

State Court Administrative Office

Trial Court Services



# Developing and Implementing a Mental Health Court in Michigan

2016



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## What is a Mental Health Court?

“A mental health court is a specialized court docket for certain defendants with mental illness that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan and other court conditions. Nonadherence may be sanctioned. Success, or graduation, is defined according to predetermined criteria.”<sup>1</sup>

Mental health courts have grown rapidly in Michigan and nationwide over the last decade. In fact, mental health courts in Michigan have more than tripled during the last three years. Michigan programs address the needs of both adults and juveniles. Most of the programs in Michigan are single-jurisdiction programs; but a few operate as regional programs, covering two or more jurisdictions.

The Michigan legislature created the mental health court statute in December 2013. See Appendix A. The statute provides authority for the trial courts to develop and operate mental health courts statewide. Specifically, MCL 600.1090(e)(ii) guides courts in program implementation by adhering to the *Essential Elements of a Mental Health Court*. See Appendix B.

## Types of Mental Health Courts

Michigan has several types of mental health courts that address the needs of individuals with a severe mental illness: adult and juvenile mental health courts, district court programs for misdemeanor offenders, circuit court programs for felony offenders, and programs that accept both misdemeanor and felony offenders. Juvenile mental health courts operate out of the circuit court and typically target offenders that are age 10 to 16. Programs may also operate out of a single jurisdiction or work collaboratively with other jurisdictions in a regional program.

Regional mental health courts are different than single-jurisdiction mental health courts because they involve multiple jurisdictions that operate as one cohesive program. Below are examples of program designs for regional mental health courts.

- Two or more circuit courts.
- Two or more district courts from the same county or different counties.

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<sup>1</sup> Council of State Governments Justice Center, *Mental Health Courts: A Primer for Policymakers and Practitioners* (2008), page 4.

- One or more district courts, and one or more circuit courts, from the same county or different counties.

Regional mental health courts have one coordinator that oversees the entire region, and they have one program design that is consistently applied among all participants in the program regardless of the jurisdiction. The program has one joint local administrative order covering all participating courts and one memorandum of understanding for all agencies involved. The data collected in a regional program should reflect the program as a whole rather than separate data by jurisdiction.

## **Eligibility and Target Population**

Michigan law provides that participants in a mental health court must have been diagnosed by a mental health professional with a serious mental illness, serious emotional disturbance, developmental disability, or a co-occurring disorder; and each disorder (mental illness and substance use disorder) must be established independent from the other and not a cluster of symptoms resulting from one disorder.

Programs that receive funding from the State Court Administrative Office (SCAO) must target individuals that have been diagnosed with a serious mental illness, serious emotional disturbance, or developmental disability. The severe nature of the mental illness or functional impairment must necessitate intensive clinical services. This means that programs must target individuals that need the intensive services of court monitoring and treatment provided by the Community Mental Health service provider (CMHSP).

## **Determining a Need for the Program**

A jurisdiction interested in starting a mental health court should work with the local jail, CMHSP, and probation department to determine the number of individuals that could benefit from a mental health court. The jurisdiction could start by assessing potential participants that are incarcerated who are prescribed psychotropic medications, and those who have received services provided by the CMHSP. The jurisdiction can also evaluate individuals on probation, in other problem-solving courts, or in other specialty programs that struggle with compliance due to mental illness.

## **Why Develop a Regional Mental Health Court?**

There are several reasons a court might want to develop a regional mental health court program. One reason is to offer residents broad accessibility to the benefits of a mental health court program. Another reason is that it can make more sense to combine resources with other

jurisdictions regarding staff members, treatment providers and services, and ancillary services. Combining resources offers participants greater accessibility to the best possible services in the area.

[See the current list of Michigan's mental health courts.](#)

## **Program Resources**

Types of resources to consider when starting a mental health court are the court, treatment, and ancillary services. The court should determine whether to use existing court staff, hire new employees, or contract with an individual or agency to assist with program development. During the development stage, the focus will be on identifying team members and putting the team together, coordinating stakeholder meetings, creating procedures and forms, developing processes, and observing existing mental health courts.

Programs should understand the CMHSP's admission criteria, treatment services, and staffing. It is essential that all team members have training in the following:

- How does someone qualify for CMH services?
- Can anyone with a mental illness receive services at CMH?
- Does severity of symptoms or functional impairment affect CMH eligibility and types of services?
- Does someone with Medicaid, Medicare, or private insurance qualify for CMH services? What if he or she is uninsured?
- If eligible for CMH services, what types of treatment modalities are available?
- What does it mean to develop a person-centered plan?
- How will the court and CMHSP work together regarding a client's self-determination?
- If someone isn't eligible for CMH services, can they qualify for services from another provider?

Another important resource that team members should be aware of is ancillary services within the community.

- Will the program require individuals without a high-school diploma to work toward or obtain a GED while in the program? If yes, does the community have an educational program where a participant can seek services, and what is the cost of it?
- Will the program require individuals to attend self-help programs to address issues surrounding their mental illness? If yes, is there a local National Alliance on Mental Illness (NAMI) chapter that is willing to work with the program participants?

Additional ancillary services to consider include housing, employment, education, state benefits, medication, medical, dental, vision, transportation, domestic-violence classes, anger management, life skills, and parenting.

## **Collaborating with the Community Mental Health Service Provider**

Collaborating with the local CMHSP is vital to program development. Programs should establish a strong relationship and maintain regular communication with the CMHSP early in the program-development process. The CMHSP can assist with developing admission criteria and clinical eligibility, it can provide training regarding mental illness and medications, and it can define technical terms used by the CMHSP. It can also provide insight on how Supplemental Security Income and Social Security Disability Insurance benefits are impacted when participants are required to work as a result of participating in a mental health court. Working with the CMHSP early in the process not only promotes buy-in but also ensures that it is a contributing member in the development and success of the program.

## **Research and Training**

New mental health court programs are encouraged to observe operational programs, discuss what has gone well, and learn from challenges. When visiting another program, it can be helpful to ask for copies of forms and documents that your new program could use as a guide. While most programs are willing to share information, we recommend that you ask for permission before using it as a guide for your program and verify that the content is current.

In addition to visiting existing mental health courts, we recommend regular training on mental health issues and on mental health courts. Unlike drug court, there is no national training specific to mental health courts. But recently, the National Association of Drug Courts Professionals and the Michigan Association of Treatment Court Professionals conferences have added a track for mental health courts. The Michigan Association of Community Mental Health Board hosts multiple trainings throughout the year at various locations on issues specific to mental health and general training on treatment modalities. The SCAO hosts a yearly training/forum to discuss trends and topics of interest as determined by the Mental Health Court Advisory Committee.

Many articles and online resources provide useful information about developing a mental health court and evaluating the program. See Appendix B. The Council of State Governments has developed learning modules that use a multidisciplinary style that can be worked on individually or as a team. The modules are found at <https://learning.csgjusticecenter.org/>. See Appendix B.

## Program Design

A prospective mental health court should establish a timeline for development because it will keep the program on track to become operational and ensure that all aspects of the program are well thought out. The timeline should consist of tasks with a deadline for each goal and identify the objective for each goal. *The Essential Elements of a Mental Health Court* is a good tool to use when developing a mental health court because it provides a format to follow. There are several areas to consider when establishing a timeline for program development.

Identifying stakeholders is usually the first step in developing a mental health court. Stakeholders often include the chief judge, prosecuting attorney, defense attorney, sheriff, directors from local treatment and supportive agencies, and other prominent officials from agencies. These stakeholders serve the program by addressing the needs of individuals participating in the mental health court.

Another step is identifying team members that will be actively involved with the participant while in the program. Team members include the judge, probation officer, prosecuting attorney or their representative, defense attorney, treatment provider(s), a clinical liaison, case manager, sheriff or their representative, and program coordinator. Additional team members can include representatives from the Department of Health and Human Services (DHHS), NAMI, and other departments as needed. As team members are identified, roles and responsibilities should be defined so that there is not an overlap or gap in services and resources. The team members will make decisions about an individual's admission, progress, and program compliance.

Training is another important component in developing a mental health court. Stakeholders and team members should attend external and internal training. External training may consist of attending conferences that address mental health issues or observing operational programs within the state. Internal training can consist of stakeholders and team members learning about services and resources within the community, and being informed about different timeframes between legal and treatment processes, so that barriers and obstacles can be avoided or overcome.

Legal and clinical eligibility criteria should be well defined. Legal criteria are regarding the type of offenders and offenses for the program, and are often developed with the prosecuting attorney to ensure that public safety is considered. Clinical criteria are often developed with the local CMHSP to ensure the program is targeting individuals with serious mental illness, serious emotional disturbance, or developmental disability, and that the severity of the illness or the level of functional impairment requires more intensive services and monitoring.

Finally, all mental health court teams develop a program manual that includes policies, procedures, and documents. Developing policies and procedures is a defining step that is multifaceted because it involves policies and procedures for the program and for participants. Some policies and procedures to consider when developing the program are defining team

members' roles and responsibilities, referrals, screening and assessment, linking to services, admission, monitoring, drug or alcohol testing, staffing and court review sessions, courtroom conduct, responses to behaviors, program length, phases and program requirements, graduation criteria. In addition to policies and procedures, the team should collaboratively develop confidentiality forms, create a participant handbook, and ensure informed choice. The below bulleted list describes each of these items in further detail.

### **Policies and Procedures**

- **Team: Defining Roles and Responsibilities.** Deciding who will comprise the team, and defining their roles and responsibilities, ensures that resources are not duplicated and gaps in services are avoided. Team members may include, but are not limited to, the judge, coordinator, probation officer, defense attorney, prosecutor, treatment provider(s), a clinical liaison, case manager, sheriff or their representative. Team members should share common goals for the program and take part in cross-training to better understand other team member's or agency's processes.
- **Referral.** Referrals may come from a variety of sources such as court staff, treatment providers, defense attorneys, prosecutors, probation officers, the participant's family members, and the participant themselves. Ideally, having one person track the referral process from receipt to admission or denial ensures that the process remains seamless and referrals are not missed. Anyone involved in the referral process should know who to send the referral to and the type of information needed to begin the screening and assessment process. The program will also need to decide whether it will accept referrals in writing, by phone, or other method. See Appendix C.
- **Screening and Assessment.** Prospective participants are screened to ensure that they are legally eligible and appropriate for the program. This typically involves one of the team members reviewing the individual's current and past criminal history. After it is established that the prospective participant is legally eligible and appropriate for the program, a clinical assessment is conducted to determine diagnosis and severity of condition. The local CMHSP may already have completed an assessment for the prospective participant, and if it has, the program should have a policy in place regarding whether it will accept an assessment that was previously done and how recent it must be. See Appendix D.
- **Linking to Services.** The length of time that participants are linked to evidence-based treatment and ancillary services should be less than the length of the participant's sentence that they would have received had they pursued traditional

court processing.<sup>2</sup> This process requires the court and treatment provider to work together to coordinate timeframes, as each agency's timeframes may differ. For example, the court may have a policy that it must sentence the participant within two weeks of determining that the participant is legally eligible, but the CMHSP may need longer to complete the assessment.

- **Admission.** The admission process should be expedited so that participants are quickly linked to services. Upon admission, participants are required to sign a participant agreement that includes program requirements. See Appendix E.
- **Monitoring.** Participants are monitored by treatment staff, court staff, or both to discuss participant progress with program requirements and challenges facing the participant. A combination of monitoring by treatment and court staff gives a more complete view of the individual's progress. Monitoring may include, but is not limited to, meetings with the probation officer, case manager, therapist, and the judge at the court review sessions. The frequency of supervision depends on the participant's need and circumstances. Individuals with severe mental illness and significant functional impairment will meet more frequently with treatment and court staff early in the program. As a participant progresses, frequency of monitoring may decrease. It may be helpful for the program to designate a team member to coordinate the participant's appointments so that they do not overlap or become overly burdensome.
- **Drug and Alcohol Testing.** Drug and alcohol testing in a mental health court must be random and periodic. Participants with a co-occurring disorder will typically have more frequent testing than those without a co-occurring disorder. Testing may be conducted in-house, through a testing agency, and during home visits. The program's drug-testing policy must account for the individual's mental illness and the ability to test at specific timeframes. For example, the program may need to consider a participant's side effects when taking medication, such as drowsiness and thirst, and how that affects drug-testing compliance.
- **Staffing and Court Review Sessions.** Team members should attend all staffing meetings so that the most up-to-date information is shared at one time and all team members hear the same message regarding participant progress and responses to behaviors. Additionally, team members should attend all court review sessions, and ideally, they should occur immediately after staffing meetings. Court review sessions are intended to recognize participant progress or lack of progress, provide judicial interaction with the participant, and offer the participant the opportunity to speak.

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<sup>2</sup> Improving Responses to People with Mental Illness, The Essential Elements of a Mental Health Court; Bureau of Justice Assistance, Justice Center, 2007.

- **Courtroom Conduct.** The program should establish expectations regarding acceptable behavior and attire in the courtroom and attendance during the entire court-review session. New participants will see that recovery is possible, noncompliance results in a consequence, and they are not doing it alone. If the court-review session is lengthy, keeping an individual's attention for an extended period of time may prove to be difficult, so the program could allow participants to get up and move as needed and have quiet discussions during the court-review session.
- **Responses to Behaviors.** Incentives and sanctions are an important part of any mental health court program. To promote positive behavior change, incentives should outweigh sanctions 4 to 1.<sup>3</sup> Incentives are used to recognize the participant's achievements, accomplishment of goals, appropriate handling of difficult situations, and program progress. Sanctions are used to discourage inappropriate behavior or in response to noncompliance with program requirements. Incentives and sanctions should be individualized, occur shortly after the behavior, and be appropriate to the behavior. See Appendix F.
- **Program Length.** The minimum program length should be at least 12 months. Research shows that it takes at least one year to successfully engage people with mental illness in treatment.<sup>4</sup> The maximum program length can be the remaining probation term, but successful participants may graduate from the program before that if they complete all program requirements. The average length in the program for a successful graduate in a Michigan mental health court is 409 days.
- **Phases and Requirements.** Some teams develop their program based on a phase system, but others do not use phases. While phases might provide structure for the participant regarding their success, the program is not required to develop phases. Whether or not phases are used, programs should have clearly defined requirements for a participant to progress through the program. There are many factors to consider in deciding how a participant will progress through the program. Typically, the participant will need to be in the program for a certain amount of time with no violations, and achieve certain goals, before moving to the next phase. Additionally, program requirements may be general or specific. General requirements apply to all participants consistently. For example, participants are not allowed to violate any criminal law. Specific requirements apply to a certain participant. For example, a participant who is known to trespass may have an order to not go to a particular place.

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<sup>3</sup> P. Gendreau, P. & Coggin, C., *Correctional Treatment: Accomplishments and Realities*, Correctional Counseling and Rehabilitation, edited by P.V. Voorhis, M Braswell and D. Lester (Cincinnati, OH: 1997).

<sup>4</sup> Derek Denckla and Greg Berman, *Rethinking the Revolving Door: A Look at Mental Illness in the Courts*, Center for Court Innovation, 2001.

- **Graduations.** The team determines graduation requirements. Some considerations may include whether the participant must pay all fines and costs, complete all treatment goals, and complete all court-ordered activities. Other relevant factors may involve quality-of-life improvements, such as improvement in living situation, family and social relationships, work conduct, financial management, and health.

## **Documents**

- **Confidentiality.** Programs need a confidentiality form that includes who can communicate about a participant, what information can be communicated, and timeframes for the communication. To remain in compliance with confidentiality requirements, the forms should be updated anytime there is staff turnover on the team. Additionally, programs need to require that any visitor sign a disclosure document ensuring that the information discussed during the staffing meeting is not shared or discussed inappropriately. See Appendices G and H.
- **Participant Handbook.** The team should develop a handbook to be given to individuals interested in participating in the program. The handbook can serve as a reference guide that details program requirements, reporting hours, team contact information, substance-abuse testing instructions, responses to behaviors, and anything else relevant about the program or specific to the jurisdiction. See Appendix E.
- **Informed Choice.** In addition to having a handbook that details program expectations, the team should make sure that the individual has a clear understanding of the program requirements and is making an informed decision about admission and participation. Participants should be given the opportunity to discuss with an attorney the benefits and obligations of participating in the program compared to the traditional court process. Each individual is required to sign a participant agreement that again details all program requirements and expectations. Many individuals have learning deficiencies, so the document should be clearly written and easily understood. Additionally, programs should review the document with the participant in-person to further ensure that they are making an informed decision.

## **Local Administrative Order and Memorandum of Understanding**

Before a program can accept its first participant, the court must have an approved Local Administrative Order (LAO) on file with the SCAO that has been signed by the Chief Judge of the jurisdiction in which the program will operate. LAOs for regional mental health courts require signatures from each Chief Judge in each participating jurisdiction.

Additionally, the Memorandum of Understanding (MOU) should accompany the LAO. The MOU is required by statute and identifies the agencies that will be involved in the program and with program participants. Each agency's roles, responsibilities, and services should be outlined in the MOU. Some programs update the MOU annually. If it is not updated annually, it should be updated when members of the team change or as any roles, responsibilities, or services change.

Sample LAOs and MOUs for single-jurisdiction programs and regional mental health courts can be found at <http://courts.mi.gov/administration/admin/op/problem-solving-courts/pages/mental-health-court.aspx>.

## **Data Collection**

All programs are required to enter data into the Drug Court Case Management Information System (DCCMIS). Data collection begins at the time of referral to the program and ends at the time of denial or discharge from the program. Program analysis is done through the Drug Court Analytic System (DCAS). Programs can assess their data to see whether they are operating as designed and to evaluate program effectiveness. The SCAO problem-solving court team members conduct trainings multiple times throughout the year on data entry in DCCMIS and data evaluation in DCAS. The Mental Health Court Minimum Standard Data requirements can be found at

<http://courts.mi.gov/Administration/SCAO/OfficesPrograms/Documents/SpecialtyCourts/MentalHealthCourtDataStandards.pdf>.

## **Funding**

The SCAO administers funding through the Michigan Mental Health Court Grant Program (MMHCGP). Grants are awarded to courts that have worked with their local CMHSP to develop a joint grant application. Each program targets individuals that have been diagnosed with a serious mental illness, serious emotional disturbance, or a developmental disability under MCL 333.1100a(25) and 333.1100d(2)(3). The nature of the mental illness or functional impairment must necessitate intensive clinical services. To apply for funding, a court must submit a grant application to the SCAO. The grant application typically opens in early spring, and the courts usually have 4 to 6 weeks to submit the grant application. The application process is conducted through WebGrants, the SCAO's web-based grant management system. To gain access to WebGrants, you must be a registered user. Registration for WebGrants can be found at <http://micourts.dullestech.net>.

Other types of funding may be available through the Substance Abuse and Mental Health Services Administration, the Bureau of Justice Assistance, the Office of Justice Programs, and Grants.gov websites. These agencies provide federal funding to eligible programs.

**REVISED JUDICATURE ACT OF 1961 (EXCERPT)**  
**Act 236 of 1961**

**600.1090 Definitions.**

Sec. 1090.

As used in this chapter:

- (a) "Co-occurring disorder" means having 1 or more disorders relating to the use of alcohol or other controlled substances of abuse as well as any serious mental illness, serious emotional disturbance, or developmental disability. A diagnosis of co-occurring disorders occurs when at least 1 disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from 1 disorder.
- (b) "Court funding unit" means that term as defined in section 151e of the revised judicature act of 1961, 1961 PA 236, MCL 600.151e.
- (c) "Developmental disability" means that term as defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.
- (d) "Domestic violence offense" means any crime alleged to have been committed by an individual against his or her spouse or former spouse, an individual with whom he or she has a child in common, an individual with whom he or she has had a dating relationship, or an individual who resides or has resided in the same household.
- (e) "Mental health court" means any of the following:
  - (i) A court-supervised treatment program for individuals who are diagnosed by a mental health professional with having a serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability.
  - (ii) Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
    - (A) A broad-based group of stakeholders representing the criminal justice system, mental health system, substance abuse treatment system, any related systems, and the community guide the planning and administration of the court.
    - (B) Eligibility criteria that address public safety and a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for

defendants with mental illnesses, and that take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.

(C) Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.

(D) Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that each defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.

(E) In accordance with the Michigan indigent defense commission act, 2013 PA 93, MCL 780.981 to 780.1003, provide legal counsel to indigent defendants to explain program requirements, including voluntary participation, and guides defendants in decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.

(F) Connect participants to comprehensive and individualized treatment supports and services in the community and strive to use, and increase the availability of, treatment and services that are evidence based.

(G) Health and legal information are shared in a manner that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services are safeguarded from public disclosure in the event that participants are returned to traditional court processing.

(H) A team of criminal justice and mental health staff and treatment providers receives special, ongoing training and assists mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.

(I) Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.

(J) Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically, and procedures are modified

accordingly, court processes are institutionalized, and support for the court in the community is cultivated and expanded.

(f) "Participant" means an individual who is admitted into a mental health court.

(g) "Serious emotional disturbance" means that term as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.

(h) "Serious mental illness" means that term as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.

(i) "Violent offender" means an individual who is currently charged with, or has been convicted of, an offense involving the death of, or a serious bodily injury to, any individual, whether or not any of these circumstances are an element of the offense, or with criminal sexual conduct in any degree.

**600.1091 Mental health court; juvenile mental health court; memorandum of understanding; participants from other jurisdictions.**

Sec. 1091.

(1) The circuit court or the district court in any judicial circuit or a district court in any judicial district may adopt or institute a mental health court pursuant to statute or court rules. However, if the mental health court will include in its program individuals who may be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the circuit or district court shall not adopt or institute the mental health court unless the circuit or district court enters into a memorandum of understanding with each participating prosecuting attorney in the circuit or district court district, a representative or representatives of the community mental health services programs, a representative of the criminal defense bar, and a representative or representatives of community treatment providers. The memorandum of understanding also may include other parties considered necessary, including, but not limited to, a representative or representatives of the local court funding unit or a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board. The memorandum of understanding shall describe the role of each party.

(2) A family division of circuit court in any judicial circuit may adopt or institute a juvenile mental health court pursuant to statute or court rules. The creation or existence of a mental health court does not change the statutes or court rules concerning discharge or dismissal of an offense, or a delayed sentence or deferred entry of judgment. A family division of circuit court adopting or instituting a juvenile mental health court shall enter into a memorandum of understanding with all participating prosecuting authorities in the circuit or district court, a representative or representatives of the community mental health services program, a representative of the

criminal defense bar specializing in juvenile law, and a representative or representatives of community treatment providers that describes the roles and responsibilities of each party to the memorandum of understanding. The memorandum of understanding also may include other parties considered necessary, including, but not limited to, a representative or representatives of the local court funding unit or a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board. The memorandum of understanding shall describe the role of each party. A juvenile mental health court is subject to the same procedures and requirements provided in this chapter for a mental health court created under subsection (1), except as specifically provided otherwise in this chapter.

(3) A court that has adopted a mental health court under this section may accept participants from any other jurisdiction in this state based upon the residence of the participant in the receiving jurisdiction, the nonavailability of a mental health court in the jurisdiction where the participant is charged, and the availability of financial resources for both operations of the mental health court program and treatment services. A mental health court may refuse to accept participants from other jurisdictions.

#### **600.1092 Hiring or contracting with treatment providers.**

Sec. 1092.

A mental health court may hire or contract with licensed or accredited treatment providers, in consultation with the local community mental health service provider, and other such appropriate persons to assist the mental health court in fulfilling its requirements under this chapter.

#### **600.1093 Admission to mental health court.**

Sec. 1093.

(1) Each mental health court shall determine whether an individual may be admitted to the mental health court. No individual has a right to be admitted into a mental health court. Admission into a mental health court program is at the discretion of the court based on the individual's legal or clinical eligibility. An individual may be admitted to mental health court regardless of prior participation or prior completion status. However, in no case shall a violent offender be admitted into mental health court.

(2) In addition to admission to a mental health court under this chapter, an individual who is eligible for admission under this chapter may also be admitted to a mental health court under any of the following circumstances:

(a) The individual has been assigned the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11.

(b) The individual has had criminal proceedings against him or her deferred and has been placed on probation under any of the following:

(i) Section 7411 of the public health code, 1978 PA 368, MCL 333.7411.

(ii) Section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(iii) Section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430.

(3) To be admitted to a mental health court, an individual shall cooperate with and complete a preadmission screening and evaluation assessment and shall submit to any future evaluation assessment as directed by the mental health court. A preadmission screening and evaluation assessment shall include all of the following:

(a) A review of the individual's criminal history. A review of the law enforcement information network may be considered sufficient for purposes of this subdivision unless a further review is warranted. The court may accept other verifiable and reliable information from the prosecution or defense to complete its review and may require the individual to submit a statement as to whether or not he or she has previously been admitted to a mental health court and the results of his or her participation in the prior program or programs.

(b) An assessment of the risk of danger or harm to the individual, others, or the community.

(c) A mental health assessment, clinical in nature, and using standardized instruments that have acceptable reliability and validity, meeting diagnostic criteria for a serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability.

(d) A review of any special needs or circumstances of the individual that may potentially affect the individual's ability to receive mental health or substance abuse treatment and follow the court's orders.

(e) For a juvenile, an assessment of the juvenile's family situation, including, to the extent practicable, a comparable review of any guardians or parents.

(4) Except as otherwise permitted in this chapter, any statement or other information obtained as a result of participating in a preadmission screening and evaluation assessment under subsection (3) is confidential and is exempt from disclosure under the freedom of information act, 1976 PA

442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal drug use.

(5) The court may request that the department of state police provide to the court information contained in the law enforcement information network pertaining to an individual applicant's criminal history for the purposes of determining an individual's eligibility for admission into the mental health court and general criminal history review.

**600.1094 Admission to mental health court of individual charged in criminal case; conditions; mental health services before entry of plea; withdrawal of plea; additional rights of victim under William Van Regenmorter crime victim's rights act.**

Sec. 1094.

(1) If the individual is charged in a criminal case or, in the case of a juvenile, is alleged to have engaged in activity that would constitute a criminal act if committed by an adult, his or her admission to mental health court is subject to all of the following conditions:

(a) The individual, if an adult, pleads guilty, no contest, or be convicted of any criminal charge on the record. The individual, if a juvenile, admits responsibility for the violation or violations that he or she is accused of having committed.

(b) The individual waives, in writing, the right to a speedy trial and, with the agreement of the prosecutor, the right to a preliminary examination.

(c) The individual signs a written agreement to participate in the mental health court. If the individual is a juvenile or an individual who has been assigned a guardian, the parent or legal guardian is required to sign all documents for the individual's admission in the mental health court.

(2) Nothing in this chapter shall be construed to preclude a court from providing mental health services to an individual before he or she enters a plea and is accepted into the mental health court.

(3) An individual who has waived his or her right to a preliminary examination, who has pled guilty or no contest or, in the case of a juvenile, has admitted responsibility, as part of his or her referral process to a mental health court, and who is subsequently not admitted to a mental health court may withdraw his or her plea and is entitled to a preliminary examination or, in the case of a juvenile, may withdraw his or her admission of responsibility.

(4) In addition to rights accorded a victim under the William Van Regenmorter crime victim's rights act, 1985 PA 87, MCL 780.751 to 780.834, the mental health court shall permit any victim of the offense or offenses of which the individual is charged or, in the case of a juvenile, any

victim of the activity that the individual is alleged to have committed and that would constitute a criminal act if committed by an adult, as well as any victim of a prior offense of which that individual was convicted or, in the case of a juvenile, a prior offense for which the individual has been found responsible, to submit a written statement to the court regarding the advisability of admitting the individual into the mental health court.

**600.1095 Admission to mental health court; requirements; jurisdiction; fee.**

Sec. 1095.

(1) Upon admitting an individual into a mental health court, all of the following apply:

(a) For an individual who is admitted to a mental health court based upon having criminal charges currently filed against him or her and who has not already pled guilty or no contest or, in the case of a juvenile, has not admitted responsibility, the court shall accept the plea of guilty or no contest or, in the case of a juvenile, the admission of responsibility.

(b) For an individual who pled guilty or no contest to, or admitted responsibility for, criminal charges for which he or she was admitted into the mental health court, the court shall do either of the following:

(i) In the case of an individual who pled guilty or no contest to criminal offenses that are not traffic offenses and who may be eligible for discharge and dismissal under the agreement for which he or she was admitted into mental health court upon successful completion of the mental health court program, the court shall not enter a judgment of guilt or, in the case of a juvenile, shall not enter an adjudication of responsibility.

(ii) In the case of an individual who pled guilty to a traffic offense or who pled guilty to an offense but may not be eligible for discharge and dismissal pursuant to the agreement with the court and prosecutor upon successful completion of the mental health court program, the court shall enter a judgment of guilt or, in the case of a juvenile, shall enter an adjudication of responsibility.

(iii) Pursuant to the agreement with the individual and the prosecutor, the court may either delay further proceedings as provided in section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, or proceed to sentencing, as applicable, and place the individual on probation or other court supervision in the mental health court program with terms and conditions according to the agreement and as considered necessary by the court.

(2) The court shall maintain jurisdiction over the mental health court participant as provided in this chapter until final disposition of the case, but not longer than the probation period fixed under section 2 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.2. In the case of a juvenile participant, the court may obtain jurisdiction over the juvenile's parents or guardians in order to assist in ensuring the juvenile's continued participation and successful completion of the mental health court and may issue and enforce any appropriate and necessary order regarding the parent or guardian.

(3) The mental health court may require an individual admitted into the court to pay a reasonable mental health court fee that is reasonably related to the cost to the court for administering the mental health court program as provided in the memorandum of understanding. The clerk of the mental health court shall transmit the fees collected to the treasurer of the local funding unit at the end of each month.

**600.1096 Services provided by mental health court; exit evaluation; confidentiality of information obtained from assessment, treatment, or testing.**

Sec. 1096.

(1) A mental health court shall provide a mental health court participant with all of the following:

- (a) Consistent and close monitoring of the participant and interaction among the court, treatment providers, probation, and the participant.
- (b) If determined by the mental health court to be necessary or appropriate, periodic and random testing for the presence of any nonprescribed controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods.
- (c) Periodic evaluation assessments of the participant's circumstances and progress in the program.
- (d) A regimen or strategy of appropriate and graduated but immediate rewards for compliance and sanctions for noncompliance, including, but not limited to, the possibility of incarceration or confinement.
- (e) Mental health services, substance use disorder services, education, and vocational opportunities as appropriate and practicable.

(2) Upon an individual's completion of the required mental health court program participation, an exit evaluation should be conducted in order to assess the individual's continuing need for mental health, developmental disability, or substance abuse services.

(3) Any statement or other information obtained as a result of participating in assessment, treatment, or testing while in a mental health court is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal controlled substance use.

**600.1097 Participation in and completion of mental health court program; compliance with court orders; accusation of new crime; judge discretion to terminate; payment of costs; objection to written individual plan of services; notice.**

Sec. 1097.

(1) In order to continue to participate in and successfully complete a mental health court program, an individual shall comply with all court orders, violations of which may be sanctioned at the court's discretion.

(2) If the participant is accused of a new crime, the judge shall have the discretion to terminate the participant's participation in the mental health court program.

(3) The court shall require that a participant pay all court fines, court costs, court fees, restitution, and assessments and pay all, or make substantial contributions toward payment of, the costs of the treatment and the mental health court program services provided to the participant, including, but not limited to, the costs of drug or alcohol testing or counseling. However, except as otherwise provided by law, if the court determines that the payment of court fines, court fees, or drug or alcohol testing expenses under this subsection would be a substantial hardship for the individual or would interfere with the individual's treatment, the court may waive all or part of those court fines, court fees, or drug or alcohol testing expenses. The cost of treatment shall be governed by chapter 8 of the mental health code, 1974 PA 258, MCL 330.1800 to 330.1842, if applicable.

(4) The responsible mental health agency shall notify the court of a participant's formal objection to his or her written individual plan of services developed under section 712(2) of the mental health code, 1974 PA 258, MCL 330.1712. However, the court is not obligated to take any action in response to a notice received under this subsection.

**600.1098 Successful completion or termination; findings on the record or statement in court file; applicable law; discharge and dismissal of proceedings; criteria; discharge and dismissal of domestic violence offense; circumstances; discharge and dismissal under subsection (3); duties of court upon successful completion of probation or court**

**supervision; termination or failure of participant to complete program; duties of court; records closed to public inspection and exempt from disclosure.**

Sec. 1098.

(1) Upon completion or termination of the mental health court program, the court shall find on the record or place a written statement in the court file indicating whether the participant completed the program successfully or whether the individual's participation in the program was terminated and, if it was terminated, the reason for the termination.

(2) If an individual is participating in a mental health court under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, or section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430, the court shall proceed under the applicable section of law. There may only be 1 discharge or dismissal under this subsection.

(3) Except as provided in subsection (4), the court, with the agreement of the prosecutor and in conformity with the terms and conditions of the memorandum of understanding under section 1091, may discharge and dismiss the proceedings against an individual who meets all of the following criteria:

- (a) The individual has participated in a mental health court for the first time.
- (b) The individual has successfully completed the terms and conditions of the mental health court program.
- (c) The individual is not required by law to be sentenced to a correctional facility for the crimes to which he or she has pled guilty.
- (d) The individual has not previously been subject to more than 1 of the following:
  - (i) Assignment to the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11.
  - (ii) The dismissal of criminal proceedings against the individual under section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, or section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430.

(4) The court may order a discharge and dismissal of a domestic violence offense only if all of the following circumstances apply:

(a) The individual has not previously had proceedings dismissed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(b) The domestic violence offense is eligible to be dismissed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(c) The individual fulfills the terms and conditions imposed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, and the discharge and dismissal of proceedings are processed and reported under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(5) A discharge and dismissal under subsection (3) shall be without adjudication of guilt or, for a juvenile, without adjudication of responsibility and are not a conviction or a finding of responsibility for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime or, for a juvenile, a finding of responsibility. There may only be 1 discharge and dismissal under subsection (3) for an individual. The court shall send a record of the discharge and dismissal to the criminal justice information center of the department of state police, and the department of state police shall enter that information into the law enforcement information network with an indication of participation by the individual in a mental health court. All records of the proceedings regarding the participation of the individual in the mental health court under subsection (3) are closed to public inspection from the date of deferral and are exempt from public disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, but shall be open to the courts of this state, another state, or the United States, the department of corrections, law enforcement personnel, and prosecutors only for use in the performance of their duties or to determine whether an employee of the court, department, law enforcement agency, or prosecutor's office has violated his or her conditions of employment or whether an applicant meets criteria for employment with the court, department, law enforcement agency, or prosecutor's office. The records and identifications division of the department of state police shall retain a nonpublic record of an arrest, court proceedings, and the discharge and dismissal under this subsection.

(6) Except as provided in subsection (2), (3), or (4), if an individual has successfully completed probation or other court supervision, the court shall do the following:

(a) If the court has not already entered an adjudication of guilt or responsibility, enter an adjudication of guilt or, in the case of a juvenile, enter a finding or adjudication of responsibility.

(b) If the court has not already sentenced the individual, proceed to sentencing or, in the case of a juvenile, disposition pursuant to the agreement.

(c) Send a record of the conviction and sentence or the finding or adjudication of responsibility and disposition to the criminal justice information center of the department of state police.

(7) For a participant whose participation is terminated or who fails to successfully complete the mental health court program, the court shall enter an adjudication of guilt, or, in the case of a juvenile, a finding of responsibility, if the entry of guilt or adjudication of responsibility was delayed or deferred under section 1094, and shall then proceed to sentencing or disposition of the individual for the original charges to which the individual pled guilty or, in the case of a juvenile, to which the juvenile admitted responsibility prior to admission to the mental health court. Except for program termination due to the commission of a new crime, failure to complete a mental health court program shall not be a prejudicial factor in sentencing. All records of the proceedings regarding the participation of the individual in the mental health court shall remain closed to public inspection and exempt from public disclosure as provided in subsection (5).

**600.1099 Mental health court; collection of data; maintenance of files or databases; standards; disclosure.**

Sec. 1099.

(1) Each mental health court shall collect and provide data on each individual applicant and participant and the entire program as required by the state court administrative office. The state court administrative office shall provide appropriate training to all courts entering data, as directed by the supreme court.

(2) Each mental health court shall maintain files or databases on each individual participant in the program for review and evaluation as well as treatment, as directed by the state court administrative office. The information collected for evaluation purposes must include a minimum standard data set developed and specified by the state court administrative office.

(3) As directed by the supreme court, the state court administrative office shall provide standards for mental health courts in this state, including, but not limited to, developing a list of approved measurement instruments and indicators for data collection and evaluation. These standards must provide comparability between programs and their outcomes.

(4) The information collected under this section regarding individual applicants to mental health court programs for the purpose of application to that program and participants who have successfully completed mental health courts is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

**600.1099a Mental health court; expenditure of funds by supreme court; quarterly reports; advisory committee; technical and training assistance.**

Sec. 1099a.

- (1) The supreme court is responsible for the expenditure of state funds for the establishment and operation of mental health courts.
- (2) Each mental health court shall report quarterly to the state court administrative office in a manner prescribed by the state court administrative office on the state funds received and expended by that mental health court.
- (3) The state court administrative office may establish an advisory committee. If established, this committee shall be separate from and independent of the state's drug treatment court advisory committee.
- (4) As directed by the supreme court, the state court administrative office shall, in conjunction with the department of community health, assure that training and technical assistance are available and provided to all mental health courts.

**History:** Add. 2013, Act 277, Imd. Eff. Dec. 30, 2013

## Resources

*Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court*

[https://www.bja.gov/Publications/mhc\\_essential\\_elements.pdf](https://www.bja.gov/Publications/mhc_essential_elements.pdf)

*Developing a Mental Health Court: An Interdisciplinary Curriculum*

<https://learning.csgjusticecenter.org/>

*Mental Health Courts: A Primer for Policymakers and Practitioners*

<http://ojp.gov/newsroom/testimony/2009/mentalhealthcourts.pdf>

*Mental Health Courts: A National Snapshot*

[https://www.bja.gov/Programs/MHC\\_National\\_Snapshot.pdf](https://www.bja.gov/Programs/MHC_National_Snapshot.pdf)

*A Guide to Mental Health Court Design and Implementation*

<https://www.bja.gov/Programs/Guide-MHC-Design.pdf>

*Navigating the Mental Health Maze: A Guide for Court Practitioners*

<http://www.courts.ca.gov/documents/Navigating-MHC-Maze.pdf>

*Mental Health Court Culture: Leaving Your Hat at the Door*

<http://ndcrc.org/content/mental-health-court-culture-leaving-your-hat-door>

*Rethinking the Revolving Door: A Look at Mental Illness in the Courts*

<http://www.courtinnovation.org/sites/default/files/rethinkingtherevolvingdoor.pdf>

*Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice*

<https://csgjusticecenter.org/wp-content/uploads/2012/12/Community-Corrections-Research-Guide.pdf>

*A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders*

<https://csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf>

*A Guide to the Role of Crime Victims in Mental Health Courts*

<https://csgjusticecenter.org/wp-content/uploads/2012/12/guidetocvnmhc.pdf>

*Co-Occurring Disorders and Specialty Courts*

<http://www.ce-credit.com/articles/100969/CoOccurringSpecialty04.pdf>

*Information Sharing in Criminal Justice – Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*

[https://www.bja.gov/Publications/CSG\\_CJMH\\_Info\\_Sharing.pdf](https://www.bja.gov/Publications/CSG_CJMH_Info_Sharing.pdf)

*A Guide to Collecting Mental Health Court Outcome Data*

<https://www.bja.gov/Programs/MHC-Outcome-Data.pdf>

*Mental Health Court Performance Measures*

<http://www.ncsc.org/Services-and-Experts/Areas-of-expertise/Problem-solving-courts/Mental-Health-Court-Performance-Measures.aspx>

## **Juvenile Resources**

*7 Common Characteristics of a Juvenile Mental Health Court*

[http://www.ndcrc.org/sites/default/files/common\\_characteristics\\_508\\_0.pdf](http://www.ndcrc.org/sites/default/files/common_characteristics_508_0.pdf)

*Juvenile Mental Health Courts: An Emerging Strategy*

[http://www.issuelab.org/resource/juvenile\\_mental\\_health\\_courts\\_an\\_emerging\\_strategy](http://www.issuelab.org/resource/juvenile_mental_health_courts_an_emerging_strategy)

*An Overview of Juvenile Mental Health Courts*

[http://www.americanbar.org/content/dam/aba/administrative/child\\_law/clp/artcollections/juvjust/jvmhcourts.authcheckdam.pdf](http://www.americanbar.org/content/dam/aba/administrative/child_law/clp/artcollections/juvjust/jvmhcourts.authcheckdam.pdf)

*Caring for Youth with Mental Health Needs in the Juvenile Justice System: Improving Knowledge and Skills*

<http://cfc.ncmhjj.com/wp-content/uploads/2015/05/OJJDP-508-050415-FINAL.pdf>

*A National Survey of U. S. Juvenile Mental Health Courts*

<http://www.ncmhjj.com/wp-content/uploads/2013/10/A-National-Survey-of-U.S.-Juvenile-Mental-Health-Courts.pdf>

*Judges' Guide to Mental Illness in the Courtroom*

<https://csgjusticecenter.org/wp-content/uploads/2013/04/Judges-Guide-to-Mental-Illnesses-in-the-Courtroom.pdf>

## **Agency Websites**

Justice Center: The Council of State Governments

<https://csgjusticecenter.org/>

National Center for State Courts

<http://www.ncsc.org/>

Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov/>

GAINS Center for Behavioral Health and Justice Transformation

<http://www.samhsa.gov/gains-center>

Michigan State Court Administrative Office: Mental Health Court

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

Center for Court Innovation

<http://www.courtinnovation.org/>

National Drug Court Resource Center

<http://www.ndcrc.org/>

Mental Health America

<http://www.mentalhealthamerica.net/>

National Alliance on Mental Illness Michigan

<http://www.namimi.org/>

Mental Health First Aid

<http://www.mentalhealthfirstaid.org/cs/>

Bureau of Justice Assistance

<https://www.bja.gov/default.aspx>

Office of Justice Programs

<http://www.ojp.usdoj.gov>

## **Webinars**

Risk Need Responsivity 101: A Primer for SCA and JMHCP Grant Recipients

<https://csgjusticecenter.org/reentry/webinars/risk-need-responsivity-101-a-primer-for-sca-and-jmhcp-grant-recipients/>

Mental Health Courts Research: Applying Research and Practice

<https://csgjusticecenter.org/courts/webinars/mental-health-courts-research-roundup-applying-research-to-practice/>

Addressing Co-occurring Disorders in Adult Court Based Programs

<https://csgjusticecenter.org/courts/webinars/webinar-archive-addressing-co-occurring-disorders-in-adult-court-based-programs/>

Fostering Criminal Justice/Mental Health Collaboration: Building Lasting Relationships

<https://csgjusticecenter.org/cp/webinars/webinar-archive-fostering-criminal-justicemental-health-collaboration-building-lasting-partnerships/>

Cognitive Behavioral Therapy in Criminal Justice/Mental Health Programs

<https://csgjusticecenter.org/cp/webinars/webinar-archive-cognitive-behavioral-therapy-in-criminal-justicemental-health-programs/>

Measuring Program Performance in Mental Health Courts

<https://csgjusticecenter.org/cp/webinars/webinar-archive-measuring-program-performance-in-mental-health-courts/>

**SAMPLE REFERRAL FORM**

ABC Mental Health Court Program  
Sally Street — MHC Coordinator  
E-mail address: [street@court.com](mailto:street@court.com)  
Phone: (123) 456-7891  
Fax: (987) 654-3219

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

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

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

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

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

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

Current charge(s): \_\_\_\_\_

On Bond: Yes \_\_\_\_\_ No \_\_\_\_\_ Incarcerated: Yes \_\_\_\_\_ No \_\_\_\_\_

Sentenced: Yes \_\_\_\_\_ No \_\_\_\_\_

If not sentenced, next court date: \_\_\_\_\_

\*\*\*\*\*

**Program Use ONLY**

Date referred for legal screening: \_\_\_\_\_

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

Eligible for ABC MHC Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Date referral source and individual notified: \_\_\_\_\_

\*\*\*\*\*

Date referred for clinical assessment: \_\_\_\_\_

Date clinical assessment conducted: \_\_\_\_\_

Eligible for ABC MHC Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Date referral source and individual notified: \_\_\_\_\_

\*\*\*\*\*

Admitted into program: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

## **Screening and Assessment Tools**

### ***Mental Health Screening Tools<sup>5</sup>***

Mental Health Screen Form III

K6 Screen Scale (K6)

K10 Screen Scale (K10)

### ***Substance Abuse Screening Tools<sup>6</sup>***

Alcohol Use Disorders Identification

CAGE (an acronym created based on its four questions)

Drug Abuse Screening Test

Michigan Alcoholism Screening Test

### ***Co-Occurring Screening Instruments<sup>7</sup>***

Psychiatric Research Interview for Substance and Mental Disorders

### ***Risk Assessment Instruments***

Level of Service Inventory-Revised (LSI-R)

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

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)

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

Historical-Clinical Risk

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

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<sup>5</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>6</sup> Peters, supra.

<sup>7</sup> Peters, supra.

**SAMPLE PARTICIPANT AGREEMENT**

State of Michigan County of Michigan 100th Judicial Circuit	Michigan County Circuit Mental Health Court <b>Participant Agreement</b>	Case Number(s):
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- \_\_\_ 1. I understand that my terms of probation will become my terms of the mental health court program.
- \_\_\_ 2. I understand that I am required to attend all appointments for court, treatment, ancillary services, and substance abuse testing.
- \_\_\_ 3. I understand that my progress and compliance within the mental health court may be discussed in open court.
- \_\_\_ 4. I understand that the term Mental Health Court may be referenced in my legal file.
- \_\_\_ 5. I understand that I will be required to work with the treatment staff to develop a treatment plan and follow the plan accordingly.
- \_\_\_ 6. I will take all medication as prescribed by my psychiatrist or doctor.
- \_\_\_ 7. I will abstain from all alcohol/alcohol products, all non-prescribed medication, and all illegal drugs.
- \_\_\_ 8. I understand that sanctions may be imposed and additional conditions may be added due to non-compliance with the ABC Mental Health Court Program requirements. I understand I have the right to contest a violation and the right to representation.
- \_\_\_ 9. I shall maintain the confidentiality of other mental health court participants.
- \_\_\_ 10. I understand that if I am terminated from the program, I may be sentenced on the charges that I pled guilty to.
- \_\_\_ 11. I understand that data collected as a result of my participating in the program may be used for local and state evaluation.

I have read or been read, and understand, the above requirements and agree to comply with the terms of the ABC Mental Health Court Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### SAMPLE RESPONSES TO BEHAVIOR

Incentives	Sanctions
<ul style="list-style-type: none"> <li>• Praise by the Judge</li> <li>• Praise by the team</li> <li>• Applause</li> <li>• Gift card</li> <li>• Movie passes</li> <li>• Tangible item</li> <li>• Less frequent reporting</li> <li>• Less frequent court appearance</li> <li>• Less restrictive curfew</li> <li>• Decreased substance abuse testing</li> <li>• Phase advancement</li> <li>• Leave court session early</li> <li>• Participating in court-sponsored event</li> <li>• Showcase of talent (art, music, etc.)</li> <li>• Graduation</li> </ul>	<ul style="list-style-type: none"> <li>• Admonishment by the judge</li> <li>• No applause</li> <li>• Community service</li> <li>• Increased reporting</li> <li>• Increased court appearance</li> <li>• Writing assignment</li> <li>• Increased curfew</li> <li>• Increased substance abuse testing</li> <li>• Incarceration</li> </ul>

Responses to behaviors should be individualized. This means that the program should know and understand the individual receiving the response. What might seem like an incentive to team members of the program may actually feel more like a sanction to a particular participant. For example, a single mother that receives a movie pass may view it as a burden because she has no transportation and no babysitter. Likewise, what might seem like a sanction to team members may actually be received more as an incentive by the participant. For example, an individual who likes attention may enjoy receiving a day in the jury box.

The response should occur immediately after the behavior. A quick response sends the message that the individual's behavior is important and reinforces that the program is designed to support them. A delay in responding lessens the importance of the individual's behavior and the program's impact for continued behavior change.

Responses should be proportionate to the behavior. For example, providing positive reinforcement, accolades, and praise for appearing at the first court session is more appropriate than giving a \$25 gift card for that same behavior. Awarding a \$25 gift card for attending an initial court review session does not give the participant as much incentive to achieve greater accomplishments within the program. Another example of a proportionate response is to give a warning, and not jail, to an individual who has missed their first treatment appointment or drug test. All responses, but particularly sanctions, need to be carefully considered. Participants with trauma histories or anxiety disorders can be re-traumatized or de-stabilized.

Additionally, treatment plans may need to be adjusted in response to a behavior. The adjustment in a treatment plan is neither an incentive nor a sanction. Adjusting a treatment plan should match the level of progress. For example, an individual who has consistently attended all treatment appointments, doctor appointments, and gained insight into their illness may no longer require intensive services, and therefore, the adjustment in the treatment plan might be less treatment services provided. On the other hand, an individual who has been taking medication as prescribed but has found it more difficult to sleep and uses alcohol to assist with sleep may require a different kind of adjustment to treatment services to address the substance use and medication prescribed.

**SAMPLE CONFIDENTIALITY FORM**

ABC Mental Health Court  
Criminal Justice Consent to Release Information

I, \_\_\_\_\_, hereby consent to communication between the ABC Mental Health Court Program and (check all that apply):

- Judge’s Name                       Prosecutor’s Name                       Defense Attorney’s Name
- Coordinator’s Name                       Probation Officer’s Name                       Treatment Provider’s Name
- Sheriff’s Representative’s Name

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, diagnosis, attendance, progress in treatment, substance abuse testing results, and overall progress with the mental health court program’s monitoring criteria.

I understand this consent will remain in effect and cannot be revoked by me until:

\_\_\_\_ There has been a formal and effective termination or revocation of my release from the ABC Mental Health Court Program.

\_\_\_\_  
(Other time when consent can be revoked and/or expires)

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**SAMPLE VISITOR CONFIDENTIALITY FORM**

ABC Mental Health Court Program  
Visitor Confidentiality Form

I, \_\_\_\_\_, as a participating member or guest of the ABC Mental Health Court Program, recognize my responsibility to maintain the confidentiality of the Mental Health Court Program, and hereby agree that:

1. Any and all information discussed at the Mental Health Court team meeting must remain confidential and not be revealed to anyone.
2. If I receive a copy of case reports for a staffing meeting, I will return all reports in their entirety to a team member at the end of the staffing meeting.
3. By signing this form, I confirm that I have read and agree to the above statements.

\_\_\_\_\_  
Signature of member/guest

\_\_\_\_\_  
Date