

# **Macon County Mental Health Court**

## **Participant Handbook & Participation Agreement**



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## **Introduction**

Welcome to the Macon County Mental Health Court program. This manual is important to your active participation in the program. In order to successfully complete the program, you must follow the rules and expectations in this manual, as well as the directives of the judge and the treatment providers. Failure to do so can lead to sanctions, including, but not limited to, dismissal from the program or incarceration in the Macon County Jail.

The purpose of this manual is to provide you with general program-related information, and expectations of the program. If you have questions about this or any other part of the program, please contact the Specialty Courts Coordinator. The Coordinator will do his/her best to answer your questions and to help eliminate anything in the way of your success in this program.

## **Program Description**

The Mental Health Court (MHC) Program serves criminal participants who are suffering from a mental illness and are currently involved in the criminal justice system of Macon County. In lieu of traditional punishment, the MHC diverts participants with diagnosed mental illness away from the criminal justice system by offering alternative court. As an alternative, participants are required to participate in treatment as well as judicial supervision. The program is divided into four (4) phases and participants who successfully complete the program may have their current charges reduced or dismissed. The MHC program is voluntary and a participant can decide not to be involved at any time. However, if he/she chooses to voluntarily withdraw (or obtains a sanctioned dismissal) the traditional court process will resume.

While in the program, the participant is required to receive ongoing mental health treatment along with regular supervision from the court and MHC team. The MHC holds defendants accountable and assists participants to achieve long-term stability, become law-abiding citizens and become successful family/community members. Court Supervision will be conducted by way of scheduled and/or unscheduled visits the participants residence, treatment provider, workplace, etc. Supervision will be performed by the Probation Officer. Other visits will be conducted by the Heritage. The visits may consist of all three team members or less. Participants in the MHC program must abide by all the conditions and rules of the Macon County Court. A private attorney or public defender will continue to represent the participant and his/her legal interests throughout participation in the MHC program.

The goal of the Mental Health Court is:

- Decrease reoccurring arrests
- Decrease days in jail
- Increase access to mental health and substance abuse services
- Coordinate mental health and substance abuse services
- Enhance public safety

Participants who consent to join the program will receive:

- Intensive case management services
- Ongoing treatment services
- Regular court appearances
- Court supervision

## Assessment and Enrollment Process

Persons who are potentially eligible are referred to the State's Attorney's Office (SAO), which eliminates those with a violent offense or prior involvement in a Mental Health Court. The SAO then notifies defense counsel (normally the Public Defender) of the person's eligibility. Defense counsel informs the defendant of Mental Health Court, while a probation officer (PO) from Macon County Court Services assesses for risk and danger factors. Defendants observe Mental Health Court, and the treatment provider (TP), Heritage Behavioral Health Center (HBHC), assesses to determine degree of substance abuse disorders and possible mental disorders.

A history of violent offenses outside of a person's diagnosis will be taken into consideration by the team for acceptance into the program. A defendant may be admitted into the Mental Health Court program only upon waiver of the prosecutor and the defendant and with the approval of the court.

No qualified individual will be denied entry into the Mental Health Court program based on race, gender, ethnicity or disability.

## Confidentiality

The Mental Health Court program is governed by Federal and State laws of confidentiality. Participation in the program requires a waiver of confidentiality (authorization for release of information) and consent for participation in the program. Participants are required to allow the Mental Health Court team to view documentation regarding the participants' diagnosis, treatment, attendance and progress reports, and termination or completion of treatment. If the participant is a veteran eligible to receive services through the Veterans Administration, a signed release of information form is also required. **If a participant revokes a waiver of confidentiality, they will no longer be eligible for Mental Health Court.**

## Team Members

In the Mental Health Court, you will work with a non-adversarial team which includes:

**Judge:** The Mental Health Court judge is the lead partner of the team and provides leadership, authority, and management skills to enable the Mental Health Court to operate effectively. The judge encourages and reinforces participants' progress and successes or discourages and deters participants' non-compliance and failures.

**Problem Solving Court Coordinator:** The problem solving court (PSC) coordinator is responsible for overseeing the Mental Health Court program under the direction of the Mental Health Court judge and the director of court services. The coordinator provides programmatic information to all those involved in the facilitation of the program to ensure its monitoring and evaluation.

**Prosecutor:** The prosecutor will review new cases and then determine which are appropriate for referral to the Mental Health Court. Also, the prosecutor, or his/her assistant state's attorney (ASA) designee, shall investigate any allegation of violation of Mental Health Court directives and assesses the appropriateness of continued Mental Health Court participation. If he/she deems it appropriate, he/she may seek termination from Mental Health Court.

**Defense Counsel:** The defense attorney meets with each potential participant whose case has been referred to Mental Health Court to explain drug court rules and expectations, the potential participant's legal rights and how those rights are affected by participation in drug court. Upon entry of an order of transfer to Mental Health Court, an assistant public defender (APD) shall appear in court and serve as a resource for any participant who otherwise has retained private counsel. Said APD shall also continue as counsel for any participant that is represented by the public defender's office and shall so serve in that capacity until the potential participant is terminated – successfully or unsuccessfully.

**Probation Officer:** The probation officer (PO) monitors participants' progress through the program including monetary obligations, activities, employment status, living arrangements, etc. The PO will report observations of home visits, drug tests and monitoring at staff meetings and record the data.

**Treatment Provider:** The Mental Health Court community-based substance abuse treatment provider (TP), Heritage Behavioral Health Center (HBHC), ensures defendants are placed in treatment that is determined by individual needs and availability of services. The TP will report on participants' weekly progress in any assigned programs and groups.

**Defendant:** It is the role of the defendant (also referred to in this document as participant or client) to comply with all Mental Health Court and treatment provider fees, regulations, rules and drug screens.

This team will design a treatment plan specific to your individual needs, track your progress, and will update the plan as you work through the program. The team is non-adversarial. You will be assigned a treatment provider and a probation officer. As part of the treatment plan, you might also be subject to random drug testing.

## **Program Rules**

1. Do not violate any criminal statute of any jurisdiction.
2. Report to, attend and participate in any assessment, counseling, treatment, or educational programs as directed by the Court and/or the Mental Health Court team.
3. Do not possess a firearm or other dangerous weapon.
4. Do not leave the State of Illinois without the consent of the Mental Health Court team, unless in circumstances of an emergency where prior consent by the team is not possible.
5. Permit the PO or treatment provider to visit your home or elsewhere.
6. Notify the PO within 72 hours of any change in address or employment status.
7. Refrain from using alcohol, cannabis and/or controlled substances.
8. Engage in positive, pro-social activities which may include work, school, community service, volunteer work and/or support group involvement.

9. Cooperate with HBHC or other private mental health service providers, sign all releases, and follow all treatment plans, including taking all medications as prescribed.
10. Additional rules may be assigned based on your individual treatment plan.
11. Attend all required court hearings.
12. Comply with all program requirements outlined in this handbook.
13. Comply with all court orders in your case(s).

## **Program Length**

The approximate length of the Mental Health Court program is from 12 – 24 months. It is possible for participants to be involved in the program for longer than 24 months as determined by the MHC team. The length of the program differs for each participant and is directly related to individual progress toward treatment goals and compliance with MHC rules and recommendations. ***Remember, the amount of time you are in the program is influenced by you!***

The MHC program is divided into four (4) phases. Each phase within the MHC program has its own treatment requirements and the treatment plan is specific to each participant's needs. The MHCP cannot be completed without progressing through each of the required phases. Based on information provided by you, your case manager, your mental health counselors, your probation officer, or spokesperson from any other services in which you are involved, the Judge and MHC team determine when requirements are met for phase advancement.

### **Phase One: Introduction to Treatment**

- Treatment modality will be determined by HBHC
- Level of Supervision
  - Three (3) contacts per week, with two (2) being face-to-face (PO and/or HBHC personnel.)
  - Weekly court appearances
- Recommended duration: minimum of 90 days
- Participants must submit a letter to the PSC team to move to the next phase of the program. To be considered for the next phase, a participant must:
  - Be compliant with the recommended treatment plan
  - Attend required probation and treatment appointments
  - Actively participate in treatment group(s)

### **Phase Two: Skills/Sustainability**

- Treatment modality will be determined by HBHC
- Level of Supervision
  - Two (2) contacts per week, with one (1) being face-to-face (PO and/or HBHC personnel.)
  - Court appearances every two (2) weeks
- Recommended duration: six (6) months
- Participants must submit a letter to the PSC team to move to the next phase of the program. To be considered for the next phase, a participant must:
  - Be compliant with the recommended treatment plan
  - Attend required probation and treatment appointments
  - Actively participate in treatment group(s)

### **Phase Three: Maintenance of Recovery**

- Treatment modality will be determined by HBHC
- Level of Supervision
  - Two (2) contacts per month, with one (1) being face-to-face (PO and/or HBHC personnel.)
  - Court appearances every four (4) weeks
- Recommended duration: five (5) months
- Participants must submit a letter to the PSC team to move to the next phase of the program. To be considered for the next phase, a participant must:
  - Be compliant with the recommended treatment plan
  - Attend required probation and treatment appointments
  - Actively participate in treatment group(s)

### **Phase Four: Continuing Care**

- Level of Supervision
  - One (1) face-to-face contact per month (PO and/or HBHC personnel.)
  - Court appearances every eight (8) weeks
- Recommended duration: six (6) months
- Participants must submit a letter to the PSC team to graduate from the program. To be considered for graduation, a participant must:
  - Be compliant with the recommended treatment plan
  - Attend required probation and treatment appointments
  - Actively participate in treatment group(s)

### **Ongoing Supervision**

- Level of Supervision determined at time of successful completion of the Mental Health Court program
- Duration will be for the remainder of the supervision time

## **Roles and Responsibilities**

During the course of the program, you will be expected to:

- Be honest – with the Mental Health Court team and yourself
- Attend court as required
- Follow all of the rules of the program and your contract
- Be invested in your success
- Follow the treatment plan – attend all appointments and take all prescribed medications

## **Incentives**

If you follow your treatment plan, you'll receive praise and incentives for continuing to do well. The Judge will determine your incentives based upon the recommendations of the Mental Health Court team. Examples of incentives include:

- Recognition and praise
- Less frequent appointments with PO and treatment provider
- Less frequent status hearings

- Less frequent home visits
- More privileges such as travel and a later curfew
- Gift certificates or other donated items
- Actions that warrant incentives include:
  - Active participation in treatment groups
  - Reporting on time for probation and/or treatment appointments
  - Compliance with recommended treatment plan
  - Compliance with taking prescribed medications

## **Sanctions**

If you do not remain compliant with the program, sanctions may be used to reinforce the importance of following the rules. Sanctions may include, but are not limited to:

- Verbal warning and/or reprimand
- Assignments (such as written essays)
- Loss of privileges such as travel or later curfew
- More frequent appointments with PO and treatment provider
- More frequent status hearings
- More frequent home visits
- Public service work
- Jail
- Bench warrant
- Termination from the program and possible sentencing
- Actions that may result in a sanction include:
  - Failure to report for probation and/or treatment appointments
  - Positive and/or dilute drug screens
  - Failure to actively participate in treatment groups

## **Drug Testing**

Participants may be required to submit to random drug testing. Drug testing procedures are carried out by Macon County Probation and Court Services, and follow that agency's defined procedures.

There is a zero tolerance policy for tampering with a drug test. Should a participant be found to have tampered with a drug test, that person may be terminated from the program immediately and returned to the criminal court.

## **Violations and Discharge**

Violations that can result in unsuccessful termination and discharge from the program include, but are not limited to, the following:

- The participant is not performing satisfactorily in the assigned program
- The participant is not benefitting from education, treatment, or rehabilitation
- The participant has engaged in criminal conduct rendering him or her unsuitable for the program

- The participant has otherwise violated the terms and conditions of the program or his or her sentence or is for any reason unable to participate

When a case is discharged unsuccessfully from the Mental Health Court, it will be transferred to the sentencing court for traditional adjudication.

## Available Outcomes

There are four ways a participant may be discharged or terminated from the Mental Health Court program:

1. **Successful:** The participant completes all the program requirements.
2. **Neutral:** The participant does not violate program requirements necessitating an unsuccessful discharge, but is unable to successfully complete program requirements to qualify for a successful discharge.
3. **Unsuccessful:** The participant is terminated from the Mental Health Court due to violation of program requirements, and will have the right to a hearing of the allegations. If terminated unsuccessfully, the participant faces sentencing on the original charge(s) for which the participant was referred to the Mental Health Court program.
4. **Voluntary Withdrawal:** The participant shall in all circumstances be permitted to withdraw in accordance with Mental Health Court procedures. Upon withdrawal, the participant faces possible sentencing on the original charge(s) for which the participant was referred to the Mental Health Court program.

The Mental Health Court Program shall follow the violation, termination and discharge guidelines and procedures as stated in the Mental Health Court Treatment Act as well as conditions determined by the Mental Health Court team:

## Graduation

In order to graduate from the MHC program you must complete all program phases, complete your designed treatment plan and be in continued compliance with your Court Supervision. When you have successfully completed all of the requirements of the MHC program, there will be a graduation ceremony in your honor. At that time, you will have officially completed the MHC program and your involvement with the program will no longer be mandatory. Upon completion of the MHC program, legal agreements made pending your completion of the MHC program will be reviewed and acted upon accordingly.

## Summary

The MHC program is a comprehensive approach to meeting the needs of participants who have a mental illness. It requires communication and collaboration among the MHC Team and community treatment providers that work with the Adult Criminal Justice System. By gaining input from all members of the MHC team, it is our hope that we will increase each participant's level of personal wellness, reduce psychiatric symptoms and reduce future contacts with the criminal justice system.

**STATE OF ILLINOIS  
IN THE CIRCUIT COURT FOR THE SIXTH JUDICIAL CIRCUIT OF ILLINOIS  
MACON COUNTY, ILLINOIS**

**THE PEOPLE OF THE STATE OF ILLINOIS,** )  
 )  
 **Plaintiff,** )  
 ) **No.** \_\_\_\_\_  
 )  
 \_\_\_\_\_, )  
 **Participant.** )

**CONSENT TO PARTICIPATE  
MENTAL HEALTH COURT PROGRAM**

1. I understand that I have no legal right to participate in the Mental Health Court Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Mental Health Court Program.

2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Mental Health Court Team, which consists of the Judge, Local PSC Coordinator, Prosecutor(s), Public Defender or Defense

Counsel, Probation, Treatment Provider(s), Case Manager(s) and any other personnel designated by the Mental Health Court Team.

3. I understand that it is essential that all members of the Mental Health Court Team, including the Judge, communicate as a team and share information regarding my participation in the Mental Health Court, including compliance with treatment, and I agree to them doing so. Upon entry into the Mental Health Court, I consent to the Mental Health Court public defender representing me at Mental Health Court staffings and at Mental Health Court status review hearings unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and Mental Health Court status review hearings. In the event that my privately retained counsel is unable to attend staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.

4. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in structured daily activities as recommended by the Mental Health Court Team, and cooperation with home visits by Mental Health Court Team members.

5. I agree to appear in court as required. I understand that my court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment and I consent to this type of disclosure to a third person.

6. I agree to reside in Macon County and to keep the Mental Health Court Team advised of my current address and telephone number, employment status, and any new arrests at all times during the program.

7. I agree to sign any and all releases of information consenting to the disclosure of information to the Mental Health Court Team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for my termination from Mental Health Court.

8. I agree to be truthful, cooperative, and respectful with the Mental Health Court Team.

9. I understand that based upon any report (written or oral) of my violation of this Consent to Participate, the Mental Health Court Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan; or modify or revoke any conditions of my probation or bond. My violation(s) may result in proceedings being initiated seeking my termination from the Mental Health Court and these proceedings could either be resolved in Mental Health Court or be referred back to traditional court.

10. I understand that my alcohol, drug treatment and mental health records are protected by Part 2 of Title 42 of the Code of Federal Regulations (C.F.R.) and HIPAA; Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 et seq.; 45 C.F.R Parts 160 & 164. I understand that I may revoke this Consent To Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent To Participate expires upon the termination of the probation I am serving in this case, or the termination of all proceedings with regard to this cause of action as named above.

11. I understand that I may voluntarily withdraw from the Mental Health Court Program in accordance with the Mental Health Court procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.

12. I understand that at the discretion of the presiding Mental Health Court Judge, for purposes of research and/or education, other persons may be permitted to attend the Mental Health Court Team meetings where communications as to my case will occur.

13. I understand that language help is available and if I need assistance, it is my responsibility to inform the court I need help.

**I UNDERSTAND THAT THE MENTAL HEALTH COURT PROGRAM MAY BE AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL AND/OR PRISON AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE MENTAL HEALTH COURT TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.**

**I HEREBY DECLARE THAT I HAVE READ THE ENTIRE MENTAL HEALTH COURT CONSENT TO PARTICIPATE AGREEMENT, THAT I HAVE HAD THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY, THAT I UNDERSTAND ITS PROVISIONS AND AGREE TO THE CONDITIONS CONTAINED HEREIN.**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant State's Attorney

\_\_\_\_\_  
Date

**I HAVE REVIEWED THIS CONSENT WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE MENTAL HEALTH COURT TEAM WILL BE DISCUSSING THE DEFENDANT'S COMPLIANCE AND COOPERATION WITH HIS/HER TREATMENT PLAN AND TERMS OF SUPERVISION AT MENTAL HEALTH COURT STAFFINGS AND AT MENTAL HEALTH COURT STATUS HEARINGS. I ACKNOWLEDGE THAT IF I REMAIN COUNSEL OF RECORD FOR THE DEFENDANT, I WILL APPEAR AT MENTAL HEALTH COURT TEAM STAFFINGS WHEN THE DEFENDANT IS SCHEDULED TO BE STAFFED BY THE MENTAL HEALTH COURT TEAM AND ALSO APPEAR AT OR ARRANGE FOR OTHER COUNSEL TO APPEAR WITH THE DEFENDANT AT ALL MENTAL HEALTH COURT HEARINGS.**

\_\_\_\_\_  
Assistant Public Defender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Circuit Judge

\_\_\_\_\_  
Date

**CONSENT FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Name of Agency/Person(s)

to disclose to and exchange with \_\_\_\_\_

regarding \_\_\_\_\_ DOB \_\_\_\_\_ the following information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

for the following purposes: \_\_\_\_\_

---

(Purposes for which disclosed information may be used by the requesting Agency / Person(s).)

Consequences: I know that the state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to the release of this information.
- That, generally, I must give my written consent for the Mental Health Court to give out the information.
- If I do not consent, the information will not be released unless the law otherwise allows it.
- I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released.
- The person or agency that receives my information may be able to pass it on to others.
- If my information is passed on to others by the Mental Health Court, it may longer be protected by this authorization.
- This consent will end one year from the date I sign it, unless the law allows for a longer period.

I understand my consent will expire automatically one year from the date of my signature below.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.