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# Marinette County Mental Health Court

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## Policy and Procedure Manual

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Revision Date: December 6, 2018

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## Mission Statement

The mission of the Marinette County Mental Health Court is to increase public safety and restore productive and law abiding citizens to the community by breaking the cycle of criminal behavior through effective long-term mental health treatment and intensive court supervision.

## Introduction

The Marinette County Mental Health Court (MHC) is a court that is specifically designated and staffed to serve individuals with severe and persistent mental illness who are involved in the criminal justice system. The goal of the MHC is to provide an intensive, judicially monitored program, wherein the participants receive treatment for their mental illness and addictions.

The treatment one receives will be varied for each individual court participant based on their unique needs, strengths, and goals. Marinette County has a comprehensive service matrix that offers support and services at varying degrees of intensity across multiple domains. Court participants will have the opportunity to partake in these county services as well as additional services and support in the community.

Goals of the Marinette County Mental Health Court:

- Increase public safety and reduce recidivism of offenders with mental illness through the implementation of the Marinette County Mental Health Court.
- Establish new and continued collaborations among criminal justice, mental health, substance abuse, housing, education, and other Health and Human Service agencies in Marinette County through trainings, collaboration meetings and planning committees.

## The Mental Health Court Treatment Team

The Mental Health Court (MHC) is built on a partnership between the criminal justice system and the mental health treatment community in which mental health treatment and intervention is structured around the authority and involvement of a Mental Health Court Judge. The MHC is dependent upon the creation of a non-adversarial courtroom atmosphere where the MHC team works toward the goal of participants achieving insight and stability of psychiatric symptoms and lifestyle changes necessary to break the cycle of criminal behavior related to the individual's mental illness.

The Marinette County MHC treatment team consists of multiple stakeholders in both the criminal justice and mental health fields. The MHC team meets weekly to review current MHC court cases as well as review potential referrals to MHC.

In addition, the MHC team meets monthly to review and create court policies and procedures. The Marinette County MHC currently consists of the following members:

A Judge from Marinette County Circuit Court  
A Mental Health Court Coordinator from the Department of Health and Human Services  
Probation and Parole Agents from the Department of Corrections (DOC)  
A representative from Marinette Law Enforcement  
The Director of the Department of Health and Human Services or designee  
A representative from the District Attorney's Office

A representative from the Public Defender's Office  
A mental health professional from the community  
The Marinette County Jail Mental Health Professional  
A member of the public

Please see [Exhibit A: Memorandum of Understanding](#) to review the roles and responsibilities of each entity.

## Participation Criteria

### **Potential candidates must meet the following criteria to be considered for participation in the program:**

Participant must be at least 17 years of age and an established resident of Marinette County, defined as having a physical and voluntary presence in the county, and intent to remain in the county while participating in the program.

Participant has been diagnosed with a *severe and persistent* mental illness:

Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any time during the past year, (3) have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, (4) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities...All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects. **The Marinette County Mental Health Court will accept participants aged 17 if their case is in adult jurisdiction and they otherwise meet this definition.**

The severe and persistent mental illness **MUST** be the **Primary** diagnosis.

Participant's Supervision Level Recommendation has been found to be medium to high risk according to the Correctional Officer Management Profiling for Alternative Sanctions (COMPAS) Assessment Tool.

Participant is likely to benefit from treatment in a community-based setting and has some insight into personal involvement with the criminal justice system.

Participant should have at least 24 months of supervision available with probation/parole.

Participants should be facing at least 6 months jail time if convicted, or if already convicted, currently under supervision for a charge with a legitimate potential of at least 6 months jail time if revoked from probation.

Participant agrees to sign all releases of information, as requested.

Participant agrees to comply with the Mental Health Court's (MHC) Treatment Conditions/Terms of Participation.

**If the potential participant meets one or more of the following criteria, he/she may be ineligible for the program:**

Participant has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation, treatment and/or functioning.

Participant is currently under a Chapter 54 guardianship.

The level of violence of the current offense will be strongly considered as a factor of admission.

Participants who have a prior violent crime or weapons charge may be considered at the discretion of the Mental Health Court Team.

Participant has open warrants.

Participant understands that if the court discovers a participant meets one or more of the ineligibility criteria after admission, that participant may be terminated from the program.

Final eligibility will be determined at the conclusion of the screening process by the MHC team. The MHC Judge makes all final decisions on eligibility after giving due consideration to the merits of the other team members' input.

## **Referral Process**

In considering participants for admission, the Mental Health Court (MHC) does not discriminate on the basis of age, gender, race, national origin, sexual orientation, religion, or funding availability.

Referrals to the Mental Health Court program are sent directly to the MHC Coordinator, and may come from, but are not limited to, the following sources:

- The District Attorney's Office.
- The Office of the Public Defender and/or private defense counsel.
- The Department of Corrections.
- Community Social Service Agencies.
- Law Enforcement and Jail.
- Child Support Agency.
- Self-referrals.

All potential referring partners are given [Exhibit B: Short Form Referral](#) which they complete and send to the Coordinator. This form is used when the candidate has a documented mental illness. This is sent to any interested referring partner along with the documentation that is necessary to complete the referral. If the candidate has a suspected but as yet undiagnosed mental illness, or if the team decides they need more information about the candidate before proceeding, the candidate or his/her attorney will be asked to complete [Exhibit C: Marinette County Mental Health Court Application](#) and return it to the Coordinator.

Referring partners are encouraged to review [Exhibit D: Participation Criteria](#) to assure that their potential applicant meets the eligibility criteria prior to making a referral.

In order for one to be eligible for MHC, their Supervision Level Recommendation must be medium to high on the Correctional Officer Management Profiling for Alternative Sanctions (COMPAS)

assessment tool. If there is not a current COMPAS assessment on file, the MHC Coordinator will complete a COMPAS assessment. If there is not a COMPAS score available, the team will need to wait to make a final determination of eligibility until there is a COMPAS score on file. The team can continue to review other aspects of the referral while waiting for the COMPAS score.

A potential applicant to the Mental Health Court must also be willing to waive ex parte contact with the Mental Health Court Judge, because the Mental Health Court Judge is part of the treatment team that will determine eligibility into MHC. [Exhibit E: Waiver of Ex Parte Contact with the Mental Health Court Judge](#) must be signed and returned with the application paperwork.

Medical documentation substantiating the mental health diagnosis MUST also be included in the application. At the time of application, the referring partner will ask the potential participant to sign a Release of Information (ROI) for the Mental Health Court Team. The referring partner will send the application, along with the ROI, and any medical documentation supporting the diagnosis to the Mental Health Court Coordinator.

ALL necessary documentation; the Marinette County Mental Health Court application form, MHC Release of Information, Waiver of Ex Parte Contact with the Mental Health Court Judge, and medical documentation, must be sent to the MHC Coordinator before the team will begin to review the case. The case will not be reviewed until all necessary documentation has been received. Once documentation is received, the MHC Coordinator will then review the information provided to make sure the applicant meets all eligibility criteria. If the participant is eligible, the MHC Coordinator will present the case to the MHC team. If additional information is requested from the team, the MHC coordinator will meet with the potential participant before a decision is made regarding MHC participation to gather what has been requested. If the MHC coordinator is meeting with an applicant prior to their acceptance into MHC, there may be times when it is appropriate for the MHC coordinator to also complete all of the MHC paperwork and screens mentioned in the Intake and Screening Process with a potential participant. However, this is determined on a case-by-case basis with the Mental Health Court Team.

New referrals are presented to the MHC team at MHC staffing meetings. The team reviews all referral documentation to confirm that the referral meets eligibility criteria. The team also assesses risk factors and community safety issues. In addition, the MHC team assesses if there are enough resources available to meet the individual's needs safely in a community setting. The staffing team determines whether or not a participant will be accepted into programming after carefully considering each team member's input. If the referral is accepted and the participant is already adjudicated and available to begin programming, the MHC coordinator will notify the referring party by letter in [Exhibit F: Acceptance Letter](#).

The Marinette County Mental Health Court is generally a post-adjudication court model. However, referrals can be sent to the Mental Health Court Coordinator prior to sentencing if the referring partner has a strong inclination that this individual would meet all of the eligibility criteria for Mental Health Court. If this is the case, the team will review the referral on a preliminary basis to decide if the case looks like an appropriate referral to MHC. If the referral looks to be appropriate for MHC, the referring partner will be notified by the letter in [Exhibit G: Conditional Acceptance Letter](#) that their referral appears to be appropriate and bond will be used to facilitate entry into MHC as soon as possible. However, the team will review the case again after the sentencing has occurred for an official determination on eligibility. If the referral does not look to be appropriate, the referring partner will be notified by the letter in [Exhibit H: Ineligible Letter](#). All outcome letters will be sent from the Mental Health Court Coordinator to the referring party, the District Attorney's Office, and filed in the participant's Marinette County Health and Human Services electronic file.

If a relevant party to the potential participant's case (participant, attorney, judge, treatment provider, police officer, etc.) uncovers new information that was not considered in the original application, he/she may file a petition for reconsideration for the case to be reviewed. The petition must be received within 30 days of the initial denial. A petition for reconsideration must be submitted to the MHC Coordinator. The petition must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format. Once the petition for reconsideration is submitted, the MHC Team will review the new information. After reconsideration, the Mental Health Court Judge will then determine whether or not the potential participant will be accepted into programming and a second outcome letter will be sent to the referring party and/or potential participant.

## Intake and Screening Process

Once the team has decided to admit a potential participant into the MHC, that participant is informed of acceptance and is offered the opportunity to meet with the MHC coordinator to review the rules and expectations of the MHC. [Exhibit I: Program Participation Guidelines](#) is thoroughly reviewed with the participant, and the individual is encouraged to ask questions about court at this time. The participant also reviews [Exhibit J: Treatment Condition/Terms of Participation](#). Each point of this document is reviewed and the participant must agree with and initial each condition. The Participant is also given [Exhibit K: Notice of Representation](#) at this time.

Several screens are conducted to help determine the level of service one may need as well as begin to inform the treatment plan. The screens used include, but are not limited to, the PTSD Checklist--Civilian Version (PCL-C) (the military version, PCL-M can be utilized if the participant is a veteran), the TCU--Drug Screen II, and the Ohio State University TBI Identification Method--Interview Form. The participant is given the University of Rhode Island Change Assessment Scale (URICA) to complete individually and bring back to the MHC coordinator at the next court session.

The Mental Health/AODA Functional Screen may be completed if one's functioning is greatly impacted by mental illness. This screen assesses symptoms of mental illness and functioning and assists to determine the level of county service a participant may need. Screens are completed at a pace that is comfortable for each individual participant and are completed wherever the participant feels most at ease (home, office, community).

All of the screens and assessments will be reviewed and used to assist in the determination of what services each participant is offered.

After meeting with the MHC Coordinator to complete the MHC paperwork and screens, the potential participant is also offered the opportunity to view an MHC session to understand expectations. However, viewing the court is not a requirement. Individuals are given as much information as possible so that an informed decision on participation in MHC can be made. Once all of the aforementioned forms and screens are completed, and the participant has agreed to participate in programming, the participant is asked to report to the next MHC session and is officially welcomed to the Mental Health Court.

Upon enrollment in MHC, participants are given an MHC calendar and the *Marinette County Mental Health Court Participant Binder*. Participants are expected to keep all of their appointments in the calendar, as well as complete the [Exhibit L: Meaningful Activity Log](#) each week. The Marinette County Mental Health Court Participant Binder will include information on the MHC team and how to contact MHC team members, the participation guidelines, a copy of the treatment conditions they have signed,

any rules or Alternative to Revocation (ATR) agreements from the Department of Corrections, MHC phase paperwork, various recovery tools, wellness and recovery planning information, and information about community resources. There will also be space in this binder for the participant to place their MHC goal plans, any contingency plans, as well as any Carey Guides/Brief Intervention Tools/Change Journals or other homework assignments they have while in MHC. Participants will be asked to bring this binder and their court calendar to every court appearance for review with the MHC Judge.

## Monthly Participant Fees

All participants are assessed a program fee of \$20 for each month of participation in the MHC. Participants are required to complete a monthly budget with the MHC Coordinator and are responsible for notifying the MHC Coordinator immediately of any changes to monthly income. Participants will be required to sign [Exhibit M: MHC Fee Contract](#) before beginning the MHC and before any change in fee schedule occurs.

All payments may be paid in cash, check, or money order made payable to “Marinette County HHS” (memo Mental Health Court) and are due at the end of each month to the ADAPT receptionist. Community service hours may be used to reduce outstanding fees and are applied to the fee balance at the rate of \$5 per hour worked. These hours must be above and beyond any other community service ordered by the court. Proof of all required community service hours is also due at the end of each month to the MHC coordinator.

If a participant fails to pay the monthly fee or complete the monthly community service hours by the end of the month the participant will accrue a balance of fees and/or hours owed. The balance of fees and hours owed will continue to increase at the monthly rate for as long as the participant fails to pay or complete hours. Failure to pay the monthly fee or complete required community service hours is subject to sanctions by the court. All fees must be paid and community service hours completed prior to a participant graduating. The MHC team reserves the right to change the monthly fee schedule as needed, and will provide written notice to all MHC participants at least two months in advance of any rate change.

## Confidentiality

Health and legal information should be shared in a way that protects potential participants’ confidentiality rights as mental health consumers and their constitutional rights as defendants. This is accomplished in the following ways:

The criminal case file does not include treatment records.

All treatment records, including the reports used for the Mental Health Court Team meetings, are only kept in the participant’s official electronic medical record at Marinette County Health and Human Services (HHS). HHS uses an electronic file (The Clinical Manager) for all consumer files and follows the Marinette County policy related to storage, retention and disposal, protection, confidentiality and access of the consumer file. In addition, HHS follows a paperless file system and utilizes The Clinical Manager for storing any paper electronically that is in the consumer file.

Any reports utilized in the Mental Health Court Team Meetings are shredded immediately following the meeting. Only the Mental Health Court Coordinator maintains a copy of the report which is filed in the participant’s electronic medical record.

A Release of Information (ROI) will be signed by any individuals coming into court so that the court team may

discuss case-specific information. All other confidentiality standards regarding treatment from Marinette County Division of Health and Human Services will apply.

Any participant, potential participant, or interested party requesting information from the electronic case file will be referred to the Marinette County MH/AODA clerical staff for processing per the Marinette County Department of Health and Human Services Client Records Request Procedure.

## Court Monitoring

Mental Health Court participants are required to participate in supervision and monitoring from the court to ensure that they are participating in treatment, taking medications as prescribed, adhering to rules of the program, and maintaining sobriety. In order to accomplish this, participants will be required to provide documentation of any medications taken, such as discharge paperwork and/or aftercare instructions. Any questions regarding this policy should be directed to the MHC Coordinator at 715-732-7779.

## Treatment

The services and supports will be varied for each individual Mental Health Court (MHC) participant based on unique needs, strengths, and goals. The initial screens and assessments assist in determining the level of service for each court participant. The following are levels of service available to MHC participants:

### **Evaluation and Psychotherapy unit (EPU)**

The Evaluation and Psychotherapy unit provides a variety of psychotherapy and psychiatric services. These services are provided at the county on an outpatient basis. The EPU unit utilizes psychological interpersonal techniques to promote personal well-being of the client by enhancing his or her ability to adapt and cope with internal and external life stresses. A variety of traditional and contemporary techniques used to treat an individual, family, or group include: family systems therapy, behavior modification therapy, and cognitive psychotherapy.

### **Comprehensive Community Services (CCS) program**

The Comprehensive Community Services program is a recovery-oriented, community-based psychosocial rehabilitation service. These services include medical and remedial services and supportive activities to assist individuals with mental illness and/or substance abuse disorders to achieve the highest possible level of independent functioning and to facilitate recovery.

### **Community Support Program(CSP)**

The Community Support Program provides comprehensive mental health treatment for individuals diagnosed with severe and persistent mental illness. The goal is to work collaboratively with the participant to promote recovery and increased participation in the community. A multi-disciplinary team's assessment is used to deliver intensive services including psychiatric treatment, psychotherapy, education, skill building, psychosocial rehabilitation, symptom management, and advocacy.

### **Case Management**

The Case Manager coordinates services customized to an individual's persistent challenges and aids in their recovery. Case management includes traditional mental health services, but may also encompass primary healthcare, housing, transportation, employment, social relationships, and community participation. It is an ongoing process that consists of the assessment of the individual's needs, and then planning, locating, and securing supports and services.

## **Alcohol and other Drug Abuse (AODA) Treatment**

AODA assessment and treatment is provided as needed by a CADC III. The counselor utilizes evidence-based Integrated Dual Diagnosis Treatment (IDDT). Individuals can also be referred to intensive outpatient treatment programs in the community. Groups such as SMART Recovery, NA, and AA are also encouraged. Individuals may be required to submit to random Urinary Analysis (UA) testing in addition to the Department of Corrections issued tests. Please review [Exhibit O: Chemical Testing](#) for more information.

## **Programming**

The county works with a variety of programs in the community that provide employment services. Services are offered on a continuum of care depending on client needs. Services are also provided in a variety of settings including, but not limited to, the participants' home, community, office, and in some cases a higher level of care, such as inpatient, may be needed. Individuals can be seen daily, weekly, or as determined by their provider depending on their level of need.

Each court participant will be assigned to one of the aforementioned programs or referred to appropriate community services. Once in a program, they will be assigned a case-manager or therapist who will work with the participant to develop a treatment plan and will coordinate all of the necessary services geared towards each individual's unique needs. Marinette County believes in a person-centered approach when designing treatment plans. The treatment planning process is a collaborative one in which the client is very involved in designing their own treatment plan based on their stated goals. If a participant receives their mental health services from a community agency outside of the county, that agency will be responsible for determining a course of treatment and treatment plan. The Mental Health Court coordinator will act as a liaison between the treatment provider and the MHC team and will get regular updates from the treatment provider on how the participant is doing and will monitor adherence to the treatment plan.

Each court participant will also create an individualized goal plan for what they would like to accomplish while in MHC. This is a collaborative process in which the participant, their PO, and the MHC coordinator all meet to discuss the goals a participant would like to work on while in the MHC program. The COMPAS assessment is also viewed and any areas of high need indicated in the COMPAS assessment are addressed in the goal plan. The court participant and the MHC team are all given a copy of the goal plan and the MHC Judge periodically reviews this goal plan with participants during MHC proceedings.

Programs outside of the general array of county services can also be used. There are several food pantries, soup kitchens, clothes donations, and housing agencies in the community to which court participants are able to be referred.

Marinette County has a myriad of services that are offered to the court participants based on their unique needs and goals. Services outside of the county can also be used to supplement and make the most comprehensive treatment plan possible.

The MHC coordinator is responsible for coordinating communication between the court and the service providers and communicates with all providers on a weekly basis to keep updated on participants' progress. The MHC coordinator also provides direct participant contact as needed.

## **Mental Health Court Phases**

The Mental Health Court (MHC) is designed in three Phases. This allows the participant to begin planning and working towards goals at a gradual pace. As an individual moves forward in the court,

they will have more flexibility in their treatment, but there will also be higher expectations. The phase process allows room and time to plan, implement, and execute recovery goals. Participants will be given checklists they need to complete and turn in before advancing to the next phase of Mental Health Court. These checklists can be found in the Mental Health Court Participant Binders that participants are given when they begin MHC. They will be encouraged to use their checklists on a regular basis and to keep track of when they feel ready to move to the next phase of court. Once a participant turns in a checklist, it will be reviewed the following week during the court team meeting and the court team will determine whether the participant can move to the next phase of the MHC. The checklists are a general guideline, and each participant may be asked to complete a milestone at the team's discretion prior to advancing a phase. Please review [Exhibit P: Moving into Phase II Checklist](#), [Exhibit Q: Moving into Phase III Checklist](#), and [Exhibit R: Graduation Checklist](#).

## Mental Health Court Proceedings

The Mental Health Court (MHC) calendar is a priority and will be a specialized separate court dedicated to the assessment, treatment, and supervision of eligible candidates. The MHC will be held in Circuit Court Branch 2 every first, second, and third Tuesday at 8:30 a.m. and the MHC team will meet Tuesday mornings prior to Court to staff the individual cases. The MHC team will also meet on the fourth Tuesday to discuss procedural issues and make necessary policy decisions.

The MHC is open to the public. Family members and other members of a participant's support network are welcome to attend MHC sessions. However, anyone in attendance must sign the observer's agreement to keep the court proceedings confidential. Please review [Exhibit S: Observers' Agreement](#). Potential participants will be given the opportunity to observe at least one Mental Health Court session prior to being accepted into the Mental Health Court program.

The Mental Health Court is operated as a "court of record" thus all court notes from the clerk's minutes are entered into the Wisconsin Circuit Court Access system. The clerk should be advised that minutes are to be brief and include the basic proceedings, not specific treatment-related topics. Cases are reassigned from the original court branch to the Mental Health Court branch upon enrollment of the MHC participant.

## Behavioral Responses

Marinette County applies Contingency Management (CM) principles to reinforce positive behaviors and reduce negative behaviors by utilizing a system of incentives, sanctions, and contingency management plans in the Mental Health Court (MHC). There is an extensive body of research that supports CM's efficacy in treating behavioral disorders including AODA issues. That is why the court has chosen to utilize CM principles.

Desired behaviors are systematically reinforced during the Mental Health Court program by providing participants incentives during the time a desired behavior is displayed. Please review [Exhibit T: Incentive System-Provider Instructions](#) for details on how the incentive system is facilitated. [Exhibit U: Incentive System](#) is the document provided to the court participants that explains the incentive system.

Sanctions are given to hold court participants accountable for negative behaviors with the goal of providing opportunities to learn from mistakes by assigning creative, therapeutic, and appropriate sanctions aimed at changing the negative behavior displayed. These sanctions can afford participants a learning opportunity as well as a chance to increase skills/knowledge that will hopefully decrease negative behavior in the future. Sanctions can come in the form of individualized tasks or assignments or the ability for a client to really focus on changing a target behavior in the form of a contingency

management plan. Please review [Exhibit V: Sanctions and Incentives](#).

A contingency management plan will be offered when the participant has regularly displayed a specific negative target behavior and has not yet been successful at managing that target behavior. The behavior will result in a certain severe sanction (most likely jail). However, the participant will have the option to avoid that sanction by agreeing to complete a contingency management plan. The contingency management plan will be in the form of a written contract that details the desired behavioral change, the interventions to be tried, the duration and frequency of the intervention, and potential consequences of the participant's success or failure in complying with the contingency management plan. The plan will be completed by the participant and either the Mental Health Court Coordinator or the participant's treatment providers. In the event the Mental Health Court Coordinator will be working on the contingency management plan, the treatment team will be consulted. Please review [Exhibit W: Example Contingency Management Plan](#).

However, if multiple incidents of negative behavior continue after a contingency management plan has been tried, or if a participant is found to be lying to the court, the sanction may be punitive in nature and the participant may not be given the option of a contingency management plan.

## Successful Completion

Participants are eligible to graduate from the MHC program once all three phases of the Mental Health Court (MHC) have been successfully completed. Once a participant feels ready to graduate, the graduation checklist is completed and turned in to the MHC team. The MHC team discusses the request for graduation with the MHC Judge making all final decisions as to whether a participant is offered graduation. Once this is decided, the participant is notified of eligibility for graduation. Upon graduation the participant is asked to complete a "recovery project" of the individual's choosing to present to the team. Once the recovery project has been presented, the participant will graduate at the following court appearance, and there will be a celebration to acknowledge the graduate. Participants are encouraged to invite guests to their graduation celebrations.

## Termination

A MHC participant can be terminated from the program for posing a risk to public safety or to the integrity of the program, or if the MHC team has exhausted all available treatment resources. Examples of these include, but are not limited to:

- Commission of a violent crime
- Abandonment of the program
- Clear evidence that a participant has been involved in threatening, abusive, or violent verbal or physical behavior towards anyone
- Difficulty in meeting the expectations of the Mental Health Court over a protracted time period
- Revocation of probation/extended supervision status
- Any other grounds the Mental Health Court team finds sufficient for termination.

Any member of the MHC team may make a motion for potential termination of a participant from the

program. The potential termination is discussed by the team and the motion is carried by approval of the Judge after considering the argument. If the Judge determines that a participant will be terminated, the participant is notified via the [Exhibit X: Notice of Termination Letter](#). The participant is given the opportunity to contest the termination, if the participant so chooses. The participant is required to inform the coordinator within three business days of receiving the Notice of Termination Letter that a hearing is requested. If a hearing is requested, it will occur once the participant has had ample time to prepare an argument and/or meet with an attorney if one is requested. During the time in between the initial termination notice from the Mental Health Court program and the outcome of the termination hearing the participant is required to attend Mental Health Court hearings and act as an active participant in programming, they should remain involved in any AODA/mental health treatment and court obligations. If the participant does not wish to contest the termination and does not request a hearing the participant is terminated from the Mental Health Court program with the effective termination date being the date of the initial termination notice.

## Termination Hearing

Participants are entitled to a due process hearing presided over by the Mental Health Court Judge.

## Voluntary Withdrawal

A voluntary withdrawal can occur when an individual chooses to leave the Mental Health Court rather than continue with recommended treatment. This discharge is a neutral discharge and is not considered a successful discharge, nor is it an unsuccessful discharge. Choosing to leave the court means that the individual will be returned to the normal criminal justice process to finish their sentence.

## Administrative Withdrawal

An administrative withdrawal can occur when a participant is discharged from the Mental Health Court (MHC) program for reasons outside of program completion or termination. Examples of an administrative withdrawal include, but are not limited to, moving out of Marinette County, death or injury wherein the individual is no longer able to participate in treatment, or the MHC team feels it is no longer within the participant's best interest to be involved in the court. This discharge is a neutral discharge and is not considered a successful discharge, nor is it an unsuccessful discharge.

## Quality Assurance

Once a participant graduates from the Mental Health Court program, the Mental Health Court Coordinator will meet with the graduate to complete an exit interview. The exit interviews are shared with all members of the Mental Health Court Team during policy and procedure meetings and feedback from the interviews is utilized to inform policy and procedure decisions. Attempts will also be made to complete Exit Interviews with terminated participants as well. Please review [Exhibit Y: Marinette County Mental Health Court Exit Interview](#) to see the questions that are asked at the exit interview.

In addition to the Exit Interview, participants will be asked to complete [Exhibit Z: Participant Surveys](#) throughout the duration of programming to monitor the program's effectiveness and measure the quality of service provided by the treatment staff and team members. These surveys will be provided to participants quarterly at the end of weekly court hearings. They will be collected anonymously; however there is an option for a participant to request feedback and provide contact information if follow up is requested. Results from the participant surveys will be provided to all team members and used to inform policy and procedure decisions.

In order to ensure that the MHC team is operating effectively, team members will be asked to complete [Exhibit AA: Marinette County Mental Health Court Team Performance Appraisal Surveys](#). These surveys will be provided to team members quarterly during weekly staff meetings, and will be collected anonymously. Results from the team surveys will be provided to all team members and used to inform policy and procedure decisions, as well as improve functioning of the group.

## Exhibit A: Memorandum of Understanding

### **MEMORANDUM OF UNDERSTANDING**

FOR THE MARINETTE COUNTY MENTAL HEALTH COURT PROGRAM

BETWEEN MARINETTE COUNTY

AND

THE WISCONSIN DEPARTMENT OF CORRECTIONS

MOU# 410510-V19-KJK7047-NPT-01

#### **SECTION I – PARTIES TO THE MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding (MOU) is made by and between the State of Wisconsin Department of Corrections, whose principal business address is 3099 East Washington Ave., P.O. Box 7925, Madison, WI 53707-7925, (“DOC”), and, Marinette County Circuit Court, 1926 Hall Avenue Marinette, WI 54143; Marinette County District Attorney’s Office, 1926 Hall Avenue Marinette, WI 54143; Wisconsin State Public Defender’s Office, 101 Ogden Road, Suite C, Peshtigo, WI 54157; Marinette County Office of the Sheriff, 2161 University Drive Marinette, WI 54143; and Marinette County Health and Human Services Department, 2500 Hall Avenue, Marinette, WI 54143.

The DOC employees jointly responsible for administration of this MOU, as “Contract Administrators”, will be Probation and Parole agents, Lindsay Nolde and Jill Grieser, along with Julie (Julia) Krause, Corrections Field Supervisor, whose principal business address is 3540 Old Peshtigo Road, Marinette, WI, 54143. In the event that Lindsay Nolde, Jill Grieser and/or Julie (Julia) Krause are unable to administer this MOU, DOC will designate a new Contract Administrator(s) to maintain at least one DOC employee as an administrator.

The Marinette County employee responsible for administration of this MOU will be Tiffany Raven, Marinette County Mental Health Court Coordinator, as the “Contract Administrator” whose principal business address is 2500 Hall Avenue Marinette, WI 54143. In the event that Tiffany Raven is unable to administer this MOU, the Marinette County Health & Human Services, in conjunction with the MHC team, will designate a new Contract Administrator. *As of September 9, 2019, Shawn Loch is the new Contract Administrator.*

#### **SECTION II - PURPOSE OF MOU AND THE MISSION STATEMENT OF THE PROGRAM**

The parties agree that the following should be the mission of the specialized court: “The mission of the Marinette County Mental Health Court is to increase public safety and restore productive and law abiding citizens to the community by breaking the cycle of criminal behavior through effective long-term mental health treatment and intensive court supervision.”

The parties to this MOU support and endorse the goals and mission of the Marinette County Mental Health Court (“MHC”) in order for defendants to eliminate future criminal behavior, improve the quality of their lives and enhance the wellbeing of the community.

For this program to be successful, cooperation must occur within a network of systems in order to facilitate and achieve the mission of the Marinette County Mental Health Court.

### SECTION III - PRINCIPAL AGENCY ROLES AND RESPONSIBILITIES/STAFF COMMITMENTS

Now, therefore, it is agreed:

Marinette County Circuit Court agrees to provide a judge who will preside over the Marinette County Mental Health Court Program. The judge will preside over the court proceedings and monitor appropriate application of incentives and sanctions while maintaining the integrity of the court. Court proceedings will be that of a non-adversarial approach.

Marinette County District Attorney's Office will review all potential participants for eligibility, actively participate in the staffing of cases, and interact in a non-adversarial manner to address the need for incentives and sanctions as they apply to the participant.

State Public Defender's Office (SPD) will explain the Mental Health Court program to potential participants represented by the State Public Defender's Office and advise private attorneys on the merits and logistics of the Mental Health Court Program. The SPD representative will answer basic (non-case related) legal questions asked by MHC participants and potential participants who are not represented by counsel. As a member of the MHC team, the SPD representative does not represent each program participant. Instead, the SPD representative will strive to ensure the Mental Health Court is fair, consistent, and in compliance with recognized standards of due process and best practices in the operation of specialty courts. The SPD representative will participate in the team staffing of cases, Mental Health Court sessions and all meetings of the MHC team and oversight committee.

Law Enforcement Agency will perform background checks as necessary for screening purposes, assist with home and community visits, monitor participant activities in the community, enforce orders of the Mental Health Court, provide security during court proceedings when deemed appropriate and serve as liaison between the Mental Health Court and local police department(s), sheriff's office, jail and correctional system.

Marinette County Health and Human Services will provide mental health staff to work in collaboration with the MHC team. Upon a client being referred to Marinette County Health & Human Services, a complete mental health assessment and diagnosis will be provided. The mental health assessment and diagnosis could include the following: interviewing and gathering of clients' collateral background data; drug/alcohol urinalysis screening; various pen/paper testing instruments; and prescribing medications. Once the assessment and diagnosis is complete, Marinette County Health & Human Services agrees to provide a report to the MHC team on the findings and recommendations. If a participant meets criteria for a mental illness, Marinette County Health & Human Services will refer the participant into one of their programs as appropriate. If a participant is unable to receive mental health services through Marinette County Health & Human Services due to location or availability, the Department will seek out providers in the Marinette County area to provide mental health treatment services. Marinette County Health & Human Services agrees to monitor treatment progress of participants receiving treatment services through its agency, and provide periodic progress reports to the Mental Health Court Coordinator. Marinette County Health & Human Services agrees to participate in Mental Health Court staffing, and provide any information during a staffing which will aid in the participants' recovery. Furthermore, Marinette County Health & Human Services will design methods to measure outcomes, quality assurance, and evidence based practices.

Marinette County Mental Health Court Coordinator will act as the primary person responsible for coordinating appropriate services for the clients, keeping up-to-date information on each MHC participant, briefing the MHC team on progress of each participant, and any issues in the team staffing.

The Coordinator will be responsible to the MHC team for the following:

- Provide orientation to new clients.
- Implement the risk assessment screening tool; coordinate the mental health assessment; if needed.
- Coordinate with treatment providers, counselors, and physicians.
- Coordinate all participant activity from time of assessment/screening to termination/graduation within the Marinette County Mental Health Court.
- Conduct regular meetings with participants to discuss progress within the program.
- Gather information from other agencies in regard to client participation.
- Collect data on all aspects of participant activity, and report results to MHC team as required.
- Coordinate and collect drug and alcohol testing samples as necessary, and report drug testing to the MHC team.
- Coordinate and collect testing samples to ensure medication compliance as necessary.
- Create weekly reports to present to the MHC team at weekly staff meetings with other MHC team members.
- Take all weekly information and maintain databases on each participant for statistical program evaluation.
- Set reasonable fees which are fair and realistic with a participant's ability to pay, and monitor payments of fees, fines and restitution.
- Create and maintain participant case files and case plans, including continuity of care and aftercare portfolios.
- Provide referral information to participants as needed using well developed personal network of community contacts.
- Maintain all MHC files in a confidential manner as directed by the Mental Health Court Judge. There is no public access, and all files are confidential.

Wisconsin Department of Corrections The mission is to enhance public safety through management and reduction of offender risk by providing supervision of offenders and collaboration with community partners to assist offenders to change their behavior and repair the harm they have done.

The Wisconsin Department of Corrections, Division of Community Corrections (DCC), will act as a member of the MHC team by providing at a minimum of one probation and parole agent per court. When individuals are in the Mental Health Court Program and on supervision with the DOC, the Department of Corrections will:

1. Provide community supervision of participants and maintain a supervision file for each MHC

participant, in compliance with the requirements of the Department of Corrections' policies and procedures and Wisconsin State Law, including following confidentiality regulations.

2. Be guided by Evidence Based Practices when making decisions pertaining to the supervision and treatment of DCC offenders participating in the Mental Health Court. (Wisconsin Treatment Court Standard 1)
3. Prohibit agents from engaging in the role of Court Coordinator for the Mental Health Court. The Mental Health Court Coordinator maintains the overall management of the Mental Health Court Program. This includes administrative assistance to the Mental Health Court Judge, coordinating the selection and admission of the MHC participants, coordinating MHC team agendas and staffing program participant compliance. The Court Coordinator maintains documentation on paper and electronic files regarding the collection of random urinalysis tests, treatment compliance and coordinates collaboration between all of the participating agencies involved in the Mental Health Court Program.
4. Refer MHC participants to community resources if available and, when appropriate and in consultation with the MHC team, maintain collateral contacts to follow participant progress.
5. Provide alcohol and other drug abuse (AODA) testing as part of normal standards of supervision. Extensive and random AODA testing specific to the Mental Health Court will be the responsibility of that court. Agents can assist with this task on occasion; however, will not exceed one AODA test per week on any given MHC participant. (Wisconsin Treatment Court Standard 15)
6. Provide input for decisions regarding incentives and sanctions and impose incentives and sanctions where appropriate and in accordance with Department of Corrections' policies and procedures, Wisconsin State Law and Evidence Based Practices. (Wisconsin Treatment Court Standard 17)
7. Attend MHC team meetings and Mental Health Court at a maximum of one team staffing/Mental Health Court session per week and one special team or advisory board meeting per month. As the participant progresses forward in the Mental Health Court Program phases, it is expected the agent's responsibilities for that participant will be reduced along with the classification and contact standards for the individual participant. This may be subject to change based on staffing and availability.
8. Provide updates on participants' adjustment to supervision with the Department of Corrections.
9. Identify potential candidates for alternatives to revocation.
10. Coordinate with law enforcement and other agencies as needed.

#### **SECTION IV - GENERAL PROVISIONS**

Participating agencies of the Marinette County Mental Health Court agree to the following:

1. DOC resources and supervision tools will only be available to MHC participants who are on active supervision with the Department of Corrections.
2. The Mental Health Court shall not employ, or utilize in a volunteer capacity, a person who is on active probation, parole, extended supervision, lifetime supervision or an inmate who is supervised by Intensive Sanctions for any position where the primary duties and responsibilities involve contact or work with offenders/inmates OR involves access to offenders/inmates' records or funds.

3. This MOU implies no fiscal responsibility for DOC. Other than in-kind services of DOC's representatives, no DOC funds may be expended, pledged, contracted for, or spent without the approval of DOC Administration. DOC will have the right to annually review its participation and any financial commitments made.

In addition, all Agencies and staff agree to follow the attached Policies and Procedures of the Marinette County Mental Health Court (Attachment 1) and to abide by the following:

**A. MENTAL HEALTH COURT ADVISORY BOARD**

All parties agree to continue to be represented in this group. This group will be responsible for modifying and amending this MOU. They will address problems and issues as identified and develop policy and program modifications. Clearly identify sanctions and incentives controlled by the group and identify who has final say. Coordinated strategy governs Mental Health Court responses to participants' compliance ensuring compliance with state statute and Department of Corrections Administrative Code.

**B. CONFIDENTIALITY**

All parties agree assigned participants of their respective agencies shall attend all scheduled Mental Health Court staffings and advisory board meetings. They shall maintain the confidentiality of the details and content of the MHC team and advisory board discussions, and the votes of the individual MHC team and advisory board members. No MHC team member shall disclose this confidential information to any third person absent agreement by the majority of the MHC team members, or pursuant to court order. No agency, advisory board or MHC team member shall disclose confidential information regarding participants without the consent of such MHC participant and approval of the MHC team.

**C. MODIFICATION**

Any individual agency wishing to amend/modify the policies and procedures of the Mental Health Court Program or this MOU will notify the Court Advisory Board of the issue(s). The Court Advisory Board will address the issue(s) for purposes of modifying/amending the issue(s). Resolution to the issue(s) will be decided by consensus (if possible) or by simple majority.

**D. HOLD HARMLESS**

Any individual agency will indemnify and save harmless the DOC and all of its officers, agents and employees from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the County, or of any of its contractors, in prosecuting work under this MOU.

**E. NONDISCRIMINATION /AFFIRMATIVE ACTION**

In connection with the performance of work under this MOU, the individual agency agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined ins. 51 .01(5), Wis. Stats., sexual orientation as defined in s. 111. 32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to

sexual orientation, the individual agency further agrees to take affirmative action to ensure equal employment opportunities.

**F. CANCELLATION**

DOC reserves the right to cancel any MOU in whole or in part without penalty due to nonappropriation of funds or for failure of the individual agency to comply with terms, conditions, and specifications of this MOU.

**G. TERMINATION**

Individual agencies contemplating termination of their participation in this MOU shall first notify the Court Advisory Board of their concern. The Court Advisory Board will attempt to resolve the problem to ensure continuation of the Mental Health Court. If unable to resolve the problem, the individual agency or department can exercise its right to terminate this MOU by notifying all other agencies in writing a minimum of 90 days prior to such termination.

**H. EFFECTIVE DATE**

This MOU is effective on October 2, 2018 through September 30, 2019.

**I. RENEWAL**

This MOU will be automatically renewed for subsequent years on October 1st unless terminated by an individual agency as indicated in Section III, G. Termination.

**J. MISCELLANEOUS**

This MOU shall be construed and governed by the laws of the State of Wisconsin. In the event of any dispute arising from this MOU, the parties agree to submit to the exclusive jurisdiction of the Circuit Court for Dane County, Wisconsin, or the federal court sitting in Madison, Wisconsin.

In Witness Whereof, the parties have, through dually authorized representatives entered into this MOU.

The parties having read and understand the foregoing terms of the MOU do by their respective signatures dated below hereby agree to the terms thereof.

**WISCONSIN DEPARTMENT OF CORRECTIONS**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Cathy A. Jess, Secretary  
Wisconsin Department of Corrections

**CIRCUIT COURT JUDGE**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief Judge James A. Morrison  
Marinette County Circuit Court

**DISTRICT ATTORNEY**

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

DeShea D. Morrow, District Attorney  
Marinette County District Attorney's Office

**WISCONSIN STATE PUBLIC DEFENDER'S OFFICE**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Bradley Schraven, Local Attorney Manager  
Public Defender's Office

**MARINETTE COUNTY OFFICE OF THE SHERIFF**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Jerry Sauve, Sheriff  
Marinette County

**MARINETTE COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Robin Elsner, Director  
Marinette County Health and Human Services

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Tiffany Raven, Mental Health Court Coordinator  
Marinette County Health and Human Services

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Guy Powers, Psychiatrist  
Marinette County Health and Human Services

## Exhibit B: Marinette County Mental Health Court Short Form Referral

Name:		DOB:
Case # if known:	Complaint # if known:	
Reason for Referral (pending charges, term of probation, ATR) and explanation of how and why criminal behavior is related to diagnosis, if known:		
Describe observable characteristics of mental illness or distress.		
Was the candidate under the influence of any substance at the time of their arrest? Which substance(s)?		
Has the candidate been diagnosed with a severe and persistent mental illness? <i>Severe and persistent: has resulted in functional impairment which substantially interferes with or limits one or more major life activities.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Has the candidate had a COMPAS assessment, and if so, what is the score?	Score _____ <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Does the candidate have at least 24 months of supervision left with probation/parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Candidates should be facing at least 6 months jail if convicted, or if already convicted, should be currently under supervision for a charge with a legitimate potential of at least 6 months jail time if revoked from probation. Does this apply to the candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Does the candidate have a legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Does the candidate have a prior violent crime or weapons charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	

**To be filled out by the applicant:**

Why do you want to join Mental Health Court?

What goals would you like to accomplish while in Mental Health Court?

What are you willing to do to accomplish the above goals?

## Exhibit C: Marinette County Mental Health Court Application

### Mental Health Court Application Checklist

Forms to be turned in with your referral:

- Marinette County Release**-Please have the potential referral **initial the marked lines on the first page and sign and date the back.**
- Marinette County Mental Health Court Application Form**-Please fill out **ALL** sections of this form. Please be sure to have the potential referral fill out the last 3 questions.
- Documentation of the Mental Illness**-Please include any **medical records** which indicate that the potential referral does have documentation of a mental illness.
- Waiver of Ex Parte Contact with the Mental Health Court Judge**-Please review with the potential referral and have the potential referral sign and date.

**\*\*\*Referrals will not be considered until all of the above documentation is submitted. Please send information in attention to the Mental Health Court Coordinator via mail or fax. Contact information is below:**

Shawn Loch-MHC Coordinator  
2500 Hall Ave, Suite A  
Marinette, WI 54143  
Fax: 715-732-7711  
Direct line: 715-732-7686  
Email: [sloch@MarinetteCounty.org](mailto:sloch@MarinetteCounty.org)

### For Your Information

**Participant Criteria**-This lists the eligibility requirements for Mental Health Court; besides needing to have a diagnosis of mental illness, there are several other requirements one needs to meet in order to be eligible for Mental Health Court. Please review this form before you send a referral.

After all the relevant forms are sent to the Mental Health Court Coordinator, the coordinator will screen the referral and present the referral to the team. The Mental Health Court Team will then make a decision regarding acceptance to Mental Health Court. The coordinator will send a letter to the referring party with the final decision. Please contact the Mental Health Court Coordinator with any questions.

## Marinette County Mental Health Court Participant Criteria

### **Potential candidates must meet the following criteria to be considered for participation in the program:**

- Participant must be at least 17 years of age and an established resident of Marinette County, defined as having a physical and voluntary presence in the county, and intent to remain in the county while participating in the program.
- Participant has been diagnosed with a severe and persistent mental illness
- Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any time during the past year, (3) have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5, (4) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities...All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects. **The Marinette County Mental Health Court will accept participants aged 17 if their case is in adult jurisdiction and they otherwise meet this definition.**
- The severe and persistent mental illness MUST be the Primary diagnosis.
- Participant's Supervision Level Recommendation is medium to high as assessed by the COMPAS tool.
- Participant is likely to benefit from treatment in a community-based setting and has some insight into personal involvement with the criminal justice system.
- Participant should have at least 24 months of supervision left with probation/parole.
- Participants should be facing at least 6 months jail time if convicted, or if already convicted, currently under supervision for a charge with a legitimate potential of at least 6 months jail time if revoked from probation.
- Participant agrees to sign all releases of information, as requested.
- Participant agrees to comply with the Mental Health Court's (MHC) Treatment Conditions/Terms of Participation.

### **If the potential participant meets one or more of the following criteria, he/she may be ineligible for the program:**

- Participant has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation, treatment and/or functioning.
- Participant is currently under a Chapter 54 guardianship.
- The level of violence of the current offense will be strongly considered as a factor of admission.
- Participants who have a prior violent crime or weapons charge may be considered at the discretion of the Mental Health Court Team.
- Participant has open warrants.
- Participant understands that if the court discovers a participant meets one or more of the ineligibility criteria after admission, that participant may be terminated from the program.

**Final eligibility will be determined at the conclusion of the screening process by the Mental Health Court (MHC) Team**



MARINETTE COUNTY
AUTHORIZATION TO USE AND DISCLOSE
PROTECTED HEALTH INFORMATION

Individual's Name: Last Middle First

Home Address:

Home Telephone: Date of Birth:

SPECIFY INFORMATION TO BE DISCLOSED:

[Empty box for specifying information to be disclosed]

MY HIGHLY CONFIDENTIAL INFORMATION:

By signing my name next to a category of highly confidential information listed below, I specifically authorize the use and/or disclosure of the type of highly confidential information indicated next to my signature, if any such information will be used or disclosed pursuant to this Authorization:

- Information about a Mental Illness or Developmental Disability X
Psychotherapy Notes X
Information about HIV/AIDS Testing or Treatment...
Information about sexually transmitted infection
Information about Substance (i.e., alcohol or drug) Abuse X
Information about Abuse of an Adult with a Disability X
Information about Sexual Assault X
Information about Child Abuse and Neglect X
Information about Genetic Testing X

RECIPIENT: Name of person or class of persons to whom Marinette County may disclose my health information: Marinette County Mental Health Court Team

Address of the recipient or where my health information should be delivered: 2500 Hall Ave, Ste. A, Marinette, WI, 54143

TERM: This Authorization will remain in effect:

- From the date of this Authorization until the \_\_\_ day of \_\_\_, 20\_\_
Until Marinette County fulfills this request.
Until the following event occurs: Completion of Mental Health Court
Other: \_\_\_\_\_

**PURPOSE:** I authorize Marinette County to use or disclose my health information (including the highly confidential information I selected above, if any) during the term of this Authorization for the following specific purpose(s): **[Note: “at the request of the patient” is sufficient if the patient is initiating this Authorization]**

---

I understand that once Marinette County discloses my health information to the recipient, Marinette County cannot guarantee that the recipient will not redisclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information.

I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of my treatment at Marinette County; except, however, if my treatment at Marinette County is for the sole purpose of creating health information for disclosure to the recipient identified in this Authorization, in which case Marinette County may refuse to treat me if I do not sign this Authorization.

I understand that this Authorization will remain in effect until the term of this Authorization expires or I provide a completed Marinette County Written Notice of Revocation form to Marinette County’s Privacy Officer at the address listed below or to the Human Services Privacy Designee at the address listed below. The revocation will be effective immediately upon Marinette County’s receipt of my written notice, except that the revocation will not have any effect on any action taken by Marinette County in reliance on this Authorization before it received my written notice of revocation.

I may contact the Human Services Privacy Designee by mail at Privacy Designee, Marinette County Health and Human Services, Marinette, WI, 54143-1604, by telephone at (715) 732-7760 or by email at [hsprivacydesignee@marinettecounty.com](mailto:hsprivacydesignee@marinettecounty.com).

I may contact Marinette County’s Privacy Officer by mail at Privacy Officer, Marinette County Courthouse, Marinette, WI, 54143-1717, by telephone at (715) 732-7417 or by email at [humanresources@marinettecounty.com](mailto:humanresources@marinettecounty.com).

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize Marinette County to use or disclose my health information in the manner described above.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

If the patient is a minor or is otherwise unable to sign this Authorization, obtain the following signatures:

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Description of Authority

\_\_\_\_\_  
Date

## Marinette County Mental Health Court Application

Form completed by:		Marinette County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number:		
Referral date:		

Applicant Name:	Telephone #:	DOB:	Address:
Employment Status: Choose an item.	Current Housing: Choose an item.	Insurance/VA Healthcare:	Referral Source: Choose an item.
Gender Identity: Choose an item.	Marital Status: Choose an item.	Assessment score:	Level of Education: Choose an item.

Current/Pending Charges and Case Number:	For ATRs- Current Conviction:
Next Scheduled Court Date: Branch: Choose an item.	Type of Hearing: Choose an item.
Current AODA/Mental Health Treatment Providers:	Diagnosis AODA and/or Mental Health:
Previous Participation in Treatment/Diversion Court: <input type="checkbox"/> No <input type="checkbox"/> Yes Location:	Supervision Status: Agent:
Previous AODA Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes Agency:	Military Service: <input type="checkbox"/> No <input type="checkbox"/> Yes Dates of Service:

### **Criminal History**

Date	Offense	Location	Disposition

Reason for Referral (pending charges, term of probation, ATR) and explanation of how and why criminal behavior is related to diagnosis:

Observable Characteristics of Mental Illness/Distress/AODA:

Previous Drug or Alcohol Treatment (i.e. detox, residential, outpatient, etc.):

Previous Mental Health Treatment (i.e. hospitalization, residential, outpatient, etc.):

General Health Issues/Concerns, or Military Service-Connected Disability:

**To be filled out by the applicant:**

Why do you want to join Mental Health Court?

What goals would you like to accomplish while in Mental Health Court?

What are you willing to do to accomplish the above goals?

**WAIVER OF EX PARTE CONTACT  
WITH MENTAL HEALTH COURT JUDGE**

I understand that prior to my acceptance into the Mental Health Court program, a team of professionals, including the presiding court judge(s), will meet to discuss my case and determine if I am appropriate for participation.

I am making a decision to permit that contact and allow communications between the Mental Health Court team and the Judge without myself or my attorney present.

Further, if I am accepted into the program, the staffing team, including the Judge, will meet to discuss my progress. Decisions regarding programming and other recommendations will arise out of these discussions. I understand that these discussions will occur without either myself or an attorney representing me present.

---

Participant Signature

Date

---

Witness

Date

## Exhibit D: Participation Criteria

### **Potential candidates must meet the following criteria to be considered for participation in the program:**

Participant must be at least 17 years of age and an established resident of Marinette County, defined as having a physical and voluntary presence in the county, and intent to remain in the county while participating in the program.

Participant has been diagnosed with a *severe and persistent* mental illness:

Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any time during the past year, (3) have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, (4) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities...All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects. *Federal Register Volume 58 No. 96 published Thursday May 20, 1993, pages 29422-29425. The Marinette County Mental Health Court will accept participants aged 17 if their case is in adult jurisdiction and they otherwise meet this definition.*

The severe and persistent mental illness **MUST** be the **Primary** diagnosis.

Participant's Supervision Level Recommendation is medium to high according to the Correctional Officer Management Profiling for Alternative Sanctions (COMPAS) Assessment Tool.

Participant is likely to benefit from treatment in a community based setting and has some insight into personal involvement with the criminal justice system.

Participant should have at least 24 months of supervision left with probation/parole.

Participants should be facing at least 6 months jail time if convicted, or if already convicted, currently under supervision for a charge with a legitimate potential of at least 6 months jail time if revoked from probation.

Participant agrees to sign all releases of information, as requested.

Participant agrees to comply with the Mental Health Court's (MHC) Treatment Conditions/Terms of Participation.

### **If the potential participant meets one or more of the following criteria, he/she may be ineligible for the program:**

Participant has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation, treatment and/or functioning.

Participant is currently under a Chapter 54 guardianship.

The level of violence of the current offense will be strongly considered as a factor of admission.

Participants who have a prior violent crime or weapons charge may be considered at the discretion of

the Mental Health Court Team.

Participant has open warrants.

Participant understands that if the court discovers a participant meets one or more of the ineligibility criteria after admission, that participant may be terminated from the program.

**FINAL ELIGIBILITY WILL BE DETERMINED AT THE CONCLUSION OF THE SCREENING PROCESS BY THE MENTAL HEALTH COURT (MHC) TEAM.**

## Exhibit E: Waiver of Ex Parte Contact with Mental Health Court Judge

### **WAIVER OF EX PARTE CONTACT WITH MENTAL HEALTH COURT JUDGE**

I understand that prior to my acceptance into the Mental Health Court program, a team of professionals, including the presiding Mental Health Court judge(s), will meet to discuss my case and determine if I am appropriate for participation.

I am making a decision to permit that contact and allow communications between the Mental Health Court team and the Judge without myself or my attorney present.

Further, if I am accepted into the Mental Health Court program, the Mental Health Court team, including the Judge, will meet to discuss my progress. Decisions regarding programming and other recommendations will arise out of these discussions. I understand that these discussions will occur without either myself or an attorney representing me present.

---

Participant Signature

Date

---

Witness

Date

## Exhibit F: Acceptance Letter

Attn: **Referral source**

To Whom It May Concern,

Pursuant to the policies agreed upon by the Mental Health Court Team, we have reviewed your referral for the Marinette County Mental Health Court (MHC). At this time the team has determined and agreed, based on the information currently available, that your referral, NAME, is an appropriate candidate for the MHC and can begin immediately. Please have **him/her** contact me as soon as possible.

Thank you for your interest in the Marinette County Mental Health Court, and please do not hesitate to contact me with questions.

Shawn Loch  
Marinette County Mental Health Court Coordinator  
[sloch@MarinetteCounty.com](mailto:sloch@MarinetteCounty.com)  
(715) 732-7686

## Exhibit G: Conditional Acceptance Letter

Attn: **REFERRAL SOURCE**

To Whom It May Concern,  
Pursuant to the policies agreed upon by the Mental Health Court Team, we have reviewed your referral for the Marinette County Mental Health Court (MHC). At this time the team has determined and agreed, based on the information currently available, that your referral, **NAME**, is an appropriate candidate for the MHC.

This determination constitutes conditional acceptance into the MHC. Your application will be reviewed again after your sentence has been determined to assure that the sentence is commensurate with the requirements of the MHC, and to review any new information that becomes available to the court. Should there be anything after sentencing that causes your referral to be ineligible at that time, the Mental Health Court team reserves the right to deny your referral admittance into MHC.

Please do not hesitate to contact me with questions and thank you for your interest in the Marinette County Mental Health Court.

Shawn Loch  
Marinette County Mental Health Court Coordinator  
[sloch@MarinetteCounty.com](mailto:sloch@MarinetteCounty.com)  
(715) 732-7686

## Exhibit H: Ineligible Letter

Attn: **REFERRAL SOURCE**

To Whom It May Concern,

Pursuant to the policies agreed upon by the Mental Health Court Team, we have reviewed your referral for the Marinette County Mental Health Court (MHC). At this time the team has determined and agreed, based on the information currently available, that your referral, **Referral name**, does not meet the eligibility criteria for acceptance into Marinette County Mental Health Court.

We thank you for your referral. If you have any additional questions please contact the Mental Health Court Coordinator.

Sincerely,

Shawn Loch  
Marinette County Mental Health Court Coordinator  
[sloch@MarinetteCounty.com](mailto:sloch@MarinetteCounty.com)  
(715) 732-7686

## Exhibit I: Program Participation Guidelines

### Marinette County Mental Health Court Program Participation Guidelines

Welcome to the Marinette County Mental Health Court; we are so excited you decided to join our program!

The following information will help you learn more about the Marinette County Mental Health Court (MHC). As this information may not answer all of your questions, please make sure to ask any questions you have.

#### **What is the Marinette County Mental Health Court?**

The Marinette County Mental Health Court was developed to help people in the Marinette County criminal justice system who also have a severe and persistent mental illness. It is a court-supervised program for residents of Marinette County who have been charged with or convicted of a crime and need treatment and other services, and who choose to voluntarily participate in the Court program. The goal of the program is to help you gain skills to live a crime-free life in the future and assist you in meeting your treatment goals and increasing your overall quality of life.

The Marinette County Mental Health Court is a three-phase program. The amount of time you spend in the Mental Health Court is determined by your individual progress in treatment. The term of participation is about 12-18 months or until completion of the program. While you are participating in the Mental Health Court, the judge and the Mental Health Court team will monitor your participation and progress in treatment.

#### **What do I have to do?**

The Marinette County Mental Health Court and your treatment providers will ask you to:

- Give information to Mental Health Court staff about your needs and goals
- Help to develop your treatment plan
- Actively participate in your treatment
- Follow the rules of the Mental Health Court
- Follow the rules of probation
- Remain sober
- Participate in groups and therapy
- Engage in your community and engage in regular meaningful activity
- Treat others with respect
- Always be truthful
- Pay monthly program fees

As a **voluntary** participant in the Marinette County Mental Health Court, you will be asked to follow the directions given in court by the judge and follow a treatment plan that you and your treatment team work on together.

## What's in it for me?

**Services:** The Mental Health Court Team will help you get needed services to help you reach your goals. These services could include, case management services, mental health treatment, substance abuse or alcohol treatment, and assistance with housing and employment.

**Recognition of progress:** As you progress through the phases of your treatment plan, your achievements will be publicly recognized by the Mental Health Court judge and you will receive certificates to acknowledge your accomplishments. You may also receive gift cards as incentives for positive progress in the program.

### **Potential avoidance of time in jail and/or prison**

**Opportunity:** The Mental Health Court offers you a chance to avoid jail or prison on your current charges and to move forward in your life.

Remember that there are many people who make up the Marinette County Mental Health Court team and they all want to see you succeed. If you take advantage of the assistance offered, you can discover many ways to make a better life for yourself and reach your stated goals!

## What are the rules of the Mental Health Court?

### Appear in Court as scheduled.

You will be asked to appear in front of the Mental Health Court judge on a weekly basis. The judge will be given progress reports about how you are doing in treatment. The judge will ask you about how you are doing and discuss any questions or problems you may be having.

You will be asked to attend all planned court appearances and all planned appointments with your treatment providers. If you are more than 15 minutes late for court, it will be considered an absence. When you start Mental Health Court, you will be asked to attend court weekly. As you make progress, you may be able to come to court less often.

### Mental Health Court Etiquette

- Be on time for court, Tuesday at 8:30AM, in Branch 2. If you are late for court you will be required to complete 1 hour of community service.
- No bathroom breaks once court is in session; please use the restrooms ahead of time.
- No cell phone or electronic device use during court; if a team member sees you use your phone or device it will be taken from you until court is over.
- Use appropriate language when addressing the court.
- Pay attention to your peers when they are speaking with the Judge. If you need to have a conversation with a team member, wait until after court or leave the courtroom to do so.
- No tobacco use, including e-cigarettes, in the court room.
- Do not leave court until dismissed; do not schedule appointments or work until after 10 am on Tuesdays to ensure there are no conflicts.
- Dress appropriately; clothing displaying inappropriate language, drugs, alcohol, gang symbols or colors is prohibited. Hats or hoods are not to be worn in court.
- Come prepared for court with your binder, calendar, and this week's Weekly Meaningful Activity Log to take notes on the judge's orders for you. If you are not prepared for court you will be required to complete 1 hour of community service.

Meet with your Mental Health Coordinator.

You will also be asked to meet with the Mental Health Court Coordinator as needed.

Pay Monthly Program Fee.

You will be assessed a program fee for participating in the MHC. If you would like to qualify for a reduced fee you will be required to complete a monthly budget with the MHC Coordinator and provide documentation and proof of income. You are responsible for notifying the MHC Coordinator immediately of any changes to your monthly income or expenses.

Follow your treatment plan.

Your treatment plan will be based on the goals you state you would like to meet. Your treatment plan will also include information about things you think you need help with. You will take an active role in making your own plan. It is important to let your case manager know what is important to you, what goals you would like to work on, and what help you would like from the mental health court treatment team. Your plan may include some or all of the following components if needed:

- Medication and associated lab testing
- Regular appointments with a psychiatrist
- Mental health treatment
- Substance abuse or alcohol treatment
- Case management services
- Housing assistance
- Help with going back to school or getting a job
- Self-help or support groups
- Follow all rules of probation and parole
- Having a payee
- Budgeting and money management services
- Therapy
- Regular Urine Analysis (UA) testing
- Engagement in meaningful activity and your community
- Keeping all scheduled appointments and recording them in your MHC calendar
- Specific rules about some treatment needs are discussed below. There may be additional rules/expectations imposed as you go through the program depending on your progress.

Medications: It is important that you take the medications that your treating psychiatrist prescribes for you.

The judge and staff of the Marinette County Mental Health Court recognize that many medications can have bad side effects, different medications work for different people, and that it may be difficult for you and your doctor to find the best medication that will work for you. However, medications are often needed to manage symptoms of illness, live successfully in the community, and meet your desired goals.

If you do not like the medications you are taking, please tell your psychiatrist. Your psychiatrist may be able to give you a different medication or additional medications to treat side effects. If at any time you feel like your psychiatrist is not responding to your concerns, please tell your mental health therapist. They can help you to practice talking to your doctor about your concerns.

Not taking medications may result in consequences being imposed by the Mental Health Court judge. Before any consequences happen, you will have a chance to explain your reasons for not taking medications to the Mental Health Court team and the judge.

## What will my treatment plan look like?

Your treatment plan will include participation in a mental health treatment program. The mental health treatment program will help you work on your goals and focus on getting help in areas you stated you would like help in. Your treatment provider will inform the Mental Health Court about your attendance and progress toward your treatment goals. You will be asked to go to all scheduled treatment appointments and follow all the rules of your treatment program. Your treatment plan will be created WITH you based off goals you state you would like to meet and needs you state you have.

You will also be asked to notify your case manager of all medical treatments you receive outside of your mental health services, including prescribed medications, as well as signing a Release of Information (ROI) for any other medical providers you are seeing or anyone else your case manager may request. This will allow your worker to communicate with other providers and support people in your life to coordinate the best possible services for you.

Substance abuse or alcohol treatment: Your treatment plan may include drug abuse or alcohol treatment. This type of treatment is most often needed if you:

- Have a history of substance or alcohol abuse,
- Have current charges or previous convictions involving drug-related offenses,
- Have positive results in a urine test, or
- While in the Mental Health Court program, show signs of substance use.

Case management services: Case managers will help you with the services in the community and visit you at your home or treatment program. Your case manager will also provide information to the Mental Health Court on how well you are following your treatment plan and how you are doing in treatment.

Housing: Some participants in the Mental Health Court will be asked to live in a particular type of housing or in a particular housing facility. If your treatment plan specifies the type of housing you must live in or a particular housing facility, you will be asked to live there and you will be asked to follow all of your housing provider rules. Your housing provider will give information to the Mental Health Court about how well you are following your treatment plan.

Probation and Parole: Your probation and parole agent will also work with you and the Mental Health Court to help you achieve your goals. Your agent will help you to develop a treatment plan, review your progress and work directly with the Mental Health Court.

You will be responsible to notify your probation and parole agent and get approval if you have a change of address, employment, or phone number. You will also be asked to do urine analysis testing when requested by your probation and parole agent or any member of the Mental Health Court team.

Engagement in Meaningful Activity and Engagement in your Community: While in Mental Health Court you will be asked to engage in meaningful activity and get involved in your community. Meaningful activity and active engagement in the community are great ways to add meaning and structure to our lives!

For engagement in the community, you will be asked to attend one of several different community activities/groups. You will also be asked to participate in meaningful activity and the amount of time you spend engaging in meaningful activity will increase with each phase of the program. Meaningful activity includes work, school, volunteer work, and any time you spend developing a healthy hobby or working

on improving your life. Meaningful activity must be tracked in your calendar and weekly log. If you have any questions whether a certain activity will count towards meaningful activity, please ask the Mental Health Court Coordinator.

Therapy: While in Mental Health Court, you may be asked to participate in different types of therapies depending on your needs. These therapies may be offered in a group or individual setting.

### **What are the Phases of Treatment?**

Your treatment plan involves three phases. Your progress in each phase will be based on:

- How well you take medication.
- Attending all scheduled appointments.
- No use of illegal drugs or alcohol.
- No further legal charges during the treatment period.
- Active participation in treatment and progress on your treatment plan.
- Active engagement in your community and meaningful activity.
- Being honest and truthful.
- How well you follow rules of probation and the MHC program.

The Mental Health Court Coordinator will provide you with checklists that specify what needs to be completed in each phase. You will be responsible for updating these checklists and determining when you are ready to move to the next phase. When you feel you are ready to move into a new phase, please turn in your completed checklist to the Coordinator.

Sometimes, people need to stay in a phase for a longer period to make the progress that is needed to be successful. It's important to remember that staying longer in a phase of treatment does not mean failure. Everyone's treatment needs are different!

Below are examples of some of the things that will occur in each phase. Please consult your checklist for specific expectations of each phase. The team may have additional expectations of you depending on where you are in your treatment plan.

#### **PHASE I: Orientation**

- Meet with treatment providers and sign all necessary forms.
- Attend the Mental Health Court weekly.
- Give information about yourself to Mental Health Court staff to help us learn about you and how we can help.
- Meet with a psychiatrist and other treatment providers.
- Participate in all meetings to discuss treatment goals and services.
- Familiarize yourself with MHC Activity Logs and Calendars.

#### **PHASE II: Engagement**

- 100% attendance, active participation in treatment toward the goals of your treatment plan.
- Follow all rules of the Mental Health Court, including completing Logs and Calendars independently.
- Attend the Mental Health Court biweekly or as required.
- Engagement in meaningful activity and in your community.

#### **PHASE III: Self-Reliance**

- Continue to work towards treatment goals and follow all parts of your treatment program and rules of the Mental Health Court.
- Attend the Mental Health Court biweekly or monthly as required.
- Plan for continued treatment following graduation of the Mental Health Court.
- Continue to engage in meaningful activity and your community.

### **How does my behavior/decision making play a role in my progress?**

There are rewards and consequences for your behavior and decision making while you are a participant in the Mental Health Court. If you actively participate, make your goals in treatment, make positive decisions, maintain your sobriety, and live a crime-free life in the community, you will be acknowledged and rewarded in a number of different ways. Also, if you do not follow your treatment plan, make poor decisions, or violate a rule of probation you may have a consequence.

### **What could a reward be?**

A reward for following your treatment plan and making progress in treatment could include:

- Fewer appointments with your Mental Health Court case manager
- Fewer appearances before the Mental Health Court judge
- Fewer meetings with your probation agent
- Transfer to a less restrictive housing or treatment program
- Moving to the next phase of treatment
- Less frequent urinary analysis testing
- Gift cards

### **What behaviors could lead to a consequence?**

The following behaviors could result in a consequence from the Mental Health Court judge. There could be additional reasons that you could incur a consequence and this is not an all-inclusive list.

- Missed treatment appointments
- Missed court appearances
- Not taking medications
- Not giving urine sample when requested
- Not being truthful with mental health court staff about how you are doing
- Not following the rules of the treatment or housing provider
- Making verbal threats of violence
- Not following your treatment plan
- Use of drugs and/or alcohol
- Keeping relationships with people who can make it difficult for you to follow your treatment plan
- Leaving a treatment program or supervised housing without approval
- New criminal offenses
- Not actively engaging in your community or following through on your meaningful activity
- Failure to comply with rules of probation

### **What could a consequence be?**

A consequence for not following your treatment plan or being involved in criminal behavior may include:

- Increased number of appearances before the Mental Health Court judge

- Mandatory participation in other programs, such as, support groups, socialization groups, AODA groups, peer support programs, treatment groups etc.
- Loss of privilege at your treatment or housing program
- Community service to be completed before next court session
- Visits by Mental Health Court staff that are not planned
- The need to take or increase in number of urine tests
- Transfer to housing or treatment program with more rules
- Bench warrant
- Jail time
- Termination from the Mental Health Court

The Mental Health Court team will review each situation carefully and the judge will decide what the consequence will be.

Termination or voluntary withdrawal from the Mental Health Court will result in a return to face your criminal consequences.

**Important Team Names and Numbers**

Marinette County Mental Health Court: 1926 Hall Ave., Marinette

Judge: Hon. James Morrison

Mental Health Court Coordinator: Shawn Loch, telephone: 715-732-7686, 2500 Hall Ave., Marinette

My Attorney:

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

My Probation Agent:

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

My mental health treatment provider:

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Crisis #:** Marinette County Crisis      715-732-7760 option 1

My substance abuse and/or alcohol treatment program:

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

My Peer Support Advocate:

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

My housing program:

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Other important numbers:

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**Acknowledgement of Receipt**

I, \_\_\_\_\_, a participant in the Marinette County Mental Health Court (MHC) hereby confirm that I have received and read the MHC Program Participation Guidelines and understand that it describes the conduct and behavior expected of me as a participant in the MHC. I have also received a copy of the MHC Participant Binder.

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## Exhibit J: Treatment Conditions/Terms of Participation

### MARINETTE COUNTY MENTAL HEALTH COURT TREATMENT CONDITIONS/TERMS OF PARTICIPATION

\_\_\_\_\_  
Name of Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

**As a Mental Health Court participant, I understand and agree to the following rules. After reviewing and answering any questions, please initial all:**

\_\_\_\_\_ I understand and agree that being honest and truthful is important for my recovery and my success in the Mental Health Court (MHC). Not being truthful with any member of my treatment team or MHC team could be subject to consequences or termination from the program.

\_\_\_\_\_ I have received the Marinette County Mental Health Court Notice of Representation and understand my rights regarding representation in Mental Health Court.

\_\_\_\_\_ I have received and, knowingly, signed the waiver of ex-parte contact with the presiding Mental Health Court Judge.

\_\_\_\_\_ For the purposes of regular Mental Health Court review hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed without my attorney or prosecutor present.

\_\_\_\_\_ If I do not complete MHC or am terminated from the MHC, my case will be referred back to the criminal justice court.

\_\_\_\_\_ I have at least 24 months of supervision left or agree to extend my supervision to 24 months.

\_\_\_\_\_ I understand that what is discussed at Mental Health Court review hearings is part of an open court record and may be disclosed to other participants in Mental Health Court and observers of Mental Health Court.

\_\_\_\_\_ I understand that, as the MHC program accepts funding from state and federal grants, my information may be released to state and federal programs for the purpose of grant reporting.

\_\_\_\_\_ I understand and agree that I will be assessed a program fee for participating in the MHC and am responsible for notifying the MHC coordinator of any changes to my income immediately.

\_\_\_\_\_ I will keep ALL appointments with members of my treatment team and will appear in court when scheduled.

\_\_\_\_\_ I will cooperate with all therapy as requested, and once enrolled in a program, I agree to attend all sessions/appointments and will not terminate treatment or programming early without prior approval from the MHC team.

\_\_\_\_\_ I agree to attend an approved pro-social group/activity as directed by the MHC team.

\_\_\_\_\_ I understand that participating in Mental Health Court requires me to be drug and alcohol free at all times. I will not possess drugs or alcohol or drug or alcohol paraphernalia. I will not associate with people who use or possess drugs or alcohol, nor will I be present while drugs or alcohol are being used or consumed by others.

\_\_\_\_\_ I will not enter establishments that primarily serve alcohol, nor will I enter the bar area of any restaurant or other facility.

\_\_\_\_\_ I will not obtain or take any controlled substances not prescribed to me. I will not buy or sell any controlled substances.

\_\_\_\_\_ I will not abuse prescribed or over-the-counter medications, use illegal intoxicants, stimulants, herbal treatments, or mood altering substances.

\_\_\_\_\_ I will not drink alcoholic beverages, including non-alcoholic imitations.

\_\_\_\_\_ As part of my recovery it is important that I remain free from all addictive behaviors, including

gambling. I will not enter a gambling facility, nor participate in gambling of any kind.

\_\_\_\_\_ I understand and agree that I may need to participate in drug or alcohol treatment and I will need to provide urine samples when asked by treatment providers and by the MHC team.

\_\_\_\_\_ I will take all medications as prescribed, and will have all my providers complete a Physician's Note for any new medication I am prescribed.

\_\_\_\_\_ I will let my case-manager, and MHC know about any medical services I receive outside of my mental health services, including prescribed medications. I will sign a Release of Information (ROI) as the MHC case manager will require, allowing for communication between treatment providers.

\_\_\_\_\_ I understand and agree that a Representative Payee may be appointed initially for benefit income. I understand that I may be asked to participate in budgeting and money management services that will be provided by the MHC case manager.

\_\_\_\_\_ I will participate in vocational programming that may include, but is not limited to competitive employment, supportive employment, community service or other, as directed by my MHC case manager and the MHC team.

\_\_\_\_\_ I understand that I may be asked to participate in a specific type of housing program and I agree to follow all of the rules of any housing program I am asked to participate in.

\_\_\_\_\_ I will not obtain or change address or employment without the approval of the MHC team. I will also keep the team up-to-date with any phone number or address changes.

\_\_\_\_\_ I will identify to the MHC team, all persons with whom I have regular contact, and/or whom I anticipate having regular contact with, including but not limited to, friendships, social relationships (romantic or otherwise), family relationships, co-workers, neighbors, sponsors, roommates, proposed roommates, and 12-step or other treatment program associations, throughout the entire period I am in the program.

\_\_\_\_\_ I understand and agree that at any given time in the program, the Mental Health Court (MHC) team has the right to investigate any and all relationships, contact or associations, and require that I discontinue, or limit any relationships, contacts or associations as explained by the MHC team, as a condition of my further participation in the program.

\_\_\_\_\_ I agree to follow all the rules of probation and any and all rules crafted by the Mental Health Court for my treatment.

Other Conditions:

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

I agree to comply with these conditions. Copy given to participant on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Exhibit K: Notice about Representation

### MARINETTE COUNTY MENTAL HEALTH COURT NOTICE ABOUT REPRESENTATION

You can talk to an attorney at any time you want, both when you are considering entering MHC and during your time in MHC. A staff attorney from the Public Defender's Office is a member of the treatment team. As a member of this team, this attorney does not represent you, but sits in the same role as other members of the team.

If you need information about your legal rights, you can ask to talk privately with this attorney at any time. In addition, if you need more in depth advice, the Public Defender's office will get you an attorney to represent you and your interests. Anything you tell this attorney will be confidential.

Finally, if you ever have any questions about your rights, do not hesitate to ask. The Public Defender member of the court may not represent you, but remains available as a resource for protecting your legal rights.

## Exhibit L: Meaningful Activity Log

Positive things I did to maintain a healthy lifestyle:
My treatment goals and what I have done this week to work towards them:
Comments:

Day	Activity Description	Provider/Staff Signature	Time Completed	Total Hours	
<b>Monday</b>  / /	Meaningful Activity	Work/School			
		Community Service			
		DOC			
	Treatment	Mental Health			
		AODA			
	Additional Services	Support Groups			
		Medical Appt.			
		Dental Appt.			
	Other				
<b>Total Daily Hours</b>					
<b>Tuesday</b>  / /	Meaningful Activity	Work/School			
		Community Service			
		DOC			
	Treatment	Mental Health			
		AODA			
	Additional Services	Support Groups			
		Medical Appt.			
		Dental Appt.			
	Other	Court			
<b>Total Daily Hours</b>					
<b>Wednesday</b>  / /	Meaningful Activity	Work/School			
		Community Service			
		DOC			
	Treatment	Mental Health			
		AODA			
	Additional Services	Support Groups			
		Medical Appt.			
		Dental Appt.			
	Other				
<b>Total Daily Hours</b>					

Day	Activity Description		Provider/Staff Signature	Time Completed	Total Hours	
Thursday / /	Meaningful Activity	Work/School				
		Community Service				
		DOC				
	Treatment	Mental Health				
		AODA				
	Additional Services	Support Groups				
		Medical Appt.				
		Dental Appt.				
	Other					
	<b>Total Daily Hours</b>					
	Friday / /	Meaningful Activity	Work/School			
Community Service						
DOC						
Treatment		Mental Health				
		AODA				
Additional Services		Support Groups				
		Medical Appt.				
		Dental Appt.				
Other						
<b>Total Daily Hours</b>						
Saturday / /		Meaningful Activity	Work/School			
	Community Service					
	DOC					
	Treatment	Mental Health				
		AODA				
	Additional Services	Support Groups				
		Medical Appt.				
		Dental Appt.				
	Other					
	<b>Total Daily Hours</b>					
	Sunday / /	Meaningful Activity	Work/School			
Community Service						
DOC						
Treatment		Mental Health				
		AODA				
Additional Services		Support Groups				
		Medical Appt.				
		Dental Appt.				
Other						
<b>Total Daily Hours</b>						
<b>Total Hours for the Week</b>						

## Exhibit M: MHC Fee Contract

I, \_\_\_\_\_, a participant in the Marinette County Mental Health Court (MHC), understand I will be assessed a program fee of \$20 or 4 hours of community service for each month of participation in the MHC. In order to defray program costs, this fee is assessed to all participants. It is expressly understood that the payment of this fee is a requirement of the program.

All payments may be paid in check or money order made payable to "Marinette County HHS" (memo Mental Health Court) and are due at the end of each month to the ADAPT receptionist. Proof of all required community service hours is due at the end of each month to the MHC coordinator.

If I fail to pay the monthly fee or complete the monthly community service hours by the end of the month I will accrue a balance of fees and/or hours owed. So long as I fail to pay or complete the hours, the balance of fees and hours owed will continue to increase at the rate of \$20 or 4 hours per month.

Failure to pay the monthly fee or complete required community service hours is subject to sanctions by the court.

All fees must be paid and community service hours completed prior to graduation.

The MHC team reserves the right to change the monthly fee schedule as needed, and will provide written notice to all MHC participants at least two months in advance of any rate change.

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Participant Signature

Date

---

Witness Signature

Date

## Exhibit N: Chemical Testing

Urinalysis testing will be performed on an as-needed basis. The Mental Health Court Staffing Team will decide when urinalysis will begin and the frequency of such tests. The team will coordinate with Probation & Parole and/or the treating AODA counselor to ensure testing requests and results are shared. The participant will sign necessary releases of information to permit such sharing.

## Exhibit O: Moving into Phase II Checklist

### MENTAL HEALTH COURT MOVING INTO PHASE II CHECKLIST

The following items are required of me in order to complete Phase I and advance to Phase II of the Mental Health Court program. When I accomplish each task, I will acknowledge my accomplishment by initialing the check box next to the task. This will be reviewed by the court team in the next staffing meeting the Tuesday **after** you turn it in. You will be notified at that time if you are able to move into the next phase.

If you need help completing this form, please contact the MHC coordinator or your case manager. The MHC coordinator can be reached at (715)732-7779, and can set up a time to meet with you and review this checklist.

	I maintain my sobriety.								
	I am current on my monthly program fees and/or community service hours.								
	I attend all meetings (court, probation, case manager, treatment team, treatment groups, MHC coordinator etc.) as scheduled and record them in my MHC calendar and bring my calendar to court.								
	I have developed a budget, recovery plan, and recovery goals and am actively working on that plan.								
	I see a psychiatrist and keep all of my psychiatric appointments.								
	I am honest with ALL members of the MHC team and my treatment team.								
Describe how mental illness has affected your life.									
Where do you feel you are in your recovery from mental illness/substance use/trauma?									
In crisis					Living well				
1	2	3	4	5	6	7	8	9	10

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

## Exhibit P: Moving into Phase III Checklist

### MENTAL HEALTH COURT MOVING INTO PHASE III CHECKLIST

The following items are required of me in order to complete Phase II and advance to Phase III of the Mental Health Court program. When I accomplish each task, I will acknowledge my accomplishment by initialing the check box next to the task. This will be reviewed by the court team in the next staffing meeting the Tuesday **after** you turn it in. You will be notified at that time if you are able to move to the next phase of Mental Health Court.

If you need help completing this form, please contact the MHC coordinator or your case manager. The MHC coordinator can be reached at (715)732-7779, and can set up a time to meet with you and review this checklist.

	I maintain my sobriety, and have been sober for 60 consecutive days or more.
	I am current on my monthly program fees and/or community service hours.
	I am successful in attending all meetings (court, probation, case manager, treatment team, treatment groups, MHC coordinator etc.) as scheduled and record them in my MHC calendar and bring my calendar to court. If I have not been successful in attending these meetings, why?
	I have developed a budget, recovery plan, and recovery goals and feel I am making progress on my recovery plan.
	I see a psychiatrist, keep my psychiatric appointments, and take all medications as prescribed.
	I am honest with <b>ALL</b> members of my MHC team and treatment team.
	I participate in a minimum 10 hours of meaningful activity* a week and track it in my MHC calendar.
	I am searching for a pro-social group/activity I will regularly attend and am tracking it in my log.
	I have completed the following treatment groups. Please list any treatment groups you have completed:
	I have an individual who supports my recovery and have brought them to court.
	Describe your relationships with family and friends and how they impact your recovery:
	Attached is my formal written request to move into Phase III.

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

\*Meaningful activity includes work, school, volunteer work, and any time you spend developing a healthy hobby or working on improving your life. Meaningful activity must be tracked in your calendar. If you have any questions whether a certain activity will count towards meaningful activity, please ask the Mental Health Court Coordinator.

## Exhibit Q: Graduation Checklist

### MENTAL HEALTH COURT GRADUATION CHECKLIST

\*\* The following items are required of me in order to complete phase 3 and advance to graduation of the Mental Health Court program. When I accomplish each task, I will acknowledge my accomplishment by initialing the check box next to the task. This will be reviewed by the court team in the next staffing meeting the Tuesday **after** you turn it in. You will be notified at that time if you are able to graduate.

\*\*\* If you need help completing this form, please contact the MHC coordinator or your case manager. The MHC coordinator can be reached at (715) 732-7779.

	I maintain my sobriety, and have been sober for at least 90 consecutive days or more.
	I am current on my monthly program fees and/or community service hours.
	I am successful in attending all meetings (court, probation, case manager, treatment team, treatment groups, MHC coordinator etc.) as scheduled and record them in my MHC calendar and bring my calendar to court. If I have not been successful in attending these meetings, why?
	I have accomplished the majority of the goals in my recovery plan and maintain my budget.
	I see a psychiatrist, keep my psychiatric appointments, and take all medications as prescribed.
	I am honest with <b>ALL</b> members of the MHC team and treatment team.
	I participate in at least 20 hours of meaningful activity* a week.
	I have created a recovery project that I am willing to present to the court (this can be anything meaningful to you and your mental health. Some examples are: creating an art project, doing a writing assignment, writing a poem, playing some music, etc. Feel free to be as creative as you can...)
	I developed a continued care plan. My continued care plan is attached.
	I have chosen a pro-social group that I attend regularly and will continue to attend when I graduate MHC. That group is:
	I contact my support person identified in Phase II biweekly.

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

\*Meaningful activity includes work, school, volunteer work, and any time you spend developing a healthy hobby or working on improving your life. Meaningful activity must be tracked in your calendar. If you have any questions whether a certain activity will count towards meaningful activity, please ask the Mental Health Court Coordinator.

## Exhibit R: Observers' Agreement

### Marinette County Mental Health Court Observer's Agreement to Keep Confidential Marinette County Mental Health Court Program Information

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#### ORDER

It is hereby ordered that the invited Observers to the Marinette County Mental Health Court Staffing Sessions are to honor the confidentiality of these sessions, and information obtained through any means or source concerning any particular Marinette County Mental Health Court Participant is not to be divulged in any manner to any other person or agency, except as authorized pursuant to the executed Release of Information signed by and concerning any particular Marinette County Mental Health Court Participant.

Signed at Marinette, Wisconsin this day of \_\_\_\_\_

\_\_\_\_\_  
Mental Health Court Judge  
Marinette County

#### AGREEMENT

The undersigned Observers of the Marinette County Mental Health Court Team staffing sessions hereby acknowledge receipt of the above Order, issued by the Mental Health Court Judge, that orders said Observers to keep confidential all information obtained through the Marinette County Mental Health Court Team staffing session. Said Observers understand that the Mental Health Court Participants, whose lives and treatment progress are discussed during the staffing sessions, have specifically consented to the Observers being present for either educational or treatment purposes. The Mental Health Court Team and the Mental Health Court Judge require that information discussed during the staffing sessions will remain absolutely confidential. This means that the Observers may not discuss this information with any other person, unless said Observer has a specific Release of Information signed by a Mental Health Court Participant allowing such discussions or disseminations of said information.

#### Marinette Mental Health Court Observer Log

Date	Name (Print)/Organization	Signature



## Exhibit S: Incentive System-Provider Instructions

### **Marinette County Mental Health Court Incentive System--Provider Instructions**

**Summary:** When a participant actively participates in their treatment (i.e. makes good healthy choices, takes medications as prescribed, follow treatment plan, etc.) they will be given an “incentive card.” Incentive cards can be given to a participant by any of their direct service providers or the judge. Participants can then turn in their incentive cards for various rewards. They can keep their cards for a bigger reward or turn them in sooner for smaller more frequent rewards.

**Goal:** By randomly rewarding good behavior/decisions in the moment, the behavior is positively reinforced. This schedule of positive reinforcement should foster behavior change over time, therefore giving the participant the skills necessary to make decisions in the future that will, hopefully, keep them out of the criminal justice system.

**Administration of reward system:** MHC coordinator will provide all service providers and judge with “incentive cards.” Should anyone need additional cards, they should contact the MH court coordinator. Any service provider or judge can award the participant with a card in the moment at their discretion. However, it is important not to use the cards too liberally because it will lessen their value. Consequently, it is also not good to give them out too infrequently as this could discourage participants and make the rewards seem unattainable. It is best to give them out randomly and be mindful of the frequency.

Cards should not be given out for a task that is “easy” for a participant and should be individualized. For example, if participant A has historically been very good at attending groups and enjoys groups, this participant should not be given a card for every group they attend as this is a task that is not challenging for them. This same participant has always struggled taking medication but for the past 2 weeks has consistently taken their medication, their provider may choose to give them a card for this. Participant B, on the other hand, often misses groups and has a hard time sticking to a schedule. This participant may get an incentive card for attending groups.

Whenever a card is given to the participant, whoever gives the card should email the mental health court coordinator so they can track how many cards one has acquired.

Participants can keep cards for as long as they would like, and can trade them in whenever they would like, up to 25 cards. Giving them the opportunity to make their own decision about how to use the cards is empowering and allows them to have ownership over the process. Cards can be traded in for gift cards to various vendors (Wal-Mart, gas stations, McDonalds, etc.) One card is equal to one dollar. It will take 5 cards to get to the first level, which will be a \$5 gift card to a vendor. Ten cards equals \$10 gift card, 15 cards equals \$15, and so on, up to \$25. Participants can only save up to a maximum of 25 cards at a time. After 25, they have to cash them in. Participants will also be given the option to “bank” cards with the MHC coordinator. Participants will be asked to hold on to at least 5 cards before they can give them to the court coordinator to keep track of. Every time a participant gets up to 5 cards they can “bank” them. The court coordinator will be responsible for tracking the amount of cards they have banked.

Participants can also choose to have a sheet that gets stamped each time they do something good rather than get cards, if they believe it will be easier for them to keep track of the sheet. If one chooses the sheet they will solely be responsible for tracking their rewards.

There may be times when a participant can choose to get different rewards, such as: reduced frequency of appointments with the Mental Health Court case manager, reduced frequency of appearances before the Mental Health Court judge, reduced frequency of meetings with probation agent, transfer to a less restrictive housing or treatment program, moving to the next phase of treatment, etc. Participants may talk with the mental health court coordinator about these options when they turn in their cards. These options may **NOT** always be available to the participant depending on how the team feels they are doing in treatment.

**When will a participant be given their reward?** Participants will be given the cards from providers at various times in their treatment. Once they get up to five cards and any 5 card increment thereafter, the mental health court coordinator will let them know that in court after they speak with the judge. The participant can then decide whether they would like to “bank” the cards or “cash” them in for a reward.

**What if a participant loses a card?** A participant can lose up to 3 cards and get the cards replaced. After 3 cards, they will no longer get replacement cards. However, if this continues to be a challenge for certain members, the team will revisit how to set up the reward system differently for that individual. We don't want people to get discouraged because they lose cards.

## Exhibit T: Incentive System

### **Marinette County Mental Health Court Incentive System**

**Summary:** When you actively participate in your treatment you will be given an “incentive card”. Incentive cards can be given to you by any service providers you are working with and the judge. You can keep the cards for a bigger reward, or turn them in sooner for smaller, more frequent rewards.

**How does the reward system work:** It is very important that you follow your treatment plan and work towards goals you would like to achieve while in the mental health court. Providers who work with you will give you incentive cards as they see you make positive decisions and progress in your goals and treatment plan.

Each incentive card you receive is equal to one dollar. It will take 5 cards to get to the first level, which will be a \$5 gift card to a vendor. Ten cards equals \$10 gift card, 15 cards equals \$15, and so on, up to \$25. You can cash in your cards any time after you get the first 5 cards. You can either cash them in once you get 5, or save them up to get a bigger gift card. You can let the team know, at court, when you want to “cash in” your cards. You can only save up to a maximum of 25 cards at a time. After 25, you have to cash them in.

You will also be given the option to “bank” cards with the MHC Coordinator. You will be asked to hold on to at least 5 cards before you can give them to the court coordinator to keep track of. Every time you get up to 5 cards, you can “bank” them. The Coordinator will be responsible for tracking the amount of cards you have banked.

You may also choose to have a sheet that gets stamped each time you do something good rather than get cards. If you choose this option, you will solely be responsible for tracking your rewards.

There may also be times you can choose to get different rewards, such as: reduced frequency of appointments with your Mental Health Court case manager, reduced frequency of appearances before the Mental Health Court judge, reduced frequency of meetings with your probation agent, transfer to a less restrictive housing or treatment program, moving to the next phase of treatment, etc. You may talk with the MHC Coordinator about these options when you turn in your cards. These options may **NOT** always be available to you.

#### **What might I get rewards for?**

- Following my treatment plan
- Keeping all appointments as scheduled
- Meeting goals in my treatment plan
- Making a positive decision that moves me forward in my recovery
- Actively participating in a group or treatment activity
- Taking positive action steps on working towards a goal
- Taking medication regularly
- Helping another court participant

**What if I lose a card?** You can lose up to 3 cards and get the cards replaced. After 3 cards, you will no longer get replacement cards.

**Fishbowl:** Every week after court there will be a drawing from the fishbowl for a prize. In order to have your name entered in the fishbowl for the week you must complete the following:

Calendar is complete and turned in on time (4PM every Friday)  
Weekly Meaningful Activity Log is complete and turned in on time (4PM every Friday)  
Binder is brought to court  
No violations for the week  
Attendance and participation in treatment

**You must be present to win, and you cannot exchange the fishbowl item for a different prize.**

## Exhibit U: Sanctions and Incentives

### Marinette County MHC Sanctions and Incentives

Sanctions and Incentives are to be determined and implemented swiftly, **within 24 hours following the incident** if possible. In general, the MHC responds to behavioral symptoms with a treatment response; negative behavior choices or intentional misconduct, such as dishonesty, results in sanctions. The goal of the Sanction policy is to hold court participants accountable for negative behaviors while in the program by providing them with opportunities to learn from their mistakes by assigning creative, therapeutic and appropriate sanctions. These sanctions can afford participants a learning opportunity as well as a chance to increase skills and knowledge that will hopefully decrease potential negative behavior in the future. The grids below are meant to be a guideline for decision making; all final decisions related to incentives and sanctions are to be determined by the team.

Overriding Factors	
Mitigating/Stabilizing Factors	Aggravating/Destabilizing Factors
Employment stability Residential stability Presence of positive support network Enrolled in educational programming Positive adjustment while in MHC Accepting full responsibility for actions Awareness of proximal and distal goals, what is realistic for the participant to accomplish at that time	Violation is directly related to current offense Continues pattern of previous criminal behavior Unstable home situation Inability of participant to support self Evidence of escalating mental health symptoms, or drug/alcohol addiction Chronic pattern of violations Pre-contemplating phase not improving Lack of any appropriate program in recommended response level Escalating pattern of violence Critical threat to community safety

Intensity	Achievements	Incentives
Low	Met minimum requirements: Calendar is complete and brought to court Binder is brought to court Negative UA screens Attendance and participation in treatment No violations for the week	Verbal praise and recognition from the judge Name entered in Fishbowl Drawing
Medium	Completed a treatment program (or similar therapeutic group) Voluntary Speaking engagements Becoming an "Orientation Buddy" for a new MHC enrollee Obtaining new employment or a promotion Enrolled in an approved educational program Meeting goals in treatment plan Going above and beyond expectations	Verbal praise and recognition from the judge Name entered in Fishbowl Drawing Reward Card

High	Phase Advancement Completion of GED/HSED Graduation from an educational program Successfully completing CHIPS requirements (having children returned home) Graduation from MRT	Verbal praise and recognition from the judge Reward Card Fishbowl item Graduations from MHC also include: Framed certificate \$10 gift Celebration with cake, ceremony, etc.
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Intensity	Negative Behavior Choice	Sanctions
Low	<b>First offense</b> for any of the following: Inappropriate dress or behavior at court, meeting, therapy, etc. Unexcused absence from court, meeting, therapy, etc.	Verbal warning
Medium	Dishonesty first offense Lack of communication or collaboration with treatment recommendations Lack of communication or collaboration with supervision recommendations  <b>Second or third offense</b> for any of the following: Inappropriate dress or behavior at court, meeting, therapy, etc. Unexcused absence from court, meeting, therapy, etc.	Participant's choice of <b>one</b> of the following*: 500 word apology letter to the court 5 minute recorded reflection 500 word essay (topic to be chosen by the team) Reading Assignment 10 hours of verified community service Carey Guides/BITS assignment Observe court for 4 hours Contingency Management Plan 1 day jail  Should a participant fail to complete the medium level sanction in the time frame required the team may choose to double the sanction, i.e. 20 hours of community service, 10 minute reflection, etc.

High	<p>Dishonesty second offense, or very serious incident</p> <p>Continuous lack of communication or collaboration with treatment recommendations</p> <p>Continuous lack of communication or collaboration with supervision recommendations</p> <p>Frequent cancellations of appointments (2 or more in one month, without valid excuse)</p> <p>Tampering with UA or testing</p> <p>Behavior that places the participant or others in high risk situations</p> <p>New criminal arrest</p> <p><b>Fourth offense or higher</b> for any of the following:</p> <p>Inappropriate dress or behavior at court, meeting, therapy, etc.</p> <p>Unexcused absence from court, meeting, therapy, etc.</p>	<p>Team's choice of <b>one</b> of the following:</p> <p>Contingency Management Plan</p> <p>20 hours of verified community service</p> <p>Electronic monitoring</p> <p>3 days jail</p> <p>Referral to a higher level of supervision (i.e. Ryan Community, ARC, or MSDF)</p> <p>Termination may be considered by the team for high level offenses, particularly if the offense is such that the person would no longer be eligible for MHC; however this should remain a last resort, and only after all alternatives have been exhausted.</p>
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\* A participant is not allowed to choose the same sanction for the second medium level offense that occurs. The above situations are not exhaustive, and considerations need to be made for situations in which multiple violations occurred, or there are both positive and negative behaviors at a given time. For example, an incentive may be decreasing a sanction.

## Exhibit V: Example Contingency Management Plan

### CONTINGENCY PLAN

Jane Doe  
2-8-11 to 2-22-11

**Reason:** Jane used meth two and half weeks ago (1-26-11), and did not report this to the Mental Health Court Treatment Team.

**Purpose:** The purpose of this Contingency Plan is to help Jane learn to communicate with treatment team and establish trust with the team, and to learn how to avoid situations and triggers that lead to use.

**Consequence:** If Jane chooses not to follow this plan, she will receive 2 days incarceration as a consequence.

#### Plan:

Jane will sign a release of information to talk to Lydia Strong, NaturePath Professional so treatment team can coordinate care. Jane is currently taking:

Multivitamin

Selenium Chelate, for anxiety and blood pressure

Jane will complete daily UA's at Beehive and Region 7 ACT when not scheduled to go to Beehive for the next two weeks.

Jane needs to avoid these people:

Lacey Klingler, hercousin

Marlin Klinger, brother

Craig Berry, ex-boyfriend and his girlfriend

Jane needs to avoid bars, cousins in Rexburg, laundry mat over by McDermott field.

When Jane starts experiencing depression, pressure to do things, stress, verbally aggressive conversations she will use these support systems:

Call Lisa Kishiyama, counselor

Call Probation, AimeeAustin

Call Dad, Myron

Call Lydia Strong

Call clean and sober friends, Collette or Michelle

When Jane has triggers to use, she will utilize the following skills:

Stop being impulsive, stop and think about what she is doing

Find something else to do, bead work, computer games, watch movies, journal, homework for groups, working on organizing the house.

Jane will meet for weekly counseling with Lisa Kishiyama on the ACT Team on Fridays at 2:00 PM.

Jane will meet weekly with Shawn to check-in for the week, on Wednesdays at 10:00 AM.

This plan will begin Tuesday, 2/8/11 and be in effect for up to 1 month. Jane and Shawn, MHC staff, will review this plan each week.

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Jane Doe      Date

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MHC staff      Date

## Exhibit W: Notice of Termination Letter

DATE

Re: Notice of Termination NAME (DOB)

To Mr./Ms. NAME

This letter is to inform you that you have violated the Mental Health Court Treatment Conditions, and as such are being terminated from the Mental Health Court Program.

### OFFENSES DESCRIBED HERE

Pursuant to the policies agreed upon by the Mental Health Court Team, we have determined and agreed, based on the information currently available, that you are no longer appropriate for participation in the Marinette County Mental Health Court.

I understand that currently you are not represented by an attorney in this matter. If you are currently represented by an attorney, please show this letter to them. Be aware that the Mental Health Court team does not represent your interests in this matter. You are free to obtain the services of an attorney of your choosing or, if you are indigent, the Public Defender's Office at \_\_\_\_\_.

Sincerely,

Mental Health Court Coordinator 715-732-7779

cc: Mental Health Court Participant, Mental Health Court File, Assigned Department of Corrections Officer, Mental Health Court Judge, Mental Health Court Prosecutor, Mental Health Court Defense Attorney, and Defense Attorney if assigned

## Exhibit X: Exit Interview

### Mental Health Court (MHC) Exit Interview

What did you like most about participating in Mental Health Court?

What did you like the least about participating in Mental Health Court?

What would you like to see changed about Mental Health Court?

What was the most challenging thing about Mental Health Court?

What were your thoughts about the services offered to you?

What did you think of the phase process of court?

What did you think about the court proceedings?

What did you think about the expectations about Mental Health Court?

How can we improve the Mental Health Court/suggestions?

## Exhibit Y: Marinette County Mental Health Court Participant Survey

In an effort to monitor the program's effectiveness and measure the quality of service provided by the treatment staff and team members we would like for you to complete this survey and provide us with your feedback. We ask that you provide us with honest feedback, as your responses to these questions will be used to improve the areas you have identified. We thank you for your time.

Circle the answer that best describes how you feel about the Judge in your case

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
The Judge treats me fairly and with respect	1	2	3	4	5	6	7
The Judge is knowledgeable about my case	1	2	3	4	5	6	7
The Judge is intimidating or unapproachable	1	2	3	4	5	6	7
The Judge remembers my situation and needs from hearing to hearing	1	2	3	4	5	6	7
The Judge gives me a chance to tell my side of the story	1	2	3	4	5	6	7

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Circle the answer that best describes how you feel about your probation officers

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
My probation officer is knowledgeable about my case	1	2	3	4	5	6	7
My probation officer treats me fairly and with respect	1	2	3	4	5	6	7
My probation officer helps me succeed	1	2	3	4	5	6	7
My probation officer emphasizes the importance of treatment	1	2	3	4	5	6	7
My probation officer listens to my concerns	1	2	3	4	5	6	7

Please provide the name of your probation officer: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Circle the answer that best describes how you feel about your treatment provider**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
The treatment provider is sensitive to my situation and problems	1	2	3	4	5	6	7
The treatment provider views my problems and situations realistically	1	2	3	4	5	6	7
The treatment provider recognizes the progress I have made	1	2	3	4	5	6	7
The treatment provider respects me and my opinions	1	2	3	4	5	6	7
The treatment provider expects too much out of me	1	2	3	4	5	6	7

Please list your treatment providers: \_\_\_\_\_  
 \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Circle the answer that best describes your overall experience in Mental Health Court**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
My participation in Mental Health Court will help me avoid drug use in the future	1	2	3	4	5	6	7
The incentives received in Mental Health Court are meaningful	1	2	3	4	5	6	7
The sanctions given are fair and match the violation	1	2	3	4	5	6	7
Mental Health Court has been more beneficial to me than jail or prison would have been	1	2	3	4	5	6	7
I see Mental Health Court as an opportunity for me to change my past behaviors and lifestyle	1	2	3	4	5	6	7
Mental Health Court is conducted in a timely and professional manner	1	2	3	4	5	6	7

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please use the space below to answer additional questions**

What phase are you in? \_\_\_\_\_

What part of the program do you find to be most helpful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What part of the program do you find to be least helpful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what areas could this program be improved upon? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check the box and leave your name if you would like the team coordinator to contact you.**

**Name (optional):** \_\_\_\_\_

**Contact information (phone number, email):** \_\_\_\_\_

**THANK YOU!**

## Exhibit Z: Marinette County Team Performance Appraisal

### Marinette County Mental Health Court Team Performance Appraisal

	Disagree Strongly	Disagree to Some Extent	Agree to Some Extent	Agree Strongly
1. Members are clear about group goals	1	2	3	4
2. There is much trust and openness in the group	1	2	3	4
3. Group tasks require us to work as a group	1	2	3	4
4. Group decisions are made with the full participation of all team members	1	2	3	4
5. Team members seem interested and involved	1	2	3	4
6. Members' responsibilities match their abilities	1	2	3	4
7. We have open communication that allows participation of all team members	1	2	3	4
8. Members give each other constructive feedback	1	2	3	4
9. The team uses feedback effectively to improve functioning	1	2	3	4
10. The team spends time planning how to make decisions	1	2	3	4
11. The team spends time planning how to solve problems	1	2	3	4
12. The group utilizes effective decision making strategies	1	2	3	4
13. The team is cohesive and cooperative	1	2	3	4
14. The team utilizes effective conflict management strategies	1	2	3	4
15. Team members display group loyalty and a sense of belonging	1	2	3	4
16. The team discusses how well the group is functioning	1	2	3	4

**Marinette County Mental Health Court Team Performance Appraisal**

What are the strengths of the MHC Team?

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What are the weaknesses or areas for improvement for the MHC Team?

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What opportunities are available for MHC Team improvement?

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What threats exist to the functioning/operation of the MHC Team?

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Please describe any situations where you think the team has handled things in a manner that did not benefit the participant.

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Do you have any other comments, suggestions, or concerns about the MHC Team or Program?

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**THANK YOU!**