Will County Mental Health Court



Participant Handbook

Will County Mental Health Court Mission Statement:

To provide comprehensive mental health and addiction services as well as therapeutic judicial intervention through a team approach to defendants with severe mental illness or co-occurring disorders in an effort to reduce recidivism, improve the quality of life, and protect and improve public safety.

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WELCOME

Welcome to the Will County Mental Health Court (WCMHC) program.

Mental Health courts are specialized courts that emphasize treating a participant's mental disorder and/or co-occurring substance abuse disorder so that he or she does not continue to commit criminal acts. Instead of jail time without treatment, the WCMHC focuses on giving its participants the tools to manage their substance use disorder and/ormental health disorder and become productive members of society.

The WCMHC requires each participant to comply with a rigorous treatment plan that will ensure they can leave Mental Health Court with the skills to manage their mental health and co-occurring substance use disorder.

The purpose of this handbook is to help participants understand what they need to know and do so that they can successfully participate in and complete Mental Health Court. Included in this handbook is WCMHC general program information, eligibility for WCMHC, the screening, assessment and enrollment process, an outline of the WCMHC team, Participant responsibilities, the program phases, details on consequences for not complying with WCMHC treatment plans, drug testing procedures, and the possible program outcomes.

If there are questions about the WCMHC, please contact the Court Coordinator or your attorney.

PROGRAM OVERVIEW

The goals of the Will County Mental Health Court Program are to:

- Decrease recidivism
- Reduce substance use
- Improve mental health
- Enhance public safety
- Provide high-quality, comprehensive services
- Save and improve lives

WCMHC consists of the following components:

- an eligibility screening for legal acceptability
- risk assessment to determine if they fit the target population
- assessments for behavioral treatment needs
- a five phase intervention program
- graduation
- an aftercare plan

Once admitted into the WCMHC program, the WCMHC team collaboratively creates a specialized treatment plan for each participant with which he or she must comply. Decision making is cooperative in nature, with the Judge having the final word.

A Participant's treatment plan may include (but is not limited to) some or all of the following:

- case management services
- o mental health assessment and treatment services
- individual counseling
- substance use treatment
- trauma-specific treatment services
- o medication assisted treatment
- random drug testing
- o primary health treatment services
- domestic violence counseling
- o anger management
- o employment and education programs

It is important that each participant understands that it is his or her responsibility to follow all of the requirements of the Mental Health Court program because these requirements are necessary to change the choices, attitudes, and behaviors that have brought the participant into the criminal justice system.

As participants progress through the phases of the WCMHC program, each participant will be required to appear before the WCMHC Judge, Clinical case manager, probation officers, treatment providers and others as directed, as well as submit to scheduled and random drug and alcohol testing.

The WCMHC team meets on Tuesdays at 9:00 am to discuss the status of Track One and Two Mental Health Court participants. Track One participants appear in court at 9:30 am on Tuesdays and Track Two participants appear at 9:45 am on Tuesdays. The WCMHC Team meets on Fridays at 9:00 am to discuss Track Three participants and Track Three participants appear in court at 9:30 am on Fridays. When each participant appears before the Mental Health Court Judge, the Judge will discuss the participant's progress, ask how he or she is doing, and if necessary, the Judge may provide incentives, therapeutic adjustments, and/or sanctions to a participant based on his or her compliance with their treatment plan.

The typical program length is fourteen to eighteen months; however, program length varies depending on participant's needs and compliance with program requirements.

WCMHC treatment services range from detox to long-term in-patient treatment and extended care. Recovery-focused housing resources, medication assisted treatment, cognitive behavioral therapy, and psychoeducational groups are also available to WCMHC Participants. Employment classes may be required.

Upon successful completion of the program, in most cases, the State's Attorney agrees to dismiss the participant's charges. In this case, participants do not end up with a conviction on their record, which benefits future employment and career opportunities. If the charges are not dismissed, the participant's sentence may be deemed complete upon graduation of the Mental Health Court program. In this case, the participant avoids incarceration.

ELIGIBLITY

It is the policy and practice of WCMHC to conduct all aspects of the program without discrimination on the basis of gender, race, nationality, ethnicity, limited English proficiency, disability, socio-economic status or sexual orientation. For individuals for whom English is not their primary language, Interpreters are available through the Will County 12th Judicial Circuit. In accordance with applicable legal requirements, the treatment providers ensure that language services are readily available to assist in service delivery for those participants needing language services assistance. To aid individuals with low literacy levels all members of the WCMHC team provide participants with oral instructions in addition to written materials at every stage of program development. The WCMHC adheres to the 12th Judicial Circuit's Language Access policy. It is the responsibility of the participant to inform the Court of any disabilities that need accommodation.

Will County Mental Health Court Eligibility Requirements:

- 18 years or older
- All participants must be a resident of Will County
- Charged with a probationable felony offense
- Have a mental health disorder diagnosed by a qualified mental health professional
- Voluntarily sign the Consent to Participate in Mental Health Court
- All participants must agree to stop all marijuana, illegal drug and alcohol use
- Be willing to comply with all treatment requirements of the WCMHC program
- All participants must admit guilt, be found guilty, or admit to the petition to revoke, in order to enter WCMHC

If an individual is currently charged or have been convicted with any of the following crimes in the past 10 years, excluding times of incarceration, he or she is not eligible for participation in the WCMHC:

- first-degree murder;
- second-degree murder;
- predatory criminal sexual assault of a child;
- aggravated criminal sexual assault;
- criminal sexual assault;
- armed robbery;
- aggravated arson;
- arson;

- aggravated kidnapping;
- · kidnapping;
- aggravated battery resulting in great bodily harm or permanent disability;
- stalking;
- aggravated stalking;
- any offense involving the discharge of a firearm

MENTAL HEALTH COURT REFERRAL AND ASSESMENT

If an individual is interested in entering the WCMHC program, he or she must fill out a referral form available in all courtrooms. A referral to WCVSC can be made by anyone, including the individual, a defense attorney, a probation officer, and a family member. Assistance is available for the illiterate. The form, and the Consent for Disclosure and confidentiality form, must be submitted it to the Court. The WCMHC team will review the application, and the State's Attorney's Office will ensure the applicant's criminal history permits him or her to enter the program.

Before any evaluations are administered, applicants are required to sign a confidentiality form. A probation officer administers the Adult Risk Assessment (ARA) evidence-based assessment tool to determine the individual's risk level.

Following determination of risk, the individual is assessed by an individual licensed by the State of Illinois to determine if the applicant has a substance use disorder and level of indicated treatment. A comprehensive mental health assessment, including a RANT (Risk and Needs Triage), an evidenced based screening tool, bio/psycho/social evaluation, cognitive capacity screening, PTSD and suicide screening and other tools is performed by a clinical case manager to assess mental health diagnoses and behavioral treatment needs. All participants must agree to stop all drug and alcohol use.

The findings from the legal and clinical assessments are compiled and then discussed at the weekly WCMHC meeting. An individualized treatment plan is developed by clinical staff collaboratively with participant and presented to the team with recommendations for treatment.

The WCMHC Judge makes the final decision regarding acceptance into the program. The Participant is notified of his/her acceptance or denial during the regular weekly court call, and a date will be set for the Participant to sign his or her contract and *Consent to Participate*. Upon signing the Consent to Participate, each participant will be assigned to

one of the Problem Solving Court probation officers for development of a Probation Case Plan to address assessed risks for recidivism as well as a clinical case manager for their behavioral treatment needs. Case management plans are a collaborative effort between the probation officer and participant.

If the participant is denied entrance into the program, he or she is sent back to their original court call for traditional case processing. The prosecutor shall delete or destroy the participant's confidential information that was disseminated in conjunction with person's referral to or participation in the WCVSC.

THE MENTAL HEALTH COURT TEAM

The WCMHC team is made up of individuals who all have a different specialty in the criminal justice field. The team uses a non-adversarial approach, meaning that each member of the team works collaboratively to develop a treatment plan that is tailored to the individual needs of each Participant.

Each member of the WCMHC Team is listed below:

Judge:

The WCMHCJudge serves as the leader of the WCMHC Team and presides at all WCMHC Team staffings and sessions. The WCMHC Judge is responsible for setting the tone and environment for WCMHC, and must provide leadership, authority, and management skills to enable WCMHC to operate effectively. It is the WCMHC Judge's responsibility to ensure that the participant understands the requirements of WCMHC, including those set forth in the Consent to Participate prior to executing the Consent to Participate and that the participant is competent and entering the program voluntarily. To carry out his/her duties, the WCMHC Judge must participate in all team staffings and shall consider input from the other team members in evaluating a response to a participant's compliance or non-compliance with supervision and treatment requirements. This participation is permissible pursuant to Supreme Court Rule 63. While the WCMHC Judge must consider the input from all of the members of the team, it is his/her final responsibility to determine what response is appropriate for an individual participant. In court, it is the WCMHC Judge who presents the participant with the team's staffing decisions and allows the participant to address the response with the court. Examples of the responses a participant may receive in court are an incentive given because of progress the participant has made, a sanction imposed because of non-compliance with treatment, and/or supervision requirements or a treatment plan adjustment as recommended by the treatment provider. These responses are designed to encourage or reinforce the participants' progress or to discourage and deter participants' non- compliance. The WCMHC Judge shall ensure that WCMHC responses to a participant's behavior are predictable, fair, consistent and unbiased and that the participant is treated with respect and is given an opportunity to be heard. The PSC judge, before being assigned to preside in such a court, should have experience and/or training in a broad range of topics including, but not limited to: (1) criminal law; (2) behavioral health; (3) confidentiality; (4) ethics; (5) evidence-based practices; (6) substance use and abuse; (7) mental illness and (8) cooccurring disorders. The judge must be assigned to preside over the PSC for a minimum of two years.

Court Coordinator:

The problem-solving courts coordinator is responsible for overseeing the WCMHC Program. The problem-solving courts coordinator oversees the day-to-day operations of WCMHC and problem-solving courts. Administration responsibilities for WCMHC and problem solving courts include monitoring the referral and intake processes to ensure the early identification and enrollment of WCMHC candidates, supervision of the collection and reporting of WCMHC data, community education and public relations, coordinating continuing education opportunities for the WCMHC team, and grants administration. He/she shall regularly participate in trainings, webinars, events, and other educational opportunities on topics that are essential to the effective planning, implementation and operation of the PSC and to ensuring that the PSC maintains fidelity to the PSC model. Topics include, but are not limited to, evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness, disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, limited English proficiency and team dynamics. He/she shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training. He/she will advocate for incentives, sanctions, and therapeutic adjustments. He/she shall commit to serving on the team a minimum of one year and will participate in all court staffings and hearings.

Prosecutor:

The role of the prosecutor in WCMHC is non-adversarial and collaborative by design, which is different from the traditional adversarial model in criminal court. The prosecutor represents the interests of the People of the State of Illinois and ensures that public safety interests and concerns are provided in team staffing discussions. The prosecutor also participates in the collaborative WCMHC process in evaluating each participant's engagement in and compliance with WCMHC in team staffings and at court sessions. As part of the collaborative team, the prosecutor monitors participant progress and makes recommendations regarding appropriate interventions to impact a participant's behavior and compliance with WCMHC requirements. Information the prosecutor receives through the WCMHC Program shall only be used for WCMHC purposes and shall not be redisclosed. The prosecutor retains the responsibility to assure a participant's compliance with WCMHC requirements and may initiate adverse proceedings if a participant is not adhering to the terms of his/her WCMHC probation and Consent to Participate. He/she shall regularly participate in trainings, webinars, events, and other educational opportunities on topics that are essential to the effective planning, implementation and operation of the PSC and to ensuring that the PSC maintains fidelity to the PSC model. Topics include, but are not limited to, evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness, disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, limited English proficiency and team dynamics. He/she shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training. He/she will advocate for incentives, sanctions, and therapeutic adjustments. He/she shall commit to serving on the team a minimum of one year and will participate in all court staffings and hearings.

Public Defender/Defense Counsel:

The role of defense counsel in WCMHC is also very different from the traditional adversarial model in criminal court. In WCVSC, the Public Defender represents all WCMHC clients unless a participant has private counsel. Before entry into WCMHC, it is defense counsel's responsibility to meet with each potential participant to explain WCMHC's rules and expectations, the potential participant's legal rights and how those rights are affected by participation in WCMHC. Defense counsel must also explain the provisions of the WCMHC Consent to Participate and the WCMHC Handbook to the participant, and assist in the participant's execution of all court related documents and ensure that the participant understands all of the provisions of such documents. Upon signing of Consent to Participate and Veterans Court Contract in WCMHC, private counsel must elect whether to continue as counsel for the participant. If not, the WCMHC Judge appoints the public defender to represent the participant in WCMHC. Whether a participant is represented by private counsel or the public defender, the responsibilities of the participant's attorney is to represent the participant at team staffings, attend WCMHC staffings and court status hearings, provide input and recommendations to the WCMHC Team, ensure that the participant's due process rights are protected, and represent the participant in any adverse proceedings. The Public Defender, will monitor all cases heard during court calls and staffing to assure that each participant's right to counsel is preserved. If a participant is represented by a private attorney, and their case is called, in either staffing or hearing, the Public Defender will request that the case be passed until such time as the private attorney may appear or when alternate arrangements are made for representation. Private attorneys acknowledge and understand they are required to attend all court hearings in which their client is present. They can choose to remain on file as the attorney of record until graduation or in the event that the State files a Petition to Remove; or Private Counsel will seek leave to withdraw upon the entry of the contract; and upon entry of the contract, the Public Defender's Office is appointed to handle all matters relating to the status of the defendant. He/she shall regularly participate in trainings, webinars, events, and other educational opportunities on topics that are essential to the effective planning, implementation and operation of the PSC and to ensuring that the PSC maintains fidelity to the PSC model. Topics include, but are not limited to, evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness, disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, limited English proficiency and team dynamics. He/she shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training. He/she will advocate for incentives, sanctions, and therapeutic adjustments. He/she shall commit to serving on the team a minimum of one year and will participate in all court staffings and hearings.

Probation Officers:

The probation officer is responsible for meeting with participants on a regular basis to determine participant's progress in the program, as well as provide referrals for substance

use treatment, employment, education, transportation, mental health services, and entitlements. They will ensure that participants understand the requirements of WCMHC and supervise their compliance with all WCMHC treatment and probation supervision requirements. They will perform home visits. They will complete the Adult Risk Assessment (ARA) as indicated in the Illinois probation casework standards. They will facilitate and perform drug testing. They will participate in all court staffings and court hearings, reporting compliance/non-compliance and advocate for incentives, sanctions, and therapeutic adjustments They will assist in the promotion of team integrity and assist in the development of community resources. He/she will collect and share data with the WCMHC team. He/she shall regularly participate in trainings, webinars, events, and other educational opportunities on topics that are essential to the effective planning, implementation and operation of the PSC and to ensuring that the PSC maintains fidelity to the PSC model. Topics include, but are not limited to, evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness, disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, limited English proficiency and team dynamics. He/she shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training. He/she shall commit to serving on the team a minimum of one year and in the event that a probation officer cannot participate in a staffing or hearing, a representative from probation will be updated and provided notes on participants. There will be at least one representative from probation present in all staffings and court hearings. He/she will develop a case management plan and share a copy of said case management plan with participants and WCMHC team. Participants will regularly be reassessed and the plan updated accordingly. The case management plan will be a collaborative effort with participants.

Mental Health Professionals/Clinical Case Manager:

The WCMHC Mental Health Professionals (MHP's) are responsible for conducting mental health assessments on an as needed basis for the drug court population. The Mental Health Professional prepares a written summary of the findings from the assessment and forwards the written report to the WCMHC Team for staffing discussions. The mental health professional uses the following assessment tools: mental health assessment, Cognitive Capacity Screening, RANT, TCU, LSI-R with all clients. And the Becks Depression Index (BDI), Becks Anxiety Index(BAI), Primary Care Posttraumatic Stress Disorder (PC-PTSD), Generalized Anxiety Disorder (GAD-7), Suicide Risk Assessment-Revised (SBQ-R) with participants. He/she shall regularly participate in trainings, webinars, events, and other educational opportunities on topics that are essential to the effective planning, implementation and operation of the PSC and to ensuring that the PSC maintains fidelity to the PSC model. Mental Health Professionals/Clinical Case Managers will meet with participants regularly to ensure they are seen by a member of the PSC staff according to their phase (once weekly for phase one and two, every other week for phase three, every three weeks for phase four, and every four weeks for phase five.) They will facilitate groups, conduct relapse evaluations, provide therapy, and make treatment referrals. Topics include, but are not limited to, evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness,

disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, limited English proficiency and team dynamics. He/she shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training. He/she will facilitate and perform drug testing. They will participate in all court staffings and court hearings, reporting progress in regards to treatment plan and advocate for incentives, sanctions, and therapeutic adjustments They will assist in the promotion of team integrity and assist in the development of community resources. He/she will collect and share data with the WCMHC team. He/she shall commit to serving on the team a minimum of one year. In the event that a Mental Health Professional/Clinical Case Manager cannot participate in a staffing or hearing, a representative from the clinical team will be updated and provided notes on participants. There will be at least one representative from the clinical team present in all staffings and court hearings. He/she will develop a clinical treatment plan and share a copy of said clinical treatment plan with participants and WCMHC team. He/she will explain the clinical treatment plan to participants and answer any questions. Participants will regularly be reassessed and the plan updated accordingly.

G. Peer Support Specialists

Peer Support Specialists are professionals who have a unique role in the WCMHC. Peer support specialists have the life experiences that allow them to provide support to participants who are going through a similar situation. Peer support specialists have the tools that participants need to be successful and can pass those on to participants to increase the chances of long-term success. Peer support specialists will act as recovery home managers, run recovery support meetings, and engage with families of program participants and alumni of the WCMHC. He/she will advocate for incentives, sanctions, and therapeutic adjustments. He/she shall commit to serving on the team a minimum of one year and will participate in all court staffings and hearings.

Will County Mental Health Court Team Partners

Licensed Treatment Provider(s)

WCVSC utilizes a full continuum of treatment services, including outpatient, intensive outpatient, inpatient, long-term inpatient substance abuse and co-occurring treatment, and recovery housing from numerous treatment providers. WCMHC's most prevailing treatment providers are the Will County Health Department, Stepping Stones, Woodridge Interventions and Family Guidance. All treatment services are trauma- informed and culturally sensitive. WCMHC also supports the utilization of medication- assisted treatment (MAT) for participants with opioid or other substance dependence disorder diagnoses. MAT is a medical protocol that is entirely voluntary on the part of the participant and is a decision entered into between a participant and his/her medical provider. A participant's mental health needs and medical issues are also monitored by WCMHC and referrals may be made by the WCMHC team for these services. He/she shall regularly participate in trainings, webinars, events, and other educational opportunities on topics that are essential to the effective planning, implementation and operation of the PSC and to

ensuring that the PSC maintains fidelity to the PSC model. Topics include, but are not limited to, evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness, disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, limited English proficiency and team dynamics. He/she shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training. He/she will advocate for incentives, sanctions, and therapeutic adjustments. He/she shall commit to serving on the team a minimum of one year and will participate in all court staffings and hearings.

Law Enforcement Officer

He/she acts as a liaison to other law enforcement agencies and will offer a law enforcement perspective when policy and procedures are developed. The officer may assist with home visits as needed, process/serve warrants on Mental Health Court participants and assist with referring potential Mental Health Court participants. The officer may promote and encourage law enforcement officers to receive CIT training. He/she shall regularly participate in trainings, webinars, events, and other educational opportunities on topics that are essential to the effective planning, implementation and operation of the PSC and to ensuring that the PSC maintains fidelity to the PSC model. Law enforcement will advocate for incentives, sanctions, and therapeutic adjustments. Law enforcement will attend all staffings and court hearings.

Training topics include, but are not limited to, evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness, disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions and therapeutic adjustments, court processes, limited English proficiency and team dynamics. He/she shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training. He/she shall commit to serving on the team a minimum of one year.

CONFIDENTIALITY

Each Participant is required to sign an authorization for release of information to allow the WCMHC team to communicate as a team about each Participant's participation and compliance. Once a Participant is in the program, the WCMHC team may also require that he or she sign additional releases of information to third parties, such as family members, sponsors, mentors, or medical/treatment providers on an as needed basis.

A Participant's health and treatment records are protected under federal regulations. 42 C.F.R. Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records) and 45 C.F.R. Parts 160 & 164 (HIPPA). Almost all of the statements made during eligibility screening, assessments and treatment cannot be used against them. 45 C.F.R. §164.512 (j)(2)(i) and (ii). However, if a Participant admits to either of the following two things, statements *may* be used against me: 1) child abuse or neglect (45 C.F.R. §164.512(b)(1)(ii); and 2) domestic violence, abuse or neglect which causes the Team Member to believe disclosure

is necessary to prevent serious harm to a potential victim (45 C.F.R. §164.512(b)(1)(ii). If a Participant admits to these offenses, the State's Attorney may bring new charges against them. Statements made during the eligibility, assessment(s) and treatment, other than those mandatorily required to be disclosed as outlined in the above paragraph, cannot be the basis for new criminal charges or a criminal investigation except as authorized by a court order. 42 C.F.R. §2.1 (b)(2)(C); 42 C.F.R. §2.2 (b)(2)(C). Prior to a Court Order being issued, a hearing shall be conducted by the Specialty Court Judge. Notice shall be given to Defense Counsel with a Bill of Particulars with the following information: a.) The statement that the State is seeking to disclose; b.) A list of all individuals who witnessed the statement that the State is seeking to disclose, including their names, addresses, telephone and email addresses; and c.) Any and all reports, notes, audio or video material memorializing the statement of the Participant and the circumstances under which it was made. WCMHC complies with confidentiality requirements to prevent the unauthorized disclosure or redisclosure of information regarding participants. Documents relating to treatment, drug testing, evaluations, and other sensitive information is not placed in a court file open to public examination. These materials are kept in a confidential file. Participants' confidential information will not be used in any other legal proceeding, except with consent from the participant.

PHASES OF TREATMENT

The WCMHC incorporates five program phases followed by graduation. The phases are designed to monitor the participant's compliance with all WCMHC requirements and to objectively measure a participant's progress in treatment. These phases are structured to maximize the likelihood that the participant can successfully achieve and maintain recovery through meaningful participation in his/her treatment plan requirements while under the intensive supervision by the court to discourage the participant from engaging in further criminal activity.

Treatment plan requirements include all recommended and/or prescribed treatment services, including substance abuse treatment, primary medical treatment, and mental health treatment services and each participant's compliance with treatment plan requirements will be monitored by the WCMHC Team through all WCMHC phases. The participant requirements for each program phase are as follows:

PHASE I

This phase includes stabilization, orientation, and assessment. An individualized treatment plan was developed and reviewed with participant prior to contract. Phase I will focus on educational learning resources and maintaining a sober/drug free lifestyle.

Phase I Requirements:

- Engage with PSR and/or Substance Abuse Treatment
- Comply with psychiatric appointments and recommendations
- Meet with therapist as recommended by treatment plan
- Start changing people, places and things
- Meet with case manager/ probation officer as required
- Attend court weekly
- Urine and drug/alcohol screens are negative
- Attend 3 self-help meetings weekly (If Applicable)
- Explanation of insights and skills participant has acquired through treatment and how to apply these skills to everyday life in order to cope with mental illness
- Sign releases of information to collateral contacts upon request, including treatment centers, medical facilities, etc.
- Minimum time in Phase I is 60 days

A participant can advance to Phase II if substantially compliant with all Phase I requirements for a sustained period of time, has been clean and sober for at least 30 days, and the WCMHC Judge, with input from the team approves moving to Phase II.

PHASE II

During this phase, participants will focus on identifying community resources, more intensive therapy, and concentrating on recovery education.

Phase II Requirements:

- Continue to meet all Phase One requirements
- Remain engaged in treatment
- Attend Court weekly
- See case manager and therapist as required
- Obtain stable housing
- Demonstrate changing people, places and things
- Complete Financial Management Class
- Develop a budget
- Obtain a sponsor /mentor (if applicable)
- Letter from sponsor detailing program work (If Applicable)
- Attend 3 self-help meetings weekly (if applicable)
- Urine and drug/alcohol screens are negative for minimum of 60 days
- Explanation of insights and skills participant has acquired through treatment in Phase I and how participant applies these skills to everyday life in order to cope with mental illness
- Sign releases of information to collateral contacts upon request
- Minimum time in Phase II is 90 days

A participant can advance to Phase III if substantially compliant with all Phase II requirements for a sustained period of time, has been clean and sober for at least 60 days, and the Mental Health Court Judge, with input from the team approves moving to Phase III.

PHASE III

This is a phase of pro-social habitation, less structured treatment and more responsibility upon the WCMHC participant. During this phase, a continuing care program will be implemented and tailored to the specific needs of the participant.

Phase III Requirements:

- Continue to meet all Phase Two Requirements
- Attend court bi-weekly
- Remain engaged in treatment
- See therapist and case manager as required
- Address life skills
- Establish recovery network
- Establish prosocial activities
- Demonstrate changing people, places and things
- Maintain stable housing
- Establish employment/school/community service, if appropriate
- Urine and drug/alcohol screens negative
- Follow budget and update budget as necessary
- Explanation of insights and skills participant has acquired through treatment in Phase III and how participant applies these skills to everyday life in order to cope with mental illness
- Sign release of information to collateral contacts upon request
- Minimum time in Phase III is 90 days

A participant can advance to Phase IV if substantially compliant with all Phase III requirements for a sustained period of time, has been clean and sober for at least 90 days, and the WCMHC Judge, with input from the team approves moving to Phase IV.

Phase IV

This is a phase of adaptive habilitation, less structured treatment and more responsibility upon the WCMHC participant. During this phase, a continuing care program will be continued, tailored to the specific needs of the participant.

- Continue engagement with treatment
- Continue to meet all Phase III requirements
- Attend court every three weeks
- Meet with therapist and case manager as directed

- Employment or full time educational status, if appropriate
- Letter from sponsor/mentor detailing program work (if applicable)
- Explanation of what step participants are working on
- Attend 3 self-help meetings weekly
- Address life skills
- Maintain recovery network
- Maintain prosocial activities
- Maintain housing
- Demonstrate changing people, places and things
- Address ancillary services (i.e. parenting, family support)
- Urine and drug/alcohol screens negative
- Complete either T4C or MRT (if applicable)
- Explanation of insights and skills acquired through T4C or MRT and how to apply skills to everyday life
- Address financial issues
- Follow budget and update budget as necessary
- Make substantial effort to pay restitution
- Sign release of information to collateral contacts upon request
- Minimum time in Phase IV is 90 days

Participants can only advance to Phase V if substantially compliant with Phase IV requirements for a sustained period of time, have no drug tests which violate the alcohol and drug testing protocol and procedures for 120 days, and the Judge with input from the team WCMHC team approves their written application explaining why he or she would like to move to Phase V.

Phase V

This is a phase of continuing care, maintaining engagement in therapy and recovery network and more responsibility upon the WCMHC participant. During this phase, a discharge plan will be developed, tailored to the specific needs of the participant.

- Continue engagement with treatment
- Continue to meet all Phase IV requirements
- Attend court monthly
- Meet with therapist and case manager as directed
- Maintain employment or full time educational status, if appropriate
- Attend 3 self-help meetings weekly (if applicable)
- Letter from sponsor/mentor detailing program work
- Explanation of what step participants are working on
- Maintain recovery network
- Maintain prosocial activities
- Maintain housing
- Demonstrate changing people, places and things
- Urine and drug/alcohol screens negative

- Complete either T4C or MRT (if applicable)
- Explanation of insights and skills acquired through T4C or MRT and how to apply skills to everyday life
- Address financial issues
- Follow budget and update budget as necessary
- Pay full restitution
- Develop and be able to articulate discharge plan
- Sign release of information to collateral contacts upon request
- Minimum time in Phase V is 90 days

Participants can only advance to Graduation if substantially compliant with Phase V requirements for a sustained period of time, have no drug tests which violate the alcohol and drug testing protocol and procedures for 180 days, and the Judge with input from the WCMHC team approves their written application explaining why he or she would like to Graduate

Graduation

To be eligible for graduation, participants must continue to meet all of the requirements for moving from phase IV to phase V, must be compliant with phase V requirements, have negative urine screens for six months, and have completed the graduation questionnaire. The WCMHC team will staff a participant to determine if he/she has met the requirements to advance from phase V to graduation. It is at this point that any legal agreements that have been previously made pending completion shall be reviewed and acted upon accordingly. A Discharge Plan is developed_collaboratively with the participant. Completed discharge plan is presented at staffing by a therapist, probation or case manager The WCMHC holds approximately three graduation ceremonies a year.

SUMMARY OF MENTAL HEALTH COURT PARTICIPANT RULES

- 1. Participants will totally abstain from the use of Cannabis or cannabis products, illegal drugs and alcohol. Participants will submit to urinalysis as requested by any WCMHC personnel. Failure to do so will be considered a positive test.
- Participant is not to consume or to be in possession of any substance used to adulterate a drug test; these are commonly referred to as detox kits/drinks.
- 3. Participants will not associate with people who use or possess drugs nor will participants be present when drugs or alcohol are being used by others.
- 4. Participants must follow their treatment plan and actively participate in all services as required.

- 5. Participants will attend all scheduled court and treatment sessions on time, submit to random alcohol and drug testing, and remain clean and sober and refrain from any further criminal conduct. If participants do not appear on his or her regularly scheduled court date and have not been previously excused, the Judge may issue a warrant for the participant's arrest.
- 6. Participants will cooperate with all home visits, treatment visits, or and employment visits. The WCMHC team members will conduct home, treatment facility, and place of employment visits on a regular basis to monitor program compliance.
- 7. Participants must notify the WCMHC team immediately following any law enforcement contact or hospitalization.
- 8. Participants will dress appropriately for court and treatment sessions. Clothing bearing violent, racist, sexist, drug or alcohol-related themes, or promoting or advertising alcohol or drug use is considered inappropriate. Hats may not be worn. Gang attire is also inappropriate.
- 9. Use appropriate language when addressing the court. ("yes" instead of "yea", "excuse me" instead of "huh", "no" instead of "nope") Nodding or shaking of the head is NOT an appropriate response!
- 10. There is to be no talking in the courtroom during WCMHC proceedings. Prior approval of WCMHC staff should be received if participants must bring children to court. <u>TURN OFF CELL PHONES!</u>
- 11. Participants will remain in the courtroom until dismissed by the Judge.
- 12. Participants will inform all treating physicians that participants are a recovering addict and may not take narcotic or addictive medications or drugs without notice to the Court. Participant will return medication receipt to their case manager.
- 13. Participants cannot take prescription medications not prescribed to participants by their doctor.
- 14. Participants cannot ingest any substances that are labeled "not for human consumption", including, but not exclusively, K2, spice, or other synthetic cannabinoids.
- 15. The Participant's case manager must be notified if he or she is taking any over the counter medications.
- 16. Participants will submit to random drug and/or alcohol screens when requested by any WCMHC team member and/or treatment provider, and comply with the random drug testing protocol.

- 17. Participants will keep the WCMHC team informed of their current address and phone number at all time. Participants must get approval for any changes and report any changes within 24 hours. If contacted, Participants have 24 hours to present themselves for drug and/or alcohol testing.
- 18. Participants must inform their case managers of any changes in employment within 24 hours
- 19. Participants cannot leave the state without approval of the WCMHC. Permission to leave must be in writing and given to their probation officer or a member of the WCMHC team. Participants will be notified of approval or denial by the Judge.
- 20. Participants cannot be in possession of a firearm or dangerous weapon.

DRUG AND ALCOHOL TESTING PROCEDURES

Participants will be randomly drug tested throughout the program to make sure that they avoid harmful substances. Using drugs, including alcohol and cannabis, will interfere with treatment and will lead to sanctions or therapeutic adjustments.

A 24-hour call-in system is in place to ensure compliance. Participants will receive a color and phone number for nightly call. In addition, each time a participant comes to court, they will do a drug test on the third floor of the courthouse. They may also have to do drug testing at the Health Department, with a case manager, or another treatment provider.

The Judge can request a random drug test as well. If a participant is called in for a random drug test, they have 24 hours to take the test at an approved location. Participants will be observed by a member of the same sex. Failure to provide a sample will be considered a positive test.

If a participant has a positive test in any WCMHC phase, the Judge, based on recommendations from the WCMHC staff, may apply an immediate relapse plan. This plan may include sanctions, as well as adjustments to the participant's treatment plan based on his or her individual needs.

INCENTIVES, SANCTIONS, AND THERAPEUTIC ADJUSTMENTS

Each WCMHC Participant has an individualized treatment plan. The team uses a combination of incentives, sanctions, and/or therapeutic adjustments to reinforce a recovering lifestyle. The treatment plan is updated regularly.

Incentives:

Incentives include verbal affirmation, leaving court early, less frequent court appearances, less frequent probation meetings, and attendance at fewer recovery support meetings resulting in a reduction in participant's expenses. They are also allowed more flexibility to travel. Incentives may be received for a variety of behaviors and achievements such as attending all probation and clinical case managers appointments, treatment sessions, and groups, attending all court status hearings, making progress in treatment, providing clean drug screens, gaining or maintaining employment, and educational achievement.

Sanctions:

Sanctions may vary for each WCMHC Participant. Sanctions are imposed for each violation. Violations that will result in sanctions include, but are not limited to: involvement in criminal activity, dishonesty with the WCMHC team and treatment providers, poor attendance, lack of participation in treatment or tasks identified in the treatment plan, and positive drug screens. The sanctions that will be imposed for these violations may include, but are not limited to: curfews, community service hours, incarceration, increased reporting to court and probation, "random" drug tests, extensions of contract and/or termination from program. If it is determined at staffing that there should be a sanction, the participant must be given an opportunity to address the Court before the sanction is imposed. The WCMHC Judge must consider this input and decide whether to impose the sanction. The final decision as to whether to impose a sanction and what sanction is appropriate rests within the sole discretion of the WCMHC Judge and may only be imposed in accordance with the procedural fairness principles of fairness and neutrality after the participant is given an opportunity to be heard.

Therapeutic Adjustments:

Therapeutic adjustments to a Participant's treatment plan may be made for a variety of reasons that include but are not limited to: results of assessments and evaluations, recommendation by treatment providers, missing recovery support group meetings or meetings with case manager, and positive drug screens. Adjustments to one's treatment plan may include but are not limited to: individual counseling, parenting classes, and anger management. Participants will be required to comply with any new or additional requirements.

POSSIBLE PROGRAM OUTCOMES

There are four possible outcomes for a participant in the program which includes successful discharge, neutral discharge, unsuccessful discharge, or voluntary withdrawal.

Successful Discharge

A participant will be eligible for successful discharge if they complete every WCMHC program requirement. The participant will also be required to complete a graduation questionnaire prior to graduating. At graduation, they will receive a certificate of achievement and will be discharged from WCMHC.

Upon successful completion of the program, in some cases the State's Attorney agrees to dismiss the participant's charges. In this case, participants do not end up with a conviction on their record, which benefits future employment and career opportunities. If the charges are not dismissed, the participant's sentence may be deemed complete upon graduation of the Mental Health Court program. In this case, the participant avoids incarceration and gives participants tools to live a productive life.

Neutral Discharge

A participant may encounter difficulties after entering the program that makes it difficult or impossible for him/her to comply with the requirements of WCMHC. Upon collaboration from the WCMHC Team the WCMHC Judge can enter an order permitting a neutral discharge from the WCMHC Program.

Unsuccessful Discharge

A participant's contract in WCMHC can be terminated for reasons such as: warrants, new arrest, or a violation of any aspect of the WCMHC contract. Other violations which could result in termination include but are not limited to: missing drug tests, positive drug tests, altered drug test, lack of program response demonstrated by failing to cooperate with WCMHC team, and violence or threat of violence directed at staff or other Participants of the program.

Prior to unsuccessful discharge from WCMHC, a participant will be served with a petition that seeks to revoke his or her WCMHC contract and sets out his or her alleged violations. Once a petition is filed, participants have the right to be represented by an attorney, the right to a hearing on the petition, the right to confront the State's witnesses and evidence, the right to present evidence and testimony on his or her own behalf if participant chooses to, the right to require that the State prove that it is more probably true than not true that the participant violated his or her contract, and the right to be advised of the sentencing range, and the right to substitution of judge. The WCVSC Judge cannot consider anything learned through WCVSC staffings, status review hearings, or otherwise when determining whether or not a participant should be removed from the program in a hearing. The WCVSC Judge should disqualify himself or herself in a proceeding on a petition to terminate a participant from WCVSC or to revoke probation under the circumstances listed in Supreme Court Rule 63C.

Once a petition is filed, in order for the Judge to continue to participate in team staffings of their case, participants must agree to let the Judge discuss their case. Participants' agreement will be requested when a petition is filed and addressed in open court. An unsuccessful discharge can occur as part of a plea agreement or as a sentencing outcome after a hearing on the petition. If the court grants the petition to remove, the case will proceed to sentencing.

Voluntary Withdrawal

WCMHC is a voluntary program; therefore, participants do have the right to withdraw from the program. However, there may be consequences to withdrawing from WCMHC. It is important that participants understand what those consequences may be. The Judge and each participant's attorney will explain the possible consequences of withdrawing to the participant. A participant that chooses to withdraw from the program will proceed to sentencing. Any consequence has to be consistent with the terms of his or her contract. Serving jail time that has previously been stayed is one example of a possible consequence of voluntary withdrawal from WCMHC.

PRIVATE DEFENSE COUNSEL

Private attorneys acknowledge and understand they are required to attend all court hearings in which their client is present. They can choose to remain on file as the attorney of record until graduation or in the event that the State files a Petition to Remove; or Private Counsel will seek leave to withdraw upon the entry of the contract; and upon entry of the contract, the Public Defender's Office is appointed to handle all matters relating to the status of the defendant.

TRANSPORTATION

In most cases, the Will County Sheriff's Department is responsible for transporting incarcerated Participants to the chosen treatment facility. Family members can obtain a list of clothing and other items from the treatment facility and drop them off according to the rules of the facility. Participants may also be able to send clothing and other items through the postal system.

CONCLUSION

WCMHC helps the participant achieve a life free of dependence on mind-altering substances and gives them the tools to cope with their mental disorder. The WCMHC team is here to guide and assist the participant, but the final responsibility is on the individual. To succeed, one must be motivated to make a commitment to a mentally-healthy, drug-free life.

MENTAL HEALTH COURT STAFF NUMBERS

Judge Fred Harvey	815-727-8592
STATE'S ATTORNEY'S OFFICE	.815-727-8453
Jaclyn Sopcic	815-727-8617
PUBLIC DEFENDER Chris Benson	915 727 9666
Amy Christiansen	
PROBLEM SOLVING COURT COORDINATOR	
Dr. Scott DuBois Psy.D	815-774-7852
Mental Health Court CLINICAL CASE MANAGERS	
MENTAL HEALTH PROFESSIONALS	
Don Martin, LPC, CADC	
Erica Quensen MA, LCPC Danielle O'Connell MA, LCPC	
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Mitch Crandall	815-727-8875
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Chris Browder	
Rebekah DeShazo	815-724-6273
PEER SUPPORT SPECIALISTS	
Scott Miller	779-875-6942
Owen Famulari	
FAMILY GUIDANCE CENTERS	
Gilbert Perez	773-551-2831
WILL COUNTY HEALTH DEPARTMENT	
Amanda Barrios MA, LCPC	815-727-8521

WILL COUNTY MENTAL HEALTH COURT PARTICIPANT HANDBOOK SIGNATURE PAGE

I read and understand the contents of the WCMHC Participant Handbook. I have been given a copy of the participant handbook, and I will bring it to court and to all my appointments. I understand that in order to be successful in the WCMHC program, I must comply with the treatment recommendations and decisions made by the WCMHC team.		
Client Signature	Date	
Defense Counsel	Date	