

# First District Mental Health Court

## ORIENTATION TO PROGRAM ADVANCEMENT

The following outline is designed to address 4 measures of success applicable to mental health court program advancement. Program participants as well mental health court personnel need some defined parameters from which to measure individual motivation beyond simply the duration of time, which alone does not provide any qualitative indication of success. The measures described below help provide a more concrete and logical link to program advancement thereby minimizing the degree to which the program is either perceived abstractly and/or applied arbitrarily.

### 1. Measure 1: Duration in the program

As program participants vary in class and degree of offense as well as in functional level and treatment compliance at the time of acceptance into the program, participants may enter the program at an advanced level or be allowed to proceed through the designated program levels at an accelerated pace at the discretion of the court. However, advanced program placement is usually an exception and not the general rule for most participants. The maximum duration of the court program is also determined on a case-by-case basis; however, we should probably set some minimum duration with respect to program advancement. Possibilities include:

- a. \_\_\_ 90 to 120 days (3 to 4 months) minimum before advancement to Phase II.
- b. \_\_\_ 180 to 240 days (6 to 8 months) minimum before advancement to Phase III.
- c. \_\_\_ 300 days (10 months) minimum before advancement to Phase IV.
- d. \_\_\_ 480 days (16 months) minimum before consideration for program graduation.

### 2. Measure 2: Adherence to clinical requirements

The clinical requirements of the mental health court program pertain to the mental health services prescribed in the defendant's treatment plan. These services are rehabilitative in nature and considered medically necessary for the defendant's mental health recovery, which constitutes (1) a maximum reduction of mental disability, and (2) restoration of the individual to his or her best possible functional level. It is important therefore that prior to a level advancement we make some assessment of the individual's engagement and participation with their prescribed clinical service plan. This assessment may include any or all of the following components:

a. Level of participation

- \_\_\_ Active (Attends to clinical activities and readily participates without prompting)
- \_\_\_ Passive (Attends to clinical activities but does not participate without prompting)
- \_\_\_ Resistive (Infrequent attendance and/or minimal participation in clinical activities)

b. Rate of participation

- \_\_\_ High (90 – 100% compliance with scheduled appointments/prescribed services)
- \_\_\_ Moderate (75 – 89% compliance with scheduled appointments/prescribed services)
- \_\_\_ Low (Less than 75% compliance with scheduled appointments/prescribed services)

c. Attitude of participation

The attitudinal dimension reflects the participant's overall demeanor relative to the acceptance of mental health treatment and their engagement, interaction, and interdependent activity in the development of their treatment plan and working relationship with their treatment team. Attitudinal dimensions include:

- \_\_\_ Generally cooperative and appropriately engaged in the treatment relationship
- \_\_\_ Occasionally uncooperative and conflicted in the treatment relationship
- \_\_\_ Frequently difficult, argumentative, and abusive in the treatment relationship

d. Completion of prescribed clinical curriculums

A variety of clinical curriculums are in the process of development that can be tailored to the mentally ill offender. As these are developed, defendants may be required to enter and complete a program, or program module, before they can be considered for advancement.

- \_\_\_ DBT curriculum

- \_\_\_ Moral Reconciliation curriculum
- \_\_\_ Transtheoretical curriculum (Stages of Change program)
- \_\_\_ Stress–vulnerability curriculum (Protective Skills program)
- \_\_\_ Functional living skills curriculum
- \_\_\_ Functional coping skills curriculum
- \_\_\_ Recovery skills curriculum I
- \_\_\_ Recovery skills curriculum II

### **3. Measure 3: Adherence to adjunct treatment requirements**

Adjunct treatment requirements include substance abuse and other clinical services outside the scope of Bear River Mental Health. These may include:

- \_\_\_ Substance abuse counseling through Bear River Drug and Alcohol
- \_\_\_ Compliance with AA meeting attendance
- \_\_\_ Compliance with NA meeting attendance

### **4. Measure 4: Adherence to adjunct judicial requirements**

The adjunct judicial program requirements include everything outside of, and in addition to, the clinical service aspects of the mental health court. These may include such things as:

- \_\_\_ Consistent court appearances (no unexcused absences)
- \_\_\_ Completion of community service assignment(s)
- \_\_\_ Compliance with Clubhouse program participation
- \_\_\_ Compliance with employment expectations
- \_\_\_ Compliance with educational expectations
- \_\_\_ Compliance with fiscal management expectations (payee services/education, etc.)

- \_\_\_ Compliance with random drug testing
- \_\_\_ No positives on random drug testing
- \_\_\_ Compliance with fines and cost/payment responsibilities
- \_\_\_ Compliance with AP&P scheduled appointments
- \_\_\_ Completion of additional court assignment(s)
- \_\_\_ Adherence to court imposed limits, time-frames, and structure
- \_\_\_ Maintenance of a stable drug-free residence
- \_\_\_ Compliance with residential/housing agreements
- \_\_\_ No weapons possession
- \_\_\_ No additional violations/offenses/criminal conduct

The above outline merely represents a variety of possibilities the mental health court steering committee may consider as it determines, on a case-by-case basis, the appropriateness of program advancement for any particular defendant.