.120	Extortion 1
9A.32.055	Homicide by Abuse
79A.60.050(a)	Homicide by Watercraft, by being under the Influence of Intoxicating Liquor or any Drug
79A.60.050(c)	Homicide by Watercraft, by Disregard for the Safety of Others
79A.60.050(b)	Homicide by Watercraft, by the Operation of any Vessel in a Reckless Manner
9A.64.020(1)(b)	Incest 1 (Victim under the Age of 14)
9A.64.020(2)(b)	Incest 2 (Victim under the Age of 14)
9A.44.100(2)(b)	Indecent Liberties (with Forcible Compulsion)
9A.44.100(2)(a)	Indecent Liberties (without Forcible Compulsion)
9A.40.020(2)	Kidnapping 1
9A.40.030(3)(a)	Kidnapping 2
9A.40.030(3)(b) & 9.94A.835	Kidnapping 2 with Sexual Motivation
9A.82.060(1)(a)	Leading Organized Crime
70.74.280(1)	Malicious Explosion 1
70.74.280(2)	Malicious Explosion 2
70.74.270(1)	Malicious Placement of Explosives 1
9A.32.060	Manslaughter 1
9A.32.070	Manslaughter 2
9A.32.030	Murder 1
9A.32.050	Murder 2
9A.88.070	Promoting Prostitution 1
9A.44.040	Rape 1
9A.44.050	Rape 2

9A.44.060	Rape 3
9A.44.073	Rape of a Child 1
9A.44.076	Rape of a Child 2
9A.56.200	Robbery 1
9A.56.210	Robbery 2
9.68A.040	Sexual Exploitation of a Minor
9A.76.115	Sexually Violent Predator Escape
9.82.010	Treason
9.41.225	Use of Machine Gun in Commission of Felony
46.61.522(1)(a)&(b)	Vehicular Assault, by Being Under the Influence of Intoxicating Liquor or any Drug, or by the Operation or Driving of a Vehicle in a Reckless Manner
46.61.520(1)(a)	Vehicular Homicide by Being Under the Influence of Intoxicating Liquor or any Drug
46.61.520(1)(c)	Vehicular Homicide by Disregard for the Safety of Others
46.61.520(1)(b)	Vehicular Homicide by the Operation of a Vehicle in a Reckless Manner
	Any criminal solicitation or criminal conspiracy to commit a Class A offense
	Any federal or out-of-state conviction for an offense that under the laws of this state would be a felony classified as a Most Serious Offense

Any felony attempt to commit any Most Serious Offense

Any other Class B felony offense with a finding of sexual motivation (RCW 9.94A.835)
Any other felony with a deadly weapon verdict under RCW 9.94A.602

RCW 9A.52.025 Residential Burglary

RCW 46.61.502(6) Felony DUI

7. The mental health evaluation must provide some indication that the individual's mental illness was a factor in the alleged criminal behavior and that the MHC treatment program will help that individual move towards recovery and reduce further recidivism. After consultation with the Mental Health Professional, the ultimate decision as to whether or not there is a sufficient nexus rests exclusively with the Prosecuting Attorney or his/her designee.

8. The individual must be considered suitable for, and amenable to, treatment. (RCW 2.28.180)

9. The individual must be able to appreciate the consequences of the legal proceedings and the agreement s/he is making with the court.
10. The individual must reside in Skagit County.
11. The individual must sign and execute a stipulation as to facts as indicated in the police reports and/or affidavit of probable cause. S/he will be advised that the stipulation will be admitted as evidence of the crime if s/he fails to successfully complete the Mental Health Court Program and is terminated.
12. An individual initially excluded because of the nature of the charges, may qualify for Mental Health Court if s/he is ultimately charged with a qualifying offense and is otherwise suitable for disposition.

Referral/Intake Procedure

Referrals for Mental Health Court (MHC) will be processed through the MHC Coordinator and, because MHC matters are pre-plea, accepted from the Public Defender's Office or private defense counsel.

Any preliminary hearing or other substantive motion shall be heard on the original court calendar, not the MHC calendar.

Depending upon the referral source or point of entry into MHC, the following steps take place:

1. Client appears to meet initial eligibility criteria and individual making referral completes *Referral for Determination of Initial Eligibility*.
2. Client signs *Consent for Release of Confidential Information for Eligibility & Suitability*.
3. Client must be agreeable to continue speedy trial and omnibus hearing to allow time to undergo mental health assessment and for MHC team to staff case.
4. *Referral* and *Consent* forms are faxed, mailed, or otherwise delivered to MHC Coordinator.
5. MHC Coordinator screens case for initial eligibility. If referral is made by someone other than defense counsel Mental Health Court Coordinator will notify client's defense attorney and obtain attorney approval before proceeding with referral.
6. Client will be staffed for admission to MHC by Court Team at the next regularly scheduled docket. If client meets initial eligibility criteria, client will be referred to MHP/Court Liaison for initial assessment. MHP/Court Liaison provides copy of assessment to MHC Coordinator.

7. MHC Court Team will review assessment at next court staffing and decide whether or not client is suitable for Mental Health Court program. The ultimate decision as to whether or not someone will be admitted rests exclusively with the Prosecuting Attorney or his/her designee. If there is agreement that the client and case are appropriate, the client will be invited to observe the next regularly scheduled court docket.
8. Client will appear in court to observe and the court will provide an overview of the MHC program. Client will begin observation period and complete a minimum of four (4) weeks of MHC treatment prior to admission. The client may be eligible for credit for observation time beyond 4 weeks. Client must observe two *consecutive* MHC dockets before admission to MHC. If client wants to enter MHC, s/he will be admitted to program after completion of *two consecutive* observations.
9. An individual scheduled to enter chemical dependency inpatient treatment while observing MHC must sign into MHC before s/he leaves for treatment.
10. Client meets with Mental Health Court Coordinator for program orientation during observation period and before signing in to MHC program.
11. Upon court approval, client signs *Stipulation and Order to Participate in Mental Health Court.*
12. Treatment plan is added to terms of court order.

Mental Health Court Orientation

During client's observation period the court will explain the program and answer any questions or concerns expressed by the client. Before client enters the program, the client must meet with Mental Health Court Coordinator to review program expectations, including court appearances, treatment requirements, drug testing locations and schedules (if required), and rewards and sanctions. Client must review and sign the *Consent for the Release of Confidential Information, UA Protocol and Orientation Checklist.*

Participant Agreement

At the time that client enters MHC defense counsel will review the terms and conditions of participation with client. Client must sign the *Stipulation and Order to Participate in Mental Health Court.* Signed and completed documents must be on file with the court in order for client to participate in the MHC program.

Case Disposition

The client must sign and execute a stipulation as to facts as indicated in the police reports and/or affidavit of probable cause. S/he will be advised that the stipulation will be admitted as evidence of the crime if s/he fails to successfully complete the MHC Program and is terminated. Client waives speedy trial, waives jury trial, stipulates to the facts in the police report, and case is continued for two years

without finding of guilt.

Individual Treatment Plan

All persons participating in MHC will have an individual case management plan, also known as the treatment plan. Members of the MHC Team will be provided with each client's treatment plan. Modifications to each person's plan may be made at the discretion of the MHC Team in consultation with MHC Treatment Team.

Incentives for Successful Progress

Incentives will be tailored to each client and reflect their changing needs as they progress through the program. Incentives may include assistance finding services, positive encouragement from the MHC Team, reduced court appearances, avoidance of jail time, graduation certificates and other tokens of success.

Sanctions

Prior to imposition of a sanction, the cause of non-compliance will be carefully considered to be sure clients are being held accountable for issues within their capacity. Consequences may include judicial reprimands, increased frequency of treatment sessions or contact with treatment provider, increased court appearances, community service, electronic monitoring, curfew, and incarceration.

Service Project

Taking into consideration individual capabilities, each MHC participant shall be responsible for developing and implementing a Service Project before they are eligible for graduation from MHC that reflects their interests and provides a benefit to the community. The Service Project might be participation in a panel discussion regarding MHC and/or the needs of community members with mental illness, becoming a Peer Counselor, forming an "aftercare" group for MHC graduates, developing a new program or class at the Peer Center, starting a new program for low income or disadvantaged individuals in the community or developing an individual project approved by the MHC team. The participants should start working on the development of their Service Project during the first two phases of the program and should begin implementation during Phase III and into the Transitional Phase. Participants are encouraged to develop a Service Project that is ongoing and continues beyond graduation from MHC.

Progressing Through Treatment

MHC consists of phases that include judicial oversight, individual treatment requirements, possible drug testing, and rewards and sanctions. Phases are designed to build upon the skills acquired in the previous phase, allowing the clients to effectively manage their mental illness (and substance abuse, where applicable) and fostering stable, independent living. As a person moves through the phases of the program, they are evaluated and promoted based on successful completion of each phase.

Participants are expected to complete the program in twenty-four (24) months and shall remain in Phases I through III a minimum of three cumulative months.

Because all treatment plans are individualized, the requirements may vary. This is a general guideline and is subject to modification by the MHC Treatment Team and MHC Judge.

1. Intake/Assessment

- Complete mental health assessment
- Complete CD assessment if indicated; enter detoxification or inpatient treatment if indicated; submit to random UAs
- Observe minimum of two consecutive MHC dockets and appear in court as scheduled
- Sign Agreement to Participate in Mental Health Court and Stipulation to Facts

Benchmarks for Entering Phase I

- Engages in development of treatment plan
- Complies with treatment plan and medication regimen
- Completes inpatient treatment if indicated
- Avoids use of illegal substances and alcohol
- Explores vocational/educational opportunities
- Seeks safe affordable housing
- Seeks reliable transportation
- Explores family & social relationships if indicated
- No new arrests; avoids unnecessary contacts with law enforcement & other first responders
- Keeps scheduled appointments

2. Phase I (minimum of 3 months)

- Appear in court as scheduled
- Follow treatment plan for mental health and substance abuse
- Comply with medications regimen
- Engage in individual and group counseling
- Engage in relapse prevention techniques
- Submit to random UAs as required
- Address payment of court fees and fines if necessary
- Complete employment assessment
- Maintains safe, appropriate housing and reliable transportation
- Engage in family counseling, parenting class, life management skills as recommended
- Explore Service Project

Benchmarks for Moving to Phase II

- Appears in court as required
- Complies with treatment plan for mental health and substance abuse
- Complies with medications regimen
- Participates in community-based recovery support groups
- Investigates employment or other vocational opportunities
- Maintains safe, appropriate housing and reliable transportation

- No new arrests, unnecessary contacts with law enforcement & other first responders
- Expresses willingness to explore family & social relationships
- Keeps scheduled appointments
- Has explored ideas for Service Project

3. Phase II (minimum of 3 months)

- Appear in court as scheduled
- Follow treatment plan for mental health and substance abuse
- Comply with medications regimen
- Engage in individual and group counseling
- Engage in relapse prevention techniques
- Random UAs as required
- Obtain sponsor if applicable
- Address payment of court fees and fines; complete community service
- Develop employment/education/vocational plan; follow through with objectives identified
- Begin to explore and engage in volunteer opportunities
- Safe, appropriate housing & reliable transportation
- Engage in family counseling, parenting class, life management skills as recommended
- Develop Service Project

Benchmarks for Moving to Phase III

- Appears in court as required and complies with court orders
- Complies with medications regimen and other components of treatment
- Has obtained sponsor if applicable
- Making reasonable progress in addressing court financial obligations
- No new arrests or unnecessary contact with law enforcement & other first responders
- Takes steps to pursue vocational, education, and volunteer opportunities
- Maintains safe, appropriate housing and reliable transportation
- Completed recommended classes or family/social counseling
- Keeps scheduled appointments
- Has identified Service Project topic and know how s/he will execute

4. Phase III (minimum of 3 months)

- Appear in court as scheduled; may attend alternate court dockets
- Address court fees and fines as necessary
- Demonstrate skills learned in earlier phases
- Comply with medication and treatment plan
- Complete a Relapse Prevention Plan, which recognizes triggers for old patterns of thinking and behavior and what to do during periods of high stress or personal vulnerability to mental decline or criminal behavior

- Implement employment/vocational/educational plan or volunteer activity as approved by court
- Safe, appropriate housing & reliable transportation
- Engage in pro-social behavior
- Design and present Service Project to Court

Benchmarks for Moving to Transitional Phase

- Appears in court as required and has complies with court orders
- Complies with medications regimen and other components of treatment plan
- Completes court financial obligations or has clear plan to do so before graduation
- No new arrests; no unnecessary contact with law enforcement
- Has obtained and is engaged in educational, vocational, or volunteer opportunities
- Maintains safe, appropriate housing and reliable transportation
- Has skills to secure basic needs
- Completes recommended classes or family/social counseling
- Keeps scheduled appointments
- Has approved Service Project

5. Transitional Phase

- Appear in court as scheduled; may attend alternate court dockets
- Demonstrate skills learned in earlier stages of Mental Health Court Program; may serve as mentor for participants in earlier phases
- Comply with medication and treatment plan
- Follow Relapse Prevention Plan
- Complete Wellness Plan
- Implement Service Project
- Maintain employment or educational activity, or other activity as approved by court
- Actively engage in community service work for court fees and fines if necessary, or have plan to pay off outstanding balance
- Has means to maintain stable housing
- Meets all basic needs
- Engage in pro-social behavior

Graduation Requirements

Program Participation and Cooperation – The participant will be engaged in an ongoing therapeutic support system and will have complied with treatment plans.

Drugs and Medications - The participant will have complied with the treatment plan including appropriate use of medications and drugs.

Triggers – The participant will be able to identify and understand those circumstances and/or events which are likely to trigger relapse behaviors. S/he

will develop new responses to those signs, including a list of significant others who will be helpful when the triggers are present.

Legal - The participant will have addressed outstanding matters in the criminal justice system.

Basic Life Needs – The participant has evidenced the skills to secure food, clothing and shelter. Participant makes every effort to insure that the residential environment is one that will promote ongoing recovery, and is safe and stable.

Reliability - No excessive or unexcused absences from appointments, employment, training classes or other obligations.

Financial or Community Service Responsibility – Has made all payments or performed all community service hours required for MHC participation.

Transition/Wellness Plan – The participant must meet with all Treatment Team members, including Mental Health Professional, Chemical Dependency Professional, Case Manager, and Supported Employment Specialist, and solicit input to help him/her complete a Wellness Plan for the Court that describes how s/he will maintain stability after graduation. The Wellness Plan will describe what participant must do every day to keep well, triggers that could make participant feel worse, and an action plan to stabilize the situation. The Plan should also describe their goals for their future life and a plan to achieve those goals. The Plan must address the following elements:

- Crisis Management and Mental Health Treatment
- Chemical Dependency Treatment
- Employment or Vocational
- Housing and Income
- Natural Supports
- Socialization
- Legal Issues
- What participant has learned through the Mental Health Court Program
- Future Goals

Exit Interview – Client must meet with Mental Health Court Coordinator and complete Exit Interview.

Dismissal of Charges

When Participant has successfully completed the terms of the court order, the court will dismiss the charges with prejudice.

Aftercare

Aftercare is recognized as a critical part of success once a participant has left the supervision of the MHC. Prior to graduation, participant will assist in development of a Wellness Plan. Participant should review and update their personal crisis plan to be used when they need others to take over responsibility for their care. The MHC

will facilitate links with public and community-based sources of assistance for client aftercare. Community-based services continue to be available to clients after completion of the MHC program.

Mental Health Court Operating Policies

Pre-Court Staffing

The MHC Judge, Prosecuting Attorney, Public Defender or other defense attorney, MHP/Court Liaison or other appropriate treatment staff, and MHC Coordinator will attend a staffing meeting prior to each MHC session. During pre-court staffing new participants will be considered, current participant progress reports will be reviewed, and recommended sanctions and incentives will be considered.

Status Hearings

MHC will be held every other Monday or as calendared. If the scheduled Monday calendar falls on a court holiday, the calendar will be stricken. The frequency of court appearances for each individual participant will be determined on a case-by-case basis. Return dates will be discussed during staffing, with the judge making the final decision.

New Violations

A new offense may disqualify a client from continued participation in the MHC. The individual will be reevaluated for both eligibility and suitability to continue. If the participant is charged with a new felony termination is presumptive.

Involuntary Termination

A MHC participant may be terminated from the program for refusal to participate in his/her Case Management Plan, for repeated willful violations of the program, for committing a serious new crime, because s/he has achieved the maximum benefit from available services, if s/he has been on bench warrant status for an extended period, or other reasons as determined by the Court. Client must complete Exit Interview with Mental Health Court Coordinator.

Voluntary Termination

A participant may voluntarily choose to leave the program at any time. A participant wishing to withdraw should make that request to the Judge either in person or through defense counsel. Client must complete Exit Interview with Mental Health Court Coordinator.

Incomplete/Unsuccessful Participation

If a participant fails to complete the program or is otherwise unsuccessful, the judge will make a determination of guilt based upon the STIPULATION AND ORDER TO PARTICIPATE IN MENTAL HEALTH COURT and s/he will be sentenced.

Court-Ordered Fees, Fines and Restitution

MHC participants will be given every opportunity to address all outstanding matters before any court while they are under the supervision of the MHC. Community work programs may be used for individuals with outstanding fees and fines before the

court. If restitution is ordered, participant must pay full restitution before s/he is eligible for graduation.

Missed Appointments

If a participant is unable to make a scheduled appointment, participant must notify provider immediately. Participant must make all reasonable efforts to give provider as much notice as possible of cancellation; participant will also provide reason for cancellation.

Systems Cooperation and Conflict Resolution

Consensus through dialogue will be the primary means for achieving systems cooperation. Direct contact will be maintained with key players who may be unable to attend any of the various meetings called on behalf of the program. The MHC Team will address disagreements regarding treatment plans.

Medical Policies

Use of Medication

1. Any medications being taken by a MHC participant are to be on file with Compass Health.
2. Participants taking psychoactive (mood- and mind-altering) medications must do so only under the direction and supervision of a licensed physician.
3. Use of prescribed pain medications or narcotics is presumptively prohibited and shall be reviewed by the Court on a case by case basis.
4. Use of prescribed medical marijuana is presumptively prohibited and shall be reviewed by the Court on a case by case basis.
5. If participants need to seek medical attention for pain management or other medical condition, they are required to **immediately** inform the physician, nurse, ER social worker, or other attending medical professional that they are in recovery (if applicable) and are participants in a therapeutic court.
6. Should a medical professional find it medically necessary to prescribe a narcotic pain medication or benzodiazepine participants must inform their Compass provider as soon as they are physically capable of doing so. This contact must be:
 - a. Direct communication via telephone.
 - b. A phone message with a working call back number if the treatment provider is not available at the time of the call.
7. If a medical emergency requires these medications, it is the responsibility of participants:
 - a. To place the medications in the custody of a clean and sober individual who is approved by the treatment provider;

- b. To provide a written note from the prescribing physician at the next scheduled contact time with the treatment provider; and
 - c. To sign a Release of Information allowing direct communication between the treatment provider and the prescribing medical professional at the next scheduled contact time with the treatment provider.
8. All such medication which is unused must be turned into Compass for disposal.
9. All participants must have a current, signed release of information between Compass and their primary care physician on file at Compass.
10. Failure to adhere to the requirements of this policy will result in sanction.

Absence from Program due to Illness

1. Case Manager must verify illness of a participant. A doctor's appointment is not sufficient in itself to excuse participant from attending regularly scheduled appointments or court.
2. If a participant is ill enough to miss counseling, group, other appointment, or court sessions, s/he may be required to make an appointment with a health care provider for an examination and provide documentation that s/he is appropriately addressing health issues.
3. Regular medical appointments not of an emergency nature are to be scheduled at a time other than those in which MHC activities are scheduled.

Urinalysis Policy

1. UAs shall be randomly administered on a weekly basis at the discretion of treatment provider. In the event of a positive UA or in the event that client exhibits any behavior that leads treatment provider to believe client is trying to avoid UAs, random UAs shall be administered more frequently. The following protocol will be followed:
 - a. Men
 1. Remove all outerwear, i.e. coats, jackets.
 2. Remove all jewelry.
 3. Roll up long sleeves pushed up or rolled to above elbow.
 4. Wash hands with soap and water (especially under fingernails).
 5. Turn off all tap water.
 6. Lift shirt to expose waist area.
 7. Stand directly in front of toilet for observation.
 8. Staff will observe client urinating into sample cup.
 9. Client will secure sample cup lid. Client will tip sample cup upside down to assure there is no leakage.
 10. Client will initial tamper proof seal and place on sample cup. Client will then place sample cup in sample bag.
 11. Staff will complete paperwork and put in sample bag.

12. Client will watch staff place sample bag into courier bag.

b. Women

1. Remove all outerwear, i.e. coats, jackets.
2. Remove all jewelry..
3. Roll up long sleeves pushed up or rolled to above elbow.
4. Wash hands with soap and water (especially under fingernails).
5. Turn off all tap water.
6. Lift shirt to expose waist area.
7. Pants pulled down to knee height or lower.
8. Staff will observe by standing directly in front of client while client is seated on toilet. Client will spread legs sufficiently for observation while submitting UA.
9. Client will transfer urine to sample cup and secure lid. Client will tip sample cup upside down to assure there is no leakage.
10. Client will initial tamper proof seal and place on sample cup. Client will then place sample cup in sample bag.
11. Staff will complete paperwork and put in sample bag.
12. Client will watch staff place sample bag into courier bag.

2. A refused, missed or dilute UA will equate to a positive UA.

3. A copy of UA results will be kept in client files.

4. MHC Team members will be notified of positive UAs as soon as possible.

Welfare Checks

Welfare checks may be requested by any Team member, treatment provider or ancillary service provider. The Case Manager will maintain a record of welfare checks. Outcomes of welfare checks will be reported to the MHC Team during pre-court staffing or sooner if need dictates.

Mental Health Court Team Responsibilities

The MHC Team consists of the Judge, attorneys, MHC Coordinator, and MHP/Court Liaison. The function of the Team is insure that the client fully participates in treatment and complies with legal obligations. The Team meets before each court calendar to discuss individual cases.

All Mental Health Court Team Members

- Refer cases to the MHC program as appropriate
- Participate in regular non-adversarial MHC dockets, including adjudication and dispositional hearings
- Attend pre-court staffing and other relevant meetings as necessary
- Provide and participates in cross training for MHC Team members and their staffs to assure mutual understanding of prosecution proceedings and requirements
- Participate in data collection

Judge

- Presides over court sessions and maintains a supportive/encouraging relationship with the client
- Orders terms and conditions of client's court participation

Prosecuting Attorney

- Familiarizes staff within the Prosecuting Attorney's Office regarding the goals, policies and procedures of the MHC
- Represents State in MHC

Public Defender

- Familiarizes staff within the Public Defender's Office regarding the goals, policies and procedures of the MHC
- Represents and advises MHC participant

Mental Health Court Coordinator

- Reviews defendant for preliminary eligibility and refers client to Prosecuting Attorney and MHC Team for review
- Maintains MHC policies and procedures
- Monitors budgets and program expenditures
- Facilitates public education and outreach efforts on behalf of the Program
- Coordinates collection of data, maintains program statistics and directs the preparation of progress reports

Mental Health Court Treatment Team

- Evaluates potential participants for appropriateness to program
- Determines appropriate modality of treatment to meet client's needs
- Prepares and monitors individual case management plans for every client under the supervision of the MHC
- MHP/Court Liaison attends pre-court staffing, MHC dockets, and other relevant meetings as necessary
- MHP/Court Liaison presents reports of client's progress in treatment to the Court
- Consults with MHC Team members, client's family and support network regarding client progress
- Maintains records of client treatment progress and drug testing result
- Provides or arranges for treatment, including consultation in regard to medication treatment compliance
- In cooperation with the jail medical provider, provides treatment of incarcerated defendants who are under the supervision of MHC, including court-ordered sanctions