

*Mental*  
*Health*  
*Court*  
*Handbook*

## **Introduction/Eligibility**

The 8<sup>th</sup> Circuit Court Mental Health Court is for people who have been convicted of a crime and have mental health issues suggesting a need for comprehensive supervision and/or expanded services. The Criteria for participation in the Mental Health Court requires that the defendant must have a mental illness diagnosis (Axis I Clinical Disorder) and be a person requiring treatment, as defined by MCL 330.1400 and 1401; or an Axis II personality disorder or mental retardation.

Unless agreed by the parties, the court does not get involved unless and until a defendant is convicted by trial or plea of a criminal offense. All pre-conviction proceedings remain as otherwise required by statute, case law or Supreme Court directive; and during the Mental Health Court process the people and defendants retain all rights allowed under state and federal law. Defendants who are accepted into the Mental Health Court will be assigned an attorney.

As a person whose problems may stem from mental health issues, this program is especially for you. As you enter this supervised treatment program, you will need to be motivated toward seeking a healthier lifestyle and the appropriate treatment for your illness. This program is accessible regardless of race, religion, sex, gender status, ethnic origin, sexual orientation, marital status, age or physical disability.

### **Purpose**

The Mental Health Court program has been developed to help you achieve stability in your life. The program is designed to promote self-sufficiency and to return you to the community as a productive and responsible citizen.

### **Residence**

You must be a resident of Ionia or Montcalm County to participate in this program; residency in contiguous counties will be considered on a case by case basis. You must live in a residence, adult foster care facility or other residential placement facility which has been approved by your field agent; and be responsible for the cost of your placement. The goal of any placement in a residential facility is to prepare you for independent living.

### **Financial Obligations**

Treatment and medical costs will vary depending on your ability to pay and the agency providing services. Fines, costs, restitution and fees are paid through a payment plan or, if allowed by the court, by doing community service.

### **Treatment**

Mental Health Court participants must have a mental health screening before entering the program. A substance abuse assessment may also be ordered by the court. These assessments will determine if you are eligible for the program and what type(s) of treatment you will require. You **MUST** attend all of the required counseling appointments and take medications as they are prescribed to you. The court will be communicating on a regular basis with your treatment providers to discuss progress and attendance. The Court may order a change in your treatment based on the Mental Health Court's Treatment Team recommendations. As directed by your field agent, you must meet with Ionia County Community Mental Health/Montcalm Center for Behavioral Health for mental health treatment and monitoring of your medication and participation in any additional treatment.

## **The Mental Health Court Team**

The Mental Health Court Team consists of the Judge, Prosecutor, your Attorney, Probation Officer, Community Mental Health/Behavioral Health, Public Health, Department of Human Services and other Agency representatives, Treatment Providers, Community Volunteers and **YOU**. You are the main player. The rest of the team is here to support you. Each case is reviewed by the team prior to your court appearances (Review Hearings). The team will determine what rewards, sanctions, or adjustments may be appropriate for your case.

### **Confidentiality**

You will be required to sign a release of information which allows your treatment provider(s) to give information to the Mental Health Court Team. Your privacy is respected and the Team will make every effort to protect your identity.

Mental Health Court Team members will have regular contact with your treatment providers to discuss your progress and compliance. Please be advised of this lack of confidentiality. This open communication allows you to receive effective and consistent guidance.

We encourage mutual respect amongst all Mental Health Court Members. Discretion is important to maintain the integrity and safety of the group. Personal issues discussed within the Mental Health Court groups and Hearings should be kept private.

### **Court Appearances/Review Hearings**

Participants in the Mental Health Court must attend Review Hearings as directed by the court. The Mental Health Court Team will be in attendance at all of the Review Hearings. You are encouraged to invite family and friends to attend these hearings as you see fit. At these hearings, the Judge will review your progress with you.

### **Report Days**

Participants in the Mental Health Court are expected to report to Probation on the assigned day and time. You must bring any treatment, testing, employment, residence, community service, or self-help verification that is requested by the Probation Officer. If you have changes in your life, such as address, roommates, employment, medication, etc., you need to inform your Probation Officer at report.

### **Employment and/or Education**

You may be required to obtain/maintain employment or enroll in an educational program to the best of your ability. You may also be required to perform community service to the best of your ability while in the program.

### **PBT's and Urine Screens**

You cannot use or possess alcohol or any controlled substance or substance for hallucinatory purposes without a court order. You may be required to submit to PBT's and/or urine screens while in this program. All urine screens will be conducted in the probation office. If you are ordered to take a urine screen, you must not alter the sample. Any altered samples or dilute samples will be considered positive. If you do not understand what a dilute sample is, contact your Probation Officer. The issue of a missed PBT or urine screen will be addressed at the next review hearing. A positive PBT or urine screen could result in immediate jail.

REMEMBER, we are here to assist you. Staying drug and/or alcohol free plays a major role in your continued success.

### **Incentives/Sanctions/Program Adjustments**

During your term of probation, the Mental Health Court Team may reward your progress in the program by giving incentives. Some options available include: reduced court appearances, reduced substance screenings, reduced AA/NA meetings, reduced level of supervision.

If you are not making adequate progress in the program, the Team may apply a sanction or “reaction” in order to help you learn through appropriate consequences. Some options available include: increased AA/NA meetings, increased substance screenings, community service hours, increased supervision level, tether, SCRAM/Sobriety, jail time or termination from the program.

The Team may also make adjustments to your Individual Probation Order as deemed necessary through out the term of probation.

### **Unsuccessful Discharge**

You may be discharged from the program at any time for either failing to comply with program rules, committing another crime (case by case basis), threats to public safety, or voluntarily requesting to be released from the program. If you are terminated from Mental Health Court, you will appear before the judge and face a formal probation violation.

### **Graduation**

You will be eligible for graduation from this program when the Team has determined that you have been successful in reaching your treatment and probation goals. You will be in the program 12 – 60 months depending on your progress. In order to graduate, you must accomplish the following:

- 1) Mental Health stability.
- 2) Responsible medication management.
- 3) Compliance and progress in all treatment programs.
- 4) Regular 12-step meeting attendance (when applicable).
- 5) Payment of fines, costs, restitution and treatment fees.
- 6) Complete all terms of your Individual Probation Order.

At graduation, your family, friends, employers, counselors and sponsor are welcome to come to court and share in this joyous and life-affirming occasion.

### **Conclusion**

We hope this handbook is helpful in answering most of your questions. As a member of the Mental Health Court, please feel free to contact Team members as you work the program toward your better health.

**08<sup>th</sup> CIRCUIT COURT MENTAL HEALTH COURT  
AGREEMENT AND WAIVER OF RIGHTS**

Name \_\_\_\_\_

Case # \_\_\_\_\_

I must live in a residence, adult foster care home or other residential placement in Ionia/Montcalm County that has been approved by my Probation Officer. I am responsible for the cost of my placement and I agree to keep the court, and the treatment providers, informed of my current address, living situation and phone number.

I shall submit to testing for alcohol or other controlled substances at the request of a probation, police or court officer. I shall not submit or attempt to submit any fraudulent or altered urine screen for testing or hinder, obstruct, tamper, or otherwise interfere with the testing procedures. A dilute urine screen will be considered positive.

I will fully participate in all programs with no unexcused absences. I understand that my Probation Officer must excuse any absences. I understand that my treatment plan may be changed at the discretion of the Mental Health Court Team.

I will pay all fees and fines as directed by the court.

I understand that failure to participate, failure to take my medications as directed, failure to appear for appointments or court dates, positive alcohol or drug tests and general failure to comply with the rules of this program will result in sanctions being applied to me. This may include jail time or dismissal from this program.

I understand that any attempt to turn in a false verification sheet (Counseling, AA, Medication and/or Community Service) may result in termination from the Mental Health Court program.

I will sign a consent form waiving confidentiality of any medical, mental health and substance abuse treatment or social service records for the purpose of helping the Mental Health Court Team create a program that is right for me. If I withdraw consent, I understand I will be terminated from the Mental Health Court program.

I understand that I will meet in person with my Probation Officer or Case Manager whenever requested to do so.

I will not use or possess any alcohol or illegal drugs. If I use any prescription medication, I will notify my Probation Officer and treatment providers as soon as possible. I agree that I will not enter any bars or casinos while I am in this program.

I understand that I may not own or possess any firearms while I am participating in this program.

I understand that I am waiving my rights to privacy and that I allow the Probation Officer and any Police Officer the right to make random home visits and search my person and my residence.

I understand the Mental Health Court Team consists of staff from Ionia/Montcalm County, Circuit Court Judge, Community Mental Health/Center for Behavioral Health, Department of Human Services, Sheriff Department, Prosecutor's Office, Circuit Court Probation, attorneys and volunteers.

I have had the Mental Health Court program explained to me. I fully understand this contract and voluntarily agree to the terms of this program. I have also read the handbook and understand what this program involves. I understand that failure to comply with any of the terms of the Mental Health Court may result in my immediate arrest and termination from the program.

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

\_\_\_\_\_  
Signature of MHC participant

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

\_\_\_\_\_  
Witness