

FIRST DISTRICT MENTAL HEALTH COURT PROGRAM GUIDEBOOK



PARTICIPANT EDITION

Revised – January, 2013

MISSION STATEMENT

The mission of the FIRST DISTRICT MENTAL HEALTH COURT (MHC) is to assist eligible mentally ill offenders to achieve long-term personal and community stability through an integrated continuum of mental health care in partnership with criminal justice. The goal of the mental health court is to reduce unnecessary incarceration, alcohol and drug abuse, and dependency among mentally ill offenders, to hold offenders accountable, to reduce recidivism, and to promote effective interaction and use of resources among the courts, justice system personnel and community agencies.

INTRODUCTION

Welcome to the First District Mental Health Court (MHC). This guidebook is designed to answer basic questions, address common concerns, and provide overall information* about the structure and function of the MHC program.

All participants in the program will be expected to follow any instructions given by the judge and probation officer during the course of their participation, as well as comply with their mental health treatment plan. The mental health treatment plan is intended as a person-centered and client driven approach to mental health recovery and is a vital part of the mental health court program. Participants are encouraged to take an active part in the development of this plan and to work closely with treatment providers in achieving individual recovery goals and objectives.

This guidebook also provides information about what is expected in each phase of the program, as well as a review of general information about program referral, eligibility, advancement, and graduation.

* NOTE THAT ANY INFORMATION CONTAINED IN THIS GUIDEBOOK IS SUBJECT TO CHANGE AT THE DISCRETION OF THE COURT.

TABLE OF CONTENTS

ABOUT MENTAL HEALTH COURTS GENERALLY	4
ABOUT THE FIRST DISTRICT MENTAL HEALTH COURT	4
MENTAL HEALTH COURT COMMITTEE.....	5
ELIGIBILITY	5
EXCLUSIONS	6
REFERRAL.....	7
PLEA AND SENTENCING	7
MENTAL HEALTH TREATMENT	7
PROGRAM SUPPORT.....	8
SUBSTANCE ABUSE TREATMENT	8
MENTAL HEALTH COURT AGREEMENT.....	8
CONFIDENTIALITY	9
DATA COLLECTION.....	9
STATUS HEARINGS.....	9
GENERAL PROGRAM RULES	10
SANCTIONS	10
PROGRAM PHASES	11
PROGRAM MENTORING AND PEER SUPPORT.....	16
PROGRAM ADVANCEMENT.....	17
GOAL SETTING AND MHC ADVANCEMENT	18
COMMON QUESTIONS.....	18
DRESS CODE.....	21
COURT ROOM BEHAVIOR.....	21
GRADUATION REQUIREMENTS.....	22
CONCLUSION.....	23

ABOUT MENTAL HEALTH COURTS GENERALLY

Since 1989, specialty or problem-solving courts have been emerging across the nation in efforts to improve the response to people with mental illnesses in the criminal justice system. These programs are designed to work with certain offenders with mental illnesses outside of correctional facilities in favor of outpatient treatment and intensive court monitoring. Mental health courts are created in part to study the role of law as a therapeutic agent, and as interception and diversion systems designed to reduce public cost while ensuring public safety.

ABOUT THE FIRST DISTRICT MENTAL HEALTH COURT

The First District Mental Health Court (MHC) program began in 2009 and is organized as a partnership between the criminal justice and public mental health systems. The program represents an opportunity for eligible defendants who are seriously mentally ill, to resolve their criminal charges while working toward mental health recovery.

The program, consisting of four phases, involves intensive mental health services, frequent court appearances, consistent contact with Adult Probation and Parole (AP&P) or other probation entity, substance use/abuse treatment for those with co-occurring substance related disorders or substance related offenses, random drug testing, and other psychosocial and/or health and wellness training and education.

The duration of the program is generally 15 to 18 months, although if new charges are incurred and/or there is a loss of program level, the duration may be longer.

Advancement from one phase to the next will depend upon at least four measures of success, which include (but are not limited to):

- (1) Program duration,
- (2) Successful adherence to clinical requirements (i.e., keeping scheduled appointments, taking medications as prescribed, active participation in treatment, etc.),
- (3) Successful adherence to additional treatment requirements (i.e., drug and alcohol services, AA, NA, etc.), and

- (4) Successful adherence to judicial requirements (employment, community service, curfew restrictions, treatment participation, completion of special judicial assignments, etc.).

The first three phases of the program have a minimum duration of three months each before participants may be considered for advancement. Upon successful completion of the first three phases, participants will enter phase IV which has a minimum duration of six months. Phase IV is designed as the phase of program disengagement and preparation for sustained success independent of intensive court monitoring and reporting.

The court will make every effort to help individuals succeed; however, participants may be terminated from the program for consistent problems of non-compliance and/or repetition of criminal conduct.

MENTAL HEALTH COURT COMMITTEE

A Mental Health Court Committee is organized which includes members from the District Court, Bear River Mental Health, Bear River Drug and Alcohol, NAMI, AP&P, Cache County Sheriffs Department, Logan City Police, Cache County Attorney's office, and the Public Defender's office.

This group is charged with the responsibilities of program oversight, review of referrals and determination of program eligibility, as well as program coordination. The committee meets weekly prior to each status hearing.

ELIGIBILITY

To be eligible to participate in the mental health court program, candidates must:

- ***Have the capacity to manage the MHC program structure:***

Participants must be able to adequately read, write and comprehend detailed information as well as fully participate in mental health treatments that require insight and basic problem solving skills. The program cannot accept individuals with serious developmental disabilities, mental retardation, or other disorders that interfere with memory, orientation and judgment (i.e., dementia, etc.).

- ***Have a serious and persistent mental health condition:***

The candidate must qualify as serious and persistently mentally ill (SPMI) as determined through the Utah State SPMI scale and must carry a current diagnosis of schizophrenia, schizoaffective disorder (or other psychotic disorder), or Bipolar Disorder (typically Bipolar I) as the primary diagnosis. Eligibility in this area is established through a mental health assessment (usually conducted by Bear River Mental Health). If not currently an active client of Bear River Mental Health (BRMH), program candidates must schedule and complete a mental health assessment appointment with BRMH. If incarcerated at the time of referral, BRMH will arrange for a mental health evaluation in the jail.

Diagnosis alone does not guarantee acceptance into the program. Other factors of eligibility may include (but are not limited to), the degree and nature of the criminal offense, criminal history, mental health treatment history, substance use/abuse history, criminal personality characteristics, patterns of association, motivation, etc.

Be determined legally eligible to participate:

Generally, the court will accept misdemeanor and felony offenses, although class C misdemeanors in most cases, given the minimal degree of legal penalty, may be excluded. Sole DUI, felony DUI, and other related substance abuse offenses that fall within the jurisdiction of the local drug court may also be grounds for exclusion. The County Attorney's office determines legal eligibility.

EXCLUSIONS

- **Violent Offenses:**

Besides the exclusions identified above, defendants may be ineligible for participation if they are considered a "habitual violent offender" or have been charged and/or convicted of a "violent felony" as defined under Utah Code 76-3-203.5. If there is a history of violent offense or the MHC candidate is currently charged with a violent felony, at the discretion of the MHC committee, a thorough review of the facts of each case will be conducted and a determination made regarding the candidate's eligibility to participate in the program.

- **Sexual Offenses:**

Any history or current charge of a sexual offense is a categorical exclusion from participation in the mental health court program.

REFERRAL

Access to the MHC program must begin with a referral. Referrals are usually made by District Court Judges, the County Attorney or the candidate's defense attorney; although in some cases referrals may come from Municipal Court Judges or city prosecutors. Referrals are not accepted from the general public.

Defendants accepted into the program must complete three observation hearings prior to entry into the formal phases of the program. During this period of observation the proposed participant will have the opportunity to receive program information and see how the court hearing is conducted. The decision to participate is voluntary.

PLEA AND SENTENCING

Program acceptance requires entering a plea of guilty, which can happen three different ways:

- (1) The defendant's plea may be held in "abeyance" meaning that a judgment of conviction and sentencing is postponed upon condition of compliance with MHC requirements; thereafter, the charges (information) will be dismissed.
- (2) The defendant pleads guilty "straight up" with no plea in abeyance and is then sentenced into MHC as a condition of probation.
- (3) Another approach is used when it is decided that all or some of the charges need to stay on the defendant's criminal record. In these situations, a Mental Health Court Agreement is entered whereby some charges may be held in abeyance and subsequently dismissed, some charges may be pled to "straight up" with sentencing into MHC, and other charges may be reduced in severity upon successful completion of the program.

A withdrawal of a plea is not allowed if one terminates or voluntarily opts out of the MHC program. In each case, the County Attorney must approve and recommend any entry to MHC, and any step reduction or case dismissal.

MENTAL HEALTH TREATMENT

Acceptance into the program requires participation in mental health treatment. The MHC treatment provider is Bear River Mental Health Services (BRMH). BRMH represents the

County Local Mental Health Authority and is also the area's mental health provider for Medicaid. In some rare cases a participant may be permitted to continue receiving mental health services from a current provider. However, as there are some program requirements for participation in specific psychosocial treatment groups provided by BRMH, any participant permitted to see a non-BRMH provider will also have to enroll as an active client of BRMH. In addition, any private provider seeing a MHC client will be required to submit a monthly (or as specified by the court) report of progress to BRMH.

Mental health treatment is not without cost unless the participant is eligible for Medicaid. Otherwise, participants are responsible for the cost of services (including the cost of medications), however, non-Medicaid participants may qualify for an income-based sliding-fee.

PROGRAM SUPPORT

- National Alliance on Mental Illness (NAMI):

NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI Utah is an affiliate of the national organization and is an allied support service utilized by the MHC program. NAMI Utah offers a variety of resources designed to bring together people who live with the challenges of mental illness to empower individuals and families with the tools to build bridges of mental health recovery.

SUBSTANCE ABUSE TREATMENT

It is not uncommon for mental health court participants to have co-occurring substance use issues. Program participants with substance related criminal charges, and/or a co-occurring substance use disorder will be required to participate in substance abuse assessment and treatment. Bear River Drug and Alcohol (BRDA), as part of the local health department, is the substance abuse treatment provider for the MHC.

MENTAL HEALTH COURT AGREEMENT

Prior to entry into the MHC program, participants are required to sign a Mental Health Court Agreement. This agreement outlines the basic intent of the program as well as specific expectations required of all program participants. The MHC agreement documents the participant's voluntary consent for participation and serves as the basic contract with the specialty court.

CONFIDENTIALITY

Each participant must sign an Authorization for Disclosure. This document authorizes the disclosure of mental health and substance abuse assessment, history, treatment, and other health care information subject to Federal and State privacy rules. As the program involves a MHC committee with representatives from the court and other entities, the ability to share health care information is critical to the operation and success of the program. Refusal to sign an authorization for disclosure will prohibit program participation. However, health care information obtained and utilized by the MHC team is considered confidential.

DATA COLLECTION

The MHC has a collaborative relationship with Utah State University's social work department who are participating as the program's research and evaluation team. A limited amount of research has been conducted nationally concerning mental health courts; however, outcome data can be of enormous value in demonstrating program effectiveness.

Therefore, the MHC will collect both baseline and follow-up (monthly) data regarding criminal history, demographics, treatment participation, and program statistics useful in conducting MHC outcome studies. MHC data collection and analysis must also adhere to federal privacy rules governing the use and disclosure of protected health care information for research purposes.

STATUS HEARINGS

MHC participants are scheduled for court appearances more often than defendants in other criminal courts. Each participant on the court docket for the week appears and personally reports to the Judge about their progress.

The frequency of court hearings are scheduled depending on program phase. The status hearing provides an opportunity for the Judge to talk to participants about overall program participation, compliance with court assignments, adherence to scheduled treatment appointments, conditions of probation, and overall functioning.

ROLL CALL

A "roll call" of defendants is conducted when the formal court status hearing will not be held for some reason for two consecutive weeks. The roll call is conducted by a member of the mental health court steering committee (usually the MHC probation officer). The roll call is

conducted at the district court either in the courtroom itself or in an adjacent conference room or other court location so as to maintain the formality of the reporting process.

GENERAL PROGRAM RULES

MHC participants are expected to adhere to the following general rules of conduct:

- Attend all scheduled treatment sessions on time. Participants who no-show or cancel treatment appointments or are habitually late may be subject to court sanction.
- Take all medications for medical and mental health treatment strictly as prescribed. Any change in medication or medication dose or schedule must be prescribed by the participant's health care provider.
- Avoid any threatening, intimidating or violent behavior.
- Appear for all court hearings as scheduled. Failure to appear will usually result in the issue of a bench warrant.
- Abstain from the use of alcohol and illicit drugs.
- Submit for drug testing as directed by the court or MHC Probation Officer. Participants may be periodically or randomly tested at any time throughout the duration of the program. Failure to report for a drug test, appearing late for a test, and/or altering a specimen, will be considered a violation of the MHC agreement.
- Maintain the privacy of other MHC participants.
- Avoid romantic and/or physical relationships with other participants.
- Disclose substance use/abuse information to all health care providers seen for any reason.
- Request medication treatment with non-narcotic chemical agents when possible.
- Obtain approval from your prescriber prior to taking for any over-the counter medication other than aspirin, acetaminophen, or ibuprofen.

SANCTIONS

MHC participants could receive sanctions for non-compliance with program requirements, which include (but are not limited to):

- Demotion to a lower program phase;
- Delayed advancement to the next program phase;
- Community service hours;
- More restrictive curfew;
- Additional court appearances;
- Additional probation contacts;
- Increased frequency of random drug testing;
- Monetary fines;
- Incarceration;
- Termination from the program.

PROGRAM PHASES

Behavior change is usually achieved in stages; therefore, the First District MHC attempts to use this method to structure the fulfillment of program objectives into a series of phases. Organizing the program this way makes it easier to gradually progress toward recovery.

The intent of designing the program into successive phases is consistent with the idea of a gradual but upward path toward program completion. Participants in each advancing phase should be able to demonstrate advanced levels of commitment and responsible activity toward personal recovery.

As each phase of the program is entered, the participant completes a program planning sheet that outlines for the court what the participant intends to do to address the issues of (1) treatment, (2) productivity, (3) socialization, and (4) education. In this way each participant begins to understand and experience the critical nature of planning, organization and goal setting for success that will be necessary in order to sustain progress beyond program graduation.

Phase I (Anticipation phase) – Three months minimum

Phase I represents the entry phase of the program in which the participant goes through the referral process, legal and clinical screening for program acceptance, becomes informed about program requirements, enters a plea agreement, completes a mental health court observation period, and develops and initiates an individualized plan for mental health recovery. This phase involves serious contemplation about personal change and preparation for commitment and action to alter patterns of self-defeating thought and behavior.

Phase I is the call to adventure so to speak, and departure on the quest to embrace legal responsibility and accountability, work through the trials of criminal justice, and move along the path of mental health recovery.

Phase I Expectations:

Each program phase has a standardized set of expectations required of each participant. Phase I, as the point of entry and anticipation of the rewards and challenges of program success, includes the following:

- Weekly court appearances or as otherwise scheduled by the court;
- Weekly contact with the MHC probation officer;
- Compliance with all mental health and substance abuse treatment plans and directives;
- Participation in group therapy (i.e., Dialectical Behavior Therapy) and/or psychosocial rehabilitation or Behavior Management groups (i.e., Recovery Skills Group) as recommended by the participant's treatment team or as directed by the court
- Weekly (or as prescribed) participation in substance abuse treatment (if participant has a dual diagnosis or substance use related charges);
- Weekly random drug tests (or as directed by the court, MHC probation officer, or treatment provider);
- Participation in a structured psychosocial program (i.e., Bear River House – Foundations, Gateway, or Transitions program) three (3) days per week

(unless otherwise employed or enrolled and participating in a school program);

- Completion of NAMI Bridges course;
- Completion of Functional Driving Examination (if prescribed psychotropic medications);
- Adherence to nightly curfew (i.e., in place of residence) of 9:00 p.m.

Phase II (Encounter phase) – Three months minimum

Phase II represents the encounter phase of the program in which participants demonstrate a higher level of commitment and motivation. In this phase, participants work closely with the mental health court and treatment team to refine their treatment goals and objectives and begin a more intensive level of group and individual psychosocial and functional skill development.

Through the development of maturity in functional living, which may include skills for effective behavior, interpersonal communication, medication management, goal setting, etc., the participant begins to refine the skill sets necessary for life and work toward enhanced community involvement and re-integration.

Phase II represents the work of preparation for personal change. This involves identifying and developing organized steps for personal recovery and development of objectives for education and possible employment. Preparation is a rehearsal for action as participants begin the process of substituting healthy activities for unhealthy ones, continuing to build confidence in decision-making, and looking more toward a successful future rather than focusing on a problematic past.

Phase II expectations:

- Court appearances every other week or as otherwise scheduled by the court;
- Contact with the MHC probation officer three times per month;
- Compliance with all mental health and substance abuse treatment plans and directives;

- Psychosocial rehabilitation (functional coping, stress–vulnerability, or Advanced Recovery Skills Group), or other curriculums, as recommended by the participant’s treatment coordinator or as directed by the court;
- Weekly (or as prescribed) participation in substance abuse treatment (if participant has a dual diagnosis or substance use related charges);
- Random drug tests twice per month (or as directed by the court, MHC probation officer or treatment provider);
- Attendance in a structured psychosocial program (i.e., Bear River House – Foundations, Gateway, or Transitions program) two (2) days per week (unless otherwise employed or enrolled and participating in a school program);
- Completion of Moral Reconciliation Therapy (MRT) group;
- Initiate Vocational Rehabilitation assessment for supported, supportive, or competitive work and/or school opportunities;
- Maintain functional driving restrictions as required by the Utah Department of Motor Vehicles;
- Completion of NAMI family to family course;
- Adherence to nightly curfew of 10:00 p.m.

Phase III (Transformation phase) – Three months minimum.

Transformation refers to full engagement and committed participation where participants begin to self-initiate program activity and engage in self-directed recovery. In this phase, the program participant undergoes the transformation of attitude, perspective, and motivation, necessary to move toward the intentional fulfillment of program requirements. Participants at this phase demonstrate greater contributions of thought, talent, creativity, and individuality in pursuit of self-determined success.

Finally, phase III represents the stage of action in modifying personal patterns of self-defeating behavior that have been contributing factors in criminal conduct. This

phase requires a greater commitment of time and energy and a greater demonstration of intent and activity dedicated to behavior change, community re-integration, and establishing and maintaining appropriate social, educational, vocational, as well as wellness oriented personal support systems.

Phase III Expectancies

- Court appearances every third week or as otherwise scheduled.
- Face-to-face contact with the MHC probation officer at least two (2) times per month or as otherwise directed by the probation officer.
- Compliance with all mental health and substance abuse treatment plans and directives as prescribed.
- Attendance in a structured psychosocial program (i.e., Bear River House – Foundations, Gateway, or Transitions program) two (1) day per week (unless otherwise employed or enrolled and participating in a school program);
- Participation in Stages of Change psychosocial rehabilitation group.
- Completion of additional NAMI courses as directed by the court.
- Adherence to curfew of 10:00 p.m. Sunday through Thursday and 11:00 p.m. Friday and Saturday.

Phase IV (Disengagement phase) six months minimum

Phase IV is a pre-graduation phase, where the participant must independently demonstrate a commitment to sustained behavior change prior to receiving an actual reduction or dismissal of charges. The process of disengagement also involves a return of community investment primarily through the activity of mentoring. Phase IV participants may work directly in peer support activities to assist other participants through the mental health court program.

In Phase IV the participant demonstrates a period of autonomy where there is less supervision and monitoring by the court and more expectation for independent self-

directed activity. Sustaining progress is the true measure of mental health court success which requires personal motivation to maintain the behavior changes and achieved during the course of the program and to continue in active mental health treatment without any micromanagement from the court.

Phase IV participants appear in court at three month intervals, at which time they report as to personal progress toward mental health recovery, achievements in productive activity (i.e., employment, education, community service, mentoring, peer support, etc.). At the successful conclusion of phase IV, a graduation ceremony is held and the participant formally exits the mental health court program.

Phase IV Expectations:

- Court appearance at three months;
- Face-to-face contact with probation officer once per month;
- Continued compliance with all mental health and substance abuse treatment plans and directives;
- Completion of Stages of Change skill building group.
- Initiation of some form of program mentoring or peer support in which the participant assumes some leadership or modeling role in the program (i.e., NAMI Bridges Teacher Training program and subsequent course instruction).

PROGRAM MENTORING AND PEER SUPPORT

The MHC program includes, where possible and practical, an aspect of mentoring as part of phase IV of the program in which participants who have been successful in the recovery and mental health court process are able to help newer participants establish a firm foothold toward program success. The mental health court's utilization of a mentoring system is at the discretion of the court and Phase IV participants who receive mentoring assignments will be matched with specific peers considered appropriate and compatible for the mentoring process.

PROGRAM ADVANCEMENT

Advancement through the program takes a number of things into consideration, including the following:

Duration in program

The maximum duration of the court program is also determined on a case-by-case basis, however a minimum duration is proposed as generally three months of activity in any program phase prior to eligibility for advancement to the next phase, with the exception of Phase IV, which is six months in duration. Advancing through the program phases in the minimum period of time would occur in 15 months.

Adherence to clinical requirements

The clinical requirements pertain to the mental health services prescribed in the participant's treatment provider. These services are considered medically necessary for mental health recovery, which means (1) better mental health, and (2) better functional ability. Prior to a any level advancement some assessment is made as to the participant's participation with their prescribed treatment plan, which typically includes the participant's (1) level of participation, (i.e., active, passive or resistive), (2) rate of participation (i.e., high, moderate, low), and (3) attitude of participation (i.e., cooperative, uncooperative, argumentative, etc.).

Adherence to other treatment requirements

Other treatment requirements include substance abuse and other clinical services outside the scope of Bear River Mental Health such as attendance in AA or NA groups, or other therapeutic services as prescribed by other providers.

Adherence to court requirements

Court requirements include everything outside of, and in addition to, the treatment aspects of the mental health court program. These may include such things as court appearances, completion of community service assignments, compliance with productivity or educational expectations, court imposed curfews and limitations, drug testing requirements, keeping scheduled appointments with your probation officer, etc.

GOAL SETTING AND MHC ADVANCEMENT

Each phase of the program should start with the selection of basic goals and objectives in each of four areas that are basic to program success. These areas include (1) what the individual plans to accomplish in the area of mental health treatment, (2) what specific efforts will be made in the area of work, (3) what will be done to address the area of socialization, and (4) what is the plan for further learning and education.

Program success results more often when participants seriously work to manage their mental illness, effectively manage their time, appropriately manage their relationships, and actively get involved in some kind of continuing education.

COMMON QUESTIONS

- What if I have a serious medical condition?

In general, serious medical conditions will not exclude you from participation in the program as long as the condition does not interfere with your ability to manage any program expectations and responsibilities. Additionally, you must fully disclose any such condition and subsequent medical care to your mental health and substance abuse treatment providers and the MHC team. If you are taking any prescribed medication for your condition, you must be sure to coordinate that treatment with your mental health and substance abuse treatment prescribers.

- Can I use prescription medication?

As a general rule, MHC participants are expected to be drug free, including the unauthorized use of prescription medication. However, legitimately prescribed medications for mental and physical health care are a treatment modality which may be determined as medically necessary by your health care provider. If you are prescribed medication treatment, an authorization for disclosure must be signed so that the MHC team can communicate with your provider to verify the prescription. Also, while participating in MHC, you are required to restrict your medication access or dispensary to one pharmacy.

- What happens once I am in the program?

You will be required to participate fully in the program, which may include random drug testing, frequent court appearances, verification of treatment

plans, individual and group therapy, psychosocial rehabilitation, substance abuse treatment (if applicable), as well as ongoing contact with your probation officer.

- What if I need to travel outside the court's jurisdiction?

Participants who may need to travel outside of the court's jurisdiction or the jurisdiction of adult probation (i.e., the County served by the court and probation officer) must obtain permission to do so. Any extended travel outside the court's jurisdiction will also require the court's approval.

- How does drug testing work?

Participants may be required periodically to submit to random drug testing through urine sampling and may be assigned into a random color code system for drug testing.

Those involved in the drug testing system will be assigned a particular color (i.e., Black, Blue, Orange, etc.). This system requires the participant to call during certain times throughout the week to listen to a recorded message which will indicate which color will be required to submit urine specimens and what day they will need to report.

- What happens if I relapse for substance abuse?

Behavior change is a process, the risk and potential for relapse is very real. Every effort should be made to avoid returning to a pattern of illegal substance use or abuse. Relapse could result in termination from the program, although in such instances, the MHC team will evaluate the situation and determine what would be the best course of action.

- What if I have knowledge that another MHC participant is in violation of MHC rules?

The MHC program supports group accountability and fidelity to program rules and expectations. It is not in the best interest of anyone to maintain secrecy with respect to program violations. If one participant has direct knowledge that another participant is in violation and withholds the information, upon the court's discovery, both participants could be sanctioned.

- What happens if I re-offend while in the MHC program?

Committing another criminal offense could result in termination from the program. It is important to understand that eliminating any repetition of criminal conduct, as well as achieving mental health recovery, is the two-fold objective of the program. Continued criminal activity may indicate a lack of commitment, or represent an indication that the program is not structured adequately to meet the participant's needs. Further criminal conduct will be considered on a case-by-case basis by the MHC team to determine what action should be taken.

- What are other grounds for termination from the MHC?

The MHC program requires both commitment and motivation on the part of any participant in order to end successfully. While motivation may be reinforced externally (e.g., fear of incarceration, loss of freedom, etc.), it is more powerful if it is intrinsic (i.e., a personal want or desire). It is hoped that as participants advance through the phases of the program, motivation for compliance and behavior change will become more and more intrinsic over time so as to support and sustain personal growth and recovery beyond the participant's program graduation. Without these two factors of commitment and motivation appropriately in place, participants will typically struggle in resistance to change. Usually, counter-motivated behavior will show up in various forms and degrees of non-compliance.

The MHC is a voluntary program. Participants may choose to voluntarily terminate from the program at any time; however, in that event the participant's original sentence will likely be imposed. Generally, a participant can be involuntarily terminated from the MHC for any issue of non-compliance, including (but not limited to):

- Illicit or non-prescribed drug use.
 - Continual inability to meet treatment goals.
 - Failure to complete court assignments.
 - Consistent failure to schedule and maintain therapeutic appointments, etc.
 - Corrupting or negatively influencing another MHC participant.
 - Violation of the MHC agreement.
 - Weapons possession.
 - Absconding from supervision.
- What happens if I am terminated from MHC?

Participants terminated from the program will usually be referred back to the court of

original jurisdiction and placed on that court's regular criminal law and motion calendar to proceed in the traditional criminal justice system and face possible imposition of sentence.

DRESS CODE

Appearance in part reflects personal values. Our choice of dress and attire may communicate any variety of messages, can influence how we are perceived by others, and can pose either barriers or possibilities in human interaction. The MHC is very much in the public eye and may be examined closely by community officials, State officials, administrative personnel, as well as the general public. All MHC participants should strictly adhere to the following basic dress code at all court appearances, treatment sessions, probation meetings, or community activities associated with the program.

- Absolutely no article of clothing is allowed bearing any alcohol or drug advertisement or message.
- No sexually explicit clothing.
- No sleeveless shirts, tank tops, or backless shirts.
- Shorts and skirts must be the length that they would reach the tips of your fingers while your hands are straight down at your side.
- Pants must fit properly.
- Tops of pants must meet bottom of shirts (no bare skin).

COURT ROOM BEHAVIOR

Although the MHC operates somewhat different than the traditional court system, still, the rules of criminal procedure and proper courtroom behavior apply as with any other court. Participants are expected to maintain respect and proper conduct in the courtroom setting and adhere to the following general standards:

- No talking while court is in session unless specifically addressed by the Judge.
- No sleeping in the courtroom.
- No eating or drinking in the courtroom.
- No gum chewing in the courtroom.
- No cell phones are permitted in the courthouse.
- Be on time for scheduled court appearances.
- Public recognition (applause):

Mental health courts use audience participation and public praise in the form of applause as a method of recognition for participants demonstrating progress and adherence to program expectations. This aspect of the mental health court is one of the distinctions between specialty courts and traditional courts.

In the First District MHC, recognition through applause is at the discretion of the Judge, and court personnel as well as the participant and public gallery typically will follow the Judge's lead.

As a general rule however, positive public recognition is withheld from:

:

- participants who are merely observing and who have not as yet been accepted into the mental health court program,
- participants who have been accepted into the program but are appearing before the court from jail due to the imposition of a sanction, and
- participants who have failed to comply with program expectations, re-offended and have new charges, or are otherwise sanctioned by loss of phase or other penalty.

GRADUATION REQUIREMENTS

The mental health court periodically conducts a "court of honor" which functions as the graduation and exit ceremony for program participants. The term "graduation" is used symbolically, as the responsibility to sustain mental health treatment and personal recovery, necessary to successfully avoid a return to criminal conduct, are considered lasting activities that should continue beyond the formal structure of the MHC program.

In order to graduate, participants must complete all four phases of the program and accomplish the following:

- Demonstration of six months of sobriety from prescription drug abuse, illicit drugs and/or alcohol.
- Demonstration of six months of employment and/or other productive activity (community service, volunteer work, sheltered work, supported employment, etc.) as directed by the MHC team.

- Demonstration of successful completion of all court-ordered assignments.
- Completion of high school diploma or GED, unless an individual exception is approved by the MHC team.
- Demonstration of successful completion of all specialized terms of probation.
- Demonstration of continuous active mental health and any applicable substance abuse treatment program.
- Appropriate payment of imposed fines, restitution and treatment fees.
- Completion of an individualized MHC graduation project.

At graduation, participants present their MHC graduation project, after which the County Attorney's office will put forward a motion for dismissal or step reduction relative to the participant's criminal charges, upon which the court will render a final judgment.

CONCLUSION

The focus of the mental health court program is centered on the issues of change, both in terms of the participant's mental health recovery as well as criminal conduct. The task of change requires a consistent effort and serious commitment.

The phases of the First District Mental Health Court program are all designed to be progressive, incremental, and transformational toward program success. Although at times there may be obstacles that hinder progress, in most cases, participants should be moving in a positive direction toward program graduation. Otherwise, the labor is one of hopeless futility, of which it has been said there is no more dreadful form of punishment (Albert Camus, 1955).

The MHC team is dedicated to each participant's ultimate success, and will do everything possible to provide appropriate guidance and assistance through each phase of the program; however, the final responsibility for program outcome rests with each participant individually.