

**Will County, Illinois
12th Judicial Circuit Court**



**Will County Mental Health Court
Policy & Procedure Manual**

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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Mission Statement

It is the mission of Will County Mental Health Court 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.

I. Will County Mental Health Court

(WCMHC) A. General

The Will County Mental Health Court (WCMHC) was the second of four problem-solving courts established in Will County, Illinois. WCMHC has been in operation since 2011 and currently has the capacity to serve 100 active participants. WCMHC is a post-adjudicatory problem-solving court which targets defendants in felony court who have a mental health diagnosis. Participants are willing to voluntarily execute the Consent to Participate and WCMHC contract in the WCMHC program and comply with the requirements of WCMHC. Post-adjudicatory means that the defendant has admitted guilt and agrees to voluntarily enter into the WCMHC program and comply with the WCMHC program requirements. WCMHC members will be separated into three different tracks based on their assessed risk level. To be eligible for Track One, the individual must be determined to be low to low-moderate criminogenic risk to reoffend or violate the terms of supervision and have low to low-moderate behavioral health treatment needs using evidence-based screening and assessment tools. For Track Two, individual must be determined to be of moderate criminogenic risk to reoffend or violate the terms of supervision and have significant behavioral health treatment needs using evidence-based screening and assessment tools. For Track Three, the individual must be determined to be high to very high criminogenic high risk to reoffend or violate the terms of supervision and must have significant behavioral health treatment needs using evidence-based screening and assessment tools. The three tracks will be separated during group, reporting and court appearances.

WCMHC is a voluntary program, but participation is subject to meeting the WCMHC eligibility criteria and being staffed and approved for admission into the program by the WCMHC team. No one has the legal right to participate in WCMHC. WCMHC has been built on an extensive history of collaboration among key stakeholders, including the 12th Judicial Circuit Court, Will County, the Will County State's Attorney, the Will County Public Defender, the Will County Health Department, the Will County Sheriff, the Will County Court Services Department, Center for Correctional Concerns, treatment providers, and the community.

B. Goals and Objectives

The goals and objectives of WCMHC are to give participants the tools to manage their mental illness and, if applicable, overcome their addictions, so that they can prevent further criminal activity and go on to live healthy and drug free lives. The WCMHC enhances public safety in a fiscally-responsible manner while improving the quality of life for participants, their families, and the community at large. This is accomplished by assisting them to successfully achieve and maintain recovery through the utilization of targeted WCMHC resources and intensive monitoring by the WCMHC Team. WCMHC has incorporated the National Association of Mental Health Court Professionals (NADCP) “*Ten Key Components for Mental Health courts*” (*Ten Key Components*) into these policies and procedures and adheres to the NADCP “*Best Practices Standards for Mental Health Courts Volumes I and II*” (*National Standards*) as well as the Supreme Court of Illinois Administrative Office of the Illinois Courts “*Problem-Solving Courts Standards*” (*Illinois Standards*).

Extensive research and the program outcomes for WCMHC participants since its inception confirm that WCMHC is an evidence-based intervention that has been and will be successful in significantly reducing the likelihood that a participant will reoffend as compared to a similarly situated offender who is not in WCMHC. The *Ten Key Components*, the *National Standards* and *Illinois Standards* that are incorporated into these Policies and Procedures for WCMHC create a comprehensive framework for implementing a multidisciplinary, collaborative, non-adversarial justice/treatment response to criminal behavior that includes the early identification and enrollment of eligible participants, intensive court supervision, a full continuum of treatment services and adjunct services that address the criminogenic risks and needs of the participant. WCMHC, in addition to being an evidence-based practice in and of itself, also utilizes evidence-based practices in its programming, including Evidence Based Practices (EBP) screening and assessment of participants, trauma-informed treatment services, cognitive behavioral interventions, random and frequent toxicology testing, a specialized probation officer, case managers, employment skills, education referrals and supports, and life skills services.

C. Evidence Based Practices

In order to reach these goals and objectives, WCMHC uses a variety of evidence-based practices (EBP’s) to support all services and programs. These include, inpatient treatment, intensive outpatient, outpatient and extended care residential services, Oxford Houses with recovery coaching, and sober living houses.

WCMHC also uses Moral Reconciliation Therapy, a program that seeks to rehabilitate the cognitive and behavioral processes of criminals. It seeks to reduce recidivism by giving clients a stronger sense of morality. It is a system set up to challenge the criminal thought processes and to get criminals to see new ways of interacting with their environments.

Thinking for a Change curriculum is a program that seeks to reduce criminal thinking. The program focuses on cognitive restructuring, interpersonal skills, and problem solving skills.

The ARA measures a client's risk of recidivism and uses offender attributes and behaviors to predict outcomes. It helps determine treatment and supervision needs. Factors measured include criminal history, education, employment, financial history, family history, and substance use.

Texas Christian University (TCU) is a standardized screening tool used in adult criminal justice settings to facilitate clinical and diagnostic criteria for trauma related disorders as specified in the Diagnostic and Statistical Manual (DSM-5). This screening assists with identification of trauma related issues and readiness for treatment.

The Trauma Screening Questionnaire (TSQ) is a 10 item symptom screen to be used with all types of traumatic stress. Post-Traumatic Stress Disorder (PTSD) must be addressed for mental health and substance abuse. When PTSD is not recognized and addressed, relapse is inevitable.

Medication Assisted Treatment (MAT) refers to medication treatment for substance use disorders. This includes any pharmacologic intervention in conjunction with treatment. Medications may include Vivitrol, Campral, and Antabuse for alcohol addiction and Vivitrol, Suboxone, or Methadone for opioid addiction.

Risk and Needs Triage (RANT and RANT-Plus) is a computer based client risk/needs assessment. The computer generates a report sorting individuals into one of four quadrants of risk/needs; high risk, high needs, low risk, or low needs. The report will facilitate treatment for addiction, mental illness, chronic medical conditions, homelessness and chronic unemployment.

Cognitive Behavior Therapy (CBT) is a time-limited, problem solving oriented therapy. CBT is designed to teach specific skills to assist with distorted thinking and enable participants to alter or change beliefs that have created difficulties in life. CBT is effective for criminal thinking and addiction. CBT facilitates life changes that are positive and beneficial.

SCRAM is based on scientifically-proven continuous transdermal alcohol monitoring technology, the result of more than 70 years of research and 22 peer-reviewed studies. Some of these studies include those conducted by the: Traffic Injury Research Foundation (TIRF), University of Colorado Health Science Center, and Michigan Department of Corrections.

WCMHC selected this model based on research from the National Mental Health court Institute, Quality Improvement for Mental Health courts Monograph Series 9; know that the above listed elements provide the greatest opportunity for quality and success in treatment courts. Additional research from an evaluation study of Drug Treatment

Courts (*Belenko, 1998; 2001*) indicates that at least 75% of criminal court filings, including domestic and other civil court filings, are the product of substance abuse. This study indicates that from the earliest evaluations researchers have determined that treatment courts provide "closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in Mental Health court." In addition to promoting community safety, Mental Health courts are saving lives, restoring families and health, promoting employment and education.

D. The 12th Judicial Circuit Court

Thirty-eight judges serve in the 12th Judicial Circuit and administer the duties and responsibilities of the judicial branch of government. The Chief Judge is the administrative leader of the third branch of government and is primarily responsible for the oversight of WCMHC. The Presiding Judge of the Problem-Solving Courts Division, who currently is the WCMHC Judge, oversees the day-to-day operation of WCMHC, the data collection, reporting responsibilities, and grant administration duties. WCMHC receives funding from Will County and Adult Redeploy Illinois to meet its mission and serve Will County citizens.

E. Will County

Will County, covering 850 square miles, is part of the Chicago-Joliet-Naperville, IL-IN-WI Metropolitan Statistical Area. Will County is listed as one of the 100 largest counties by population in the nation and the 4th most populous county in Illinois. WC experienced a 42% population increase between 2000 and 2019, from 502,295 to 692,661. (Nielsen). The rapidly growing population and demographic changes in Will County in recent years has heightened the pressure on the Will County Mental Health court (WCDTC) to meet the challenges of the criminal justice and public safety needs.

F. WCMHC Partners

1. Will County Court Services Department

The Will County Court Services Department is responsible for the community-based supervision of persons in the criminal justice systems who are on pre-trial conditions of bond or who have been sentenced to court supervision, conditional discharge, or probation. Currently, two specially trained adult probation officers are assigned to WCMHC and supervise WCMHC participants to ensure their compliance with every aspect of their WCMHC contract, including compliance with all treatment and supervision requirements. The WCMHC Probation Officers work collaboratively with all team members, including the WCMHC Judge, and ensure that the entire WCMHC Team is informed of a participant's progress or issues in a timely manner.

2. Family Guidance

Family Guidance Centers, Inc. (FGC), a not-for-profit behavioral healthcare organization, treats and prevents substance use and mental health disorders, as well as an array of other related problems. Since 1969, FGC's comprehensive programming has educated and guided individuals toward their full potential as productive members within their own families and our society. FGC is one of the primary treatment providers. They offer a full spectrum of substance abuse treatment including medication assisted therapy. They provide substance abuse evaluations for WCMHC participants and are available for immediate access to care.

3. Woodridge Interventions

Woodridge Interventions is one of WCMHC's primary treatment providers. Will County Problem-Solving Courts have used the treatment services of Woodridge Interventions for over 12 years. When a representative is not able to attend staff meetings, a written report as to participants' progress is sent.

DASA licensed since 1999, Woodridge Interventions provides specialized inpatient substance abuse treatment services for males and females. Outpatient services are also available, including DUI services for both males and females. Highly structured programs include group and individual counseling that emphasize cognitive-behavioral techniques, life skills training, and 12-step principles. The programs offer a safe environment in which clients learn and practice sober living skills while examining their issues and barriers that brought them to treatment. The program places an emphasis on developing an individualized aftercare plan that is focused on meeting each client's specific relapse prevention and continuing care needs. Frequent trips to visit clients by the coordinator and case managers help monitor the quality and effectiveness of service delivery.

4. Stepping Stones

Stepping Stones is also one of WCMHC's primary treatment providers. It provides a continuum of alcohol, drug, and other related treatment and rehabilitation services. Will County specialty courts have used their services for over 12 years. When a representative is not able to attend staff meetings, a written report as to participants' progress is sent.

In 2019, Stepping Stones eligible programs received their eleventh consecutive three-year accreditation – a remarkable 33-year record of providing quality service. CARF is the "Commission on Accreditation of Rehabilitation Facilities." This group is a nonprofit accreditor of health and human services; its goal is to ensure that persons served are at the center of the service delivery process. By achieving accreditation, Stepping Stones has demonstrated that their organization is committed to reducing risk, addressing health and safety concerns, respecting cultural and individual preferences, and providing the best possible quality of care. Accreditation ensures they use evidenced based practices and monitor the quality and effectiveness of service delivery.

II. Eligibility Criteria, Exclusionary Criteria and Statement of Non-discrimination

A. Eligibility Criteria

The WCMHC target population is adult men and women (18 and older) who are defendants charged with a probationable offense. To be eligible for WCMHC, the individual must be diagnosed with a qualifying mental illness; be determined to have behavioral health treatment needs using evidence-based screening and assessment tools; reside in Will County*; be willing to voluntarily execute the Consent to Participate in the WCMHC program; must agree to stop all drug and alcohol use; must admit guilt or be found guilty; and be willing to engage in and comply with the treatment and supervision requirements of WCMHC.

*With the approval of the WCMHC Team, the residency requirement may be waived.

B. Exclusionary Criteria

Individuals who have been convicted of the following crimes within the past 10 years are excluded from eligibility: 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; and any offense involving the discharge of a firearm. Defendants currently charged with those offenses or any offense that is non-probationable where the prosecutor is unwilling to amend to a probationable offense are also excluded from eligibility.

C. Statement of Nondiscrimination

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 the program. The Mental Health Court 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.

Specific to this program, enhanced case management and treatment services have been designed to address the individual care needs of the participants. Program progress will be conveyed to the WCMHC Team by the treatment providers in a timely manner to allow the WCMHC Team to make modifications where necessary.

All community-based providers collaborating on this project have demonstrated histories in cultural-specific issues and have familiarity with the needs of offender populations and gender-and age-relevant treatment and recovery supports.

III. Referral, Assessment and Enrollment

If an individual is interested in entering the WCMHC program, he or she must fill out a referral form available in all courtrooms. Assistance is available for the illiterate. The application form, and the Consent for Disclosure, must be submitted 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 statutorily to enter the program. Anyone can make a referral to a problem-solving court, including but not limited to attorneys, probation officers, treatment providers, and family members.

Before any evaluations are administered, applicants are required to sign a confidentiality form. A probation officer promptly administers the Adult Risk Assessment (ARA) evidence-based screening tool to determine the individual's risk level and appropriateness for services through the WCMHC based upon risk of recidivism.

Following determination of risk, a comprehensive mental health assessment is completed, including a RANT (Risk and Needs Triage), an evidenced based screening tool, bio/psychosocial evaluation, cognitive capacity screening, PTSD and suicide screening and other tools is performed by a clinical case manager or mental health professional to assess mental health diagnoses and behavioral treatment needs. **All participants must agree to stop all drug and alcohol use.**

Treatment Provider makes recommendations for the level of treatment care using the American Society of Addiction Medicine (ASAM) dimensions. The mental health professional may also use the TCU Drug Screen V, The Simple Screening Instrument for AOD Abuse, Adverse Childhood Experience (ACE) Questionnaire, The PTSD Checklist for DSM-5, University Rhode Island Change Assessment Scale (URICA), The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), The Alcohol Use Disorders Identification Test (AUDIT), The Civilian Mississippi Scale, Alcohol Dependence Scale (ADS), Drug Abuse Screening Test DAST-10, The DRRI-2.

The findings from the legal screening, risk assessment tools, and clinical assessments are compiled and then discussed at the weekly WCMHC meeting. An individualized treatment plan is developed, collaboratively with the participant, by clinical staff 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, if accepted, 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.

If the participant is denied entrance into the program, he or she is sent back to their original court call for traditional case processing. When a person referred to WCMHC is found ineligible to enroll by the WCMHC team or a WCMHC participant is discharged from WCMHC, the WCMHC prosecutor shall delete or destroy the WCMHC participant's confidential information that was disseminated in conjunction with the person's referral to or participation in WCMHC.

IV. Participant Responsibilities and Handbook

A. Participant Responsibilities

Each participant must conform to the requirements of the Consent to Participate, the WCMHC handbook, and the requirements set forth in his or her individualized treatment plan as outlined in their WCMHC contract. Those responsibilities include attending court regularly, meeting with probation and clinical case manager as directed, complying with all psychiatric and psychological appointments and recommendations, engaging in individual therapy, complying with toxicology screening as directed, attending all screenings, assessments and treatment services as directed, participating appropriately in treatment groups, engaging in pro-social activities, including employment or education pursuits, if appropriate, following all directives of the court, and remaining drug and alcohol free. In WCMHC, one of the paramount requirements of each participant is to be honest with the WCMHC Team about compliance with treatment and supervision and to work with the team to deal with the difficult issues that mental illness presents so that appropriate treatment interventions and responses can be put in place and monitored.

B. Participant Handbook

Each participant will receive his/her copy of the WCMHC Handbook during court and sign a receipt acknowledging that he/she has received the WCMHC Handbook and it has been explained to him/her. It is also required that defense counsel will have reviewed and explained the WCMHC Handbook with a potential participant prior to enrolling him/her into WCMHC so that the potential participant is fully informed about the structure and requirements of WCMHC.

V. WCMHC Process and Schedule

A. WCMHC Process

WCMHC utilizes weekly team staffings with all WCMHC Team members present and participating and weekly court status hearings to monitor each participant's performance and progress in WCMHC. Written reports are discussed with WCMHC Team at staffing and the team also communicates in real time via secure e-mail to monitor and address emergent issues. Participants are addressed with the WCMHC Team's response to the progress that they have made or issues that have arisen between court dates by the WCMHC Judge and are given an opportunity to address the WCMHC Team in open court. Optimally, the WCMHC Judge will interact with the Participant for a minimum of 3 minutes. When the status hearing is concluded, the participant is given his/her next court date. Additional information about WCMHC processes are included in other sections of this WCMHC Policies and Procedures Manual and the WCMHC Handbook and are incorporated herein.

B. WCMHC Schedule

The WCMHC team meets on Tuesdays at 9:00 am to discuss the status of participants in both Track One and Two. Track One participants appear at 9:30am on Tuesdays, 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 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.

VI. WCMHC 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. The WCMHC Team consists of a dedicated judge, the problem-solving court coordinator, a dedicated prosecutor, a dedicated public defender, a dedicated probation officer, a mental health professional, treatment providers, clinical case managers and peer support specialists. Law enforcement is invited to attend. Team member descriptions and responsibilities are set forth as follows:

A. Judge

The WCMHC Judge 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 WCMHC 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) co-occurring disorders. The judge must be assigned to preside over the WCMHC for a minimum of two years.

B. Problem-Solving Courts 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, will participate in all court staffings and hearings.

C. 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, will participate in all court staffings and hearings.

D. Defense Counsel/Public Defender

The role of defense counsel in WCMHC is also very different from the traditional adversarial model in criminal court. In WCMHC, 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 Mental Health 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.

E. Probation Officer

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 will participate in all court staffings and hearings. 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 advocate for incentives, sanctions, and therapeutic adjustments. 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.

F. Mental Health Professional/Clinical Case Manager

The WCMHC Mental Health Professionals (MHP's) and Clinical Case Managers (CCM'S) are responsible for conducting mental health assessments on an as needed basis for the WCMHC 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 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 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. 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.

H. Treatment Providers

WCMHC 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 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.

VII. WCMHC Phases

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. To date, WCMHC has assisted many Participants to successfully complete the program and become contributing, productive members of our community. 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 requests
- 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 Group
- 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 pro-social activities
- Demonstrate changing people, places and things

- Maintain stable housing
- Establish employment/school/community service
- 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 pro-social 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 pro-social 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
- Minimum amount of time in phase V is 90 days

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 drug 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 and presented at staffing by a therapist, probation or case manager The WCMHC holds approximately three graduation ceremonies a year. Non-payment of fees will not prohibit a participant from graduating if they have completed all other program requirements.

VIII. Incentives, Sanctions, and Therapeutic Adjustments

Responses to a WCMHC participant's behavior shall be in accordance with Section 8.3 of the *Illinois Standards* and shall be predictable, fair, consistent, and without regard to a person's gender, race, nationality, ethnicity, limited English proficiency, disability, socio-economic status or sexual orientation. In WCMHC, incentives, sanctions, and therapeutic adjustments shall be administered to motivate a person to comply with WCMHC requirements and to effectuate the changes in thinking and behavior of a participant that are necessary to assist him/her to successfully achieve recovery and to comply with and successfully complete the program. The participant shall be advised by the WCMHC Judge at the time of execution of the Consent to Participate that the program incorporates incentives, sanctions, and therapeutic adjustments in response to a participant's progress or non-compliance with WCMHC goals and requirements.

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.

Examples of incentives, sanctions and therapeutic adjustments that may be imposed in WCVSC are:

Incentives:

Incentives include verbal affirmation, leaving court early, less frequent court appearances and/or mandatory 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 treatment and groups, attending all court status hearings, making progress in treatment, providing clean drug screens, gaining or maintaining employment, and education achievement.

Sanctions:

Sanctions WILL vary for each WCMHC participant and be individualized based upon treatment status, overall behavioral compliance and other issues. Sanctions may be imposed for each violation. Violations that may result in sanctions include but are not limited to: involvement in criminal conduct, 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 principles of fairness and neutrality after the participant is given an opportunity to be heard. Jail sanctions shall be imposed judiciously and sparingly. Unless a participant poses an immediate risk to public safety, jail sanctions shall be administered after less severe consequences have been ineffective at deterring infractions. Jail sanctions shall be definite in durations and typically last no more than three to five days. Participants shall be given access to counsel and a hearing if a jail sanction might be imposed because a significant liberty interest is at stake.

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.

IX. Drug and Alcohol Testing Protocol and Procedures

Will County Mental Health Court maintains a random, color-call-in system for WCMHC participant alcohol and drug testing. Participants are assigned to a color and are required to call in each day to check the color code. If their color is called, they are required to provide a sample pursuant to the recorded directions. In addition, Participants must drug test every time they are required to appear before the WCMHC judge. Participants may also be tested when reporting for a probation office visit or a meeting with their clinical case manager.

In accordance with best practices but subject to the availability of funds, WCMHC phase I and II clients are tested at least twice a week, and as participants progress through the program, they appear less often in court, and are therefore, tested less frequently. However, every participant is still held accountable to the color call-in system and random drug testing administered by case managers and probation officers.

Positive drug/alcohol screen results, failing to provide a random drug/alcohol screen as directed, or diluting, altering, or attempting to adulterate urine specimens, or any type of tampering (e.g. bringing in someone else’s urine) are violations of the WCMHC program and may result in the imposition of a WCMHC sanction.

X. Program Outcomes

In accordance with Section 9 of the *Illinois Standards*, a participant may be discharged from WCMHC in one of four ways: successful discharge, neutral discharge, unsuccessful discharge, or voluntary withdrawal.

A. Successful Discharge

A Participant is eligible for successful discharge from the WCMHC Program when he/she completes all of the program requirements. If completion of the program occurs, the participant will be able to attend a Mental Health Court graduation ceremony. In most cases, the State will agree to drop the Participant's charges or declare their time spent in WCMHC as time served.

B. 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 WCARI. Upon collaboration from the WCMHC Team the WCMHC Judge can enter an order permitting a neutral discharge from the WCMHC Program.

C. Unsuccessful Discharge

A participant who is in violation of WCMHC Program requirements may be unsuccessfully discharged from the WCMHC Program. The WCMHC Team is committed to offering the full continuum of treatment services to all WCMHC participants with the goal of helping them achieve and maintain recovery, but on occasion a participant is not able to do so. There are also instances where WCMHC Participants may re-offend or commit other serious violations of WCMHC Program requirements, and the WCMHC Team may consider unsuccessfully discharging the participant from the program.

Prior to unsuccessful discharge from WCMHC, a participant shall be served with a petition to terminate the participant from WCMHC or to revoke the participant's probation. The petition shall set forth the alleged violations of WCMHC Program and/or probation requirements and the relief sought. The WCMHC Judge must ensure that all participants who become subject to proceedings that could result in unsuccessful discharge from WCMHC are advised of and accorded the rights set forth in Supreme Court Rule 402A. Those rights include being advised of the specific allegations in the petition, the right to a hearing with defense counsel present and the right to appointed counsel, the right to confront and cross-examine the adverse witnesses, the right to present witnesses and evidence on his/her behalf, the right to require the State prove a violation by a preponderance of the evidence, the right to be

advised of the sentencing range, and the right to substitution of judge. Once a petition is filed, in order for the WCMHC Judge to continue to participate in team staffings, the Participant must first be given Supreme Court Rule 402(d), (e), and (f) admonitions and after being admonished, affirmatively consent to the WCMHC Judge being included in team staffing discussions. The WCMHC Judge cannot consider anything learned through WCMHC staffings, status review hearings, or otherwise when determining whether or not a participant should be removed from the program in a hearing. The WCMHC Judge should disqualify himself or herself in a proceeding on a petition to terminate a participant from WCMHC or to revoke probation under the circumstances listed in Supreme Court Rule 63C. Unsuccessful discharge can occur as part of a plea agreement or as a sentencing outcome after hearing on the petition.

D. Voluntary Withdrawal

A participant shall have the right to withdraw from WCMHC since it is a voluntary program, but withdrawal may be subject to consequences. If a participant requests to withdraw, the WCMHC Judge shall ensure that the participant has the right to consult with defense counsel, and that the withdrawal is made voluntarily and knowingly in open court. The WCMHC Judge shall ensure that the participant is admonished as to the consequences, actual or potential, which may result from the withdrawal. The consequences that could be imposed must be consistent with the participant's status and terms of probation, are to be discussed by the WCMHC Team at a staffing on the issue of voluntary withdrawal, and finally determined by the WCMHC Judge who thereafter explains the consequences to the participant in open court prior to the WCMHC Judge allowing the participant to withdraw.

XI. Confidentiality

Information regarding a participant's health and treatment status is highly confidential as set forth in Section 7.4 of the *Illinois Standards* and this confidentiality is protected by federal and state laws and regulations. The WCMHC team and treatment providers strictly observe the requirements of all applicable laws and regulations. To protect confidentiality, WCMHC utilizes the Assessment Release to facilitate the assessment and discussion of an individual's eligibility to participate. The Consent to Participate that the participant signs acknowledges the possible dissemination of protected information through his/her participation in WCMHC and requires that the participant execute any release of information forms that are needed by probation, treatment providers, and collateral sources in order to facilitate the sharing of confidential information about the participant in a lawful manner. All communication among the WCMHC Team about a participant is required to be done in a manner to keep the individual's identity confidential. From time to time, collateral sources of information may volunteer information to the WCMHC team about a participant, but a properly executed release of information from the participant to a collateral source is always obtained prior to WCMHC contacting or sharing any information with a collateral source. Information obtained by the WCMHC Team pursuant to a release or consent shall not be disclosed outside of WCMHC. Information obtained is for WCMHC purposes only. 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 Problem-Solving 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.

XII. Post-Program Aftercare

Each Participant who is exiting the WCMHC program shall be assessed for all post-program treatment or services needs and will discuss their discharge plan with their case manager or probation officer prior to exiting WCMHC. This is to ensure that every Participant is linked to needed services as indicated by the assessment so that they can continue to have support as they continue to manage their mental illness, and if applicable, manage their additions living drug free lives.

XIII. Program Reviews

WCMHC is committed to operating based on the latest research and best practices in Problem-Solving Courts. As such, WCMHC will conduct internal reviews on an annual basis utilizing an internal Self-Assessment Tool that will identify deficiencies. Once any deficiencies are identified, the WCMHC team will meet to develop a plan to correct them.

An external operational review of the program will be conducted by a local University at least every five years. This will ensure adherence to best practices and monitor participant outcomes.

XIV. Ex Parte Communication

It is the policy of the Problem Solving Courts to conduct court team relationships and meetings, and court proceedings in compliance with the Code of Judicial Conduct regarding ex parte communications. Therefore, attorneys, parties, witnesses, court employees, service providers and agencies are prohibited from initiating or requesting unscheduled substantive ex parte communication with the judge outside the presence of the State's Attorney and the defendant or a legal representative thereof.

The team will avoid ex parte communication, including with private attorneys outside of staffing and court. The team would either reconvene if necessary or at a minimum an email would go out to the entire team.