



Yakima County
Mental Health Court
Participant Handbook

TABLE OF CONTENTS

Introduction	1
Basic Program Rules	2
Voluntary and Involuntary Termination from the Program.....	3
Payment for Treatment	3
Mental Health Court Treatment	3
Members of the MHC Team	4
Confidentiality	5
Court Operations.....	6
Schedule and Location of Court Sessions.....	6
MHC Team Staffing	6
Participation in Court Sessions	6
Recognition of Progress	6
Sanctions	6
MHC Treatment Phases	7
Introduction	7
Individualized Action Plan	7
Time for Each Phase/Completion of Program	7
Phase Details	8
Phase 1 - Orientation & Engagement:	8
Phase 2 - Intensive Treatment:.....	8
Phase 3 - Transition/Community Engagement:	10
Phase 4 - Maintenance and Graduation:	11
Graduation Requirements	12
Question or Concerns You May Have about the MHC Program.....	13
Conclusion.....	17
Handbook Receipt and Acknowledgement.....	18
Appendix A – List of Services through CWCMS	19
Appendix B – Form of Action Plan.....	26

Introduction

Welcome to the Yakima County Mental Health Court program. The Yakima County Mental Health Court is a collaborative, problem-solving court that strives to promote stability, sobriety and safety for criminal justice involved individuals with mental illness through an intensive program of evaluation, treatment and frequent monitoring of compliance, while ensuring the security and well-being of the community.

A mental health court is a specialized court docket for certain defendants with mental illness that substitutes a problem solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan and other court conditions, non-adherence may be sanctioned, and success or graduation is defined according to pre-determined criteria.

This handbook will detail what is expected of you as a Mental Health Court participant and review general program information. As a participant, you will be expected to follow the instructions given to you by the judge and the Mental Health Court Team, as well as to comply with the treatment plan developed for you by the Treatment Team. Some guidelines may vary at the discretion of the Mental Health Court Team. All participants are encouraged to share this handbook with family and friends.

The Yakima County Mental Health Court is a four (4) phase program of intensive judicial supervision and includes frequent appearances before the Mental Health Court judge, mandatory mental health treatment, and substance abuse treatment if indicated. As you complete requirements for each particular phase, you will become eligible to advance to the next phase.

Phases are designed to build on the skills learned in the previous phase, allowing you to learn to effectively manage your mental illness (and substance abuse, where applicable). As you move through the phases of the program, you will be evaluated and promoted based on successful completion of each phase. A detailed description of each phase is included later in the Handbook. Please note, however, that because all treatment plans are individualized, the requirements in each Phase may vary for each participant and may be modified by the MHC Treatment Team and MHC Judge to better fit your needs.

Basic Program Rules

As a Mental Health Court participant, you will be required to abide by the following rules:

1. Attend all scheduled Mental Health Court sessions and be on time. An unexcused absence or being late for court may result in a sanction and/or the issuance of a bench warrant.
2. Dress appropriately for court. No torn clothing, sunglasses, hats, tank tops, shorts, or flip-flops.
3. Behave appropriately during the court sessions. Mental Health Court participants are expected to support one another and pay attention to the court proceedings. Listen to the judge and to one another.
4. Take medication if and as prescribed to you by your assigned mental health or primary care medical provider.
5. Attend all treatment sessions and comply with your treatment plan. This includes individual and group counseling, educational sessions, and other treatment as directed.
6. Be on time for court and for treatment sessions. Maintain a calendar schedule of your daily appointment so that you attend your required mental health treatment and MHC appearances. If you are late for treatment, you may not be allowed to participate and will be considered non-compliant and will be reported to the court. Contact your Treatment Case Manager if there is a possibility you may be late or in you are unable to make a scheduled appointment. You must make all reasonable efforts to give as much notice as possible and to provide the reason for being late or missing any treatment sessions. Unexcused, missed treatment sessions will likely result in a sanction and may result in termination from the Mental Health Court program.
7. Do not make threats towards other participants or staff or behave in a violent manner. Violent or inappropriate behavior will not be tolerated and will be reported to the Court. This behavior will likely result in a sanction and may result in termination from the Mental Health Court program.
8. Secure and maintain appropriate housing in Yakima County or in residential treatment.
9. Abstain from alcohol and all non-prescribed medications or drugs.
10. Submit to random urinalysis and/or breath tests as requested.
11. Maintain Medicaid eligibility.
12. Maintain confidentiality of other Mental Health Court participants.
13. Provide any waivers or releases of medical and treatment information needed by the Mental Health Treatment Court for your participation or referral to specific agencies.
14. Comply with other terms and conditions of participation that may be ordered by the Mental Health Court as part of your program.

Voluntary and Involuntary Termination from the Program

This is a voluntary program. You can decide to **voluntarily terminate** from the program.

You can “opt out” of MHC within the first two (2) weeks after acceptance and be returned to the original criminal court for case processing with all of your original rights in that case.

After the initial two (2) weeks you can still terminate, but your rights in the criminal case can’t be retrieved and termination then will result in a stipulated trial as described below.

The judge can also **involuntarily terminate** you from the program for noncompliance with treatment plan, repeated failure to appear in court, new criminal charges, or use of non-prescribe drugs and/or alcohol. The Mental Health Court Team will review all termination situations and make a recommendation. The Mental Health Court judge will make the final decision.

If you are terminated from the program *for any reason*, voluntary or involuntary, after the first two weeks acceptance, the judge will review the police reports and decide whether or not you are guilty. If the judge agrees that the reports support a finding of guilt, you will be convicted of the crime you have been charged with and a sentence will be imposed.

Payment for Treatment

Unless otherwise notified, you must be enrolled in Medicaid or otherwise able to provide for the costs of treatment and care. This financial responsibility must be maintained during MHC. The MHC Treatment Provider may become your protected payee during the time you are in MHC until you have demonstrated to the court that you can handle financial responsibility on your own. Please remember there is a \$150 fee for participation in MHC. It does not need to be paid at the beginning of MHC, but must be paid before graduation. Please also remember that restitution in your criminal cases must be paid before graduation.

Mental Health Court Treatment

Except as otherwise allowed, Central Washington Comprehensive Mental Health Services is the exclusive treatment provider for Mental Health Court.

The majority of individuals who enter the MHC program will be supported and treated by the Central Washington Comprehensive Mental Health (Comprehensive) Program of Assertive Community Treatment (PACT). PACT is evidence-based treatment that has research to show the model has positive effects on an individual’s quality of life, symptoms, social functioning, and recovery. PACT teams directly deliver services to individuals instead of brokering services from other agencies or providers.

The PACT team, under the coordination of the PACT Team Lead, consists of mental health psychiatric provider, therapists, nurses, case managers, chemical dependency specialists and peer counselor(s). The PACT team delivers a variety of interventions e.g., assessment, psychiatric evaluation, medication management and monitoring, case

management, individual treatment, group treatment, and life skills development. PACT team members collaborate on assessments, treatment planning, and day-to-day interventions. Instead of practitioners having individual caseloads, team members are jointly responsible for making sure that each individual receives the services needed to support their needs. The areas in which PACT provides assistance include, but are not limited to:

- Activities of Daily Living
- Family/Social Relationships
- Housing Assistance
- Financial Management
- Counseling
- Health Management
- Mediation Support
- Skill Development
- Substance Abuse Treatment

The PACT team members may also work with you to support your progress. You will participate in the development of your own individual Action Plan. Your participation in your Action Plan will be overseen by the MHC staff. Members of the PACT team will be providing you with ongoing assessment of your treatment and progress, and will provide updates to the MHC staff.

Beside Comprehensive's PACT program services participants in the MHC will be eligible for other Comprehensive services if the need arises. A list of those other services is in the Appendix.

Members of the MHC Team

In addition to the MHC Treatment Provider, the primary MHC Team consists of the MHC Judge, MHC Judicial Assistant, MHC Defense Attorney, MHC Prosecutor, and MHC Probation Case Manager. In addition, you may be referred to other community agencies who will be involved in providing services in support of your treatment plan.

MHC Probation Case Manager. The Probation Department will assign a Probation Case Manager as part of your MHC Team. The Probation Case Manager and the MHC treatment providers will work together with you to accomplish your MHC goals. Your Probation Case Manager will assist you and the MHC Team in implementing your treatment plan and in making sure that any special terms and conditions ordered by the court are implemented. This may include monitoring conditions of release from jail as ordered by the court, administering urinalysis testing, tracking payment of restitution, assisting with any other special terms or conditions ordered by the court, and referrals to education and other community services, and keeping scheduled appointments. Your Probation Case Manager will attend all MHC Team meetings and court sessions. You will meet with the Case Manager weekly in Phase 1 and Phase 2, alternate weeks in

Phase 3 and as scheduled in Phase 4. A different schedule may be set by the MHC Judge.

MHC Prosecutor. The Prosecuting Attorney function in MHC differs from the traditional adjudication process. In MHC, all parties and counsel share the common goal of helping participants successfully comply with treatment in a community setting. However, public safety is a major concern for the MHC Prosecutor and that perspective will be represented in the MHC team. The MHC Prosecutor works with and in the MHC Team to develop community treatment alternatives with appropriate safeguards that improve outcomes while protecting the public. The MHC Prosecutor also serves as a liaison to the deputy prosecuting attorney handling your original criminal case.

Mental Health Court Defender: The role of the Mental Health Court Defender is different from the traditional attorney role. In MHC, all parties and counsel share the common goal of helping participants successfully comply with treatment in a community setting. The MHC Defender collaborates with the MHC Team in assessing amenability of the mentally ill offender to treatment and his/her potential for successful completion to the MHC program and in developing treatment plans and reviewing participant progress and issues. As part of the therapeutic process, The Mental Health Court defender is allowed more independence to make recommendations and take positions consistent with the long term success of the participant. However, the MHC Defender will provide individual advice and representation when needed on legal issues and formal court sessions. The MHC Defender is always alert to basic fairness of process and any situation that involves new criminal charges or that might do so. The MHC Defender also serves as liaison with your attorney in the underlying criminal case.

Confidentiality

You have signed a waiver of confidentiality in order to participate in MHC so that all the MHC Team members can participate in your treatment and involvement in MHC. This information will remain confidential within that MHC team and details will not be shared outside the MHC court members or other agencies or persons involved in your treatment and MHC participation. However:

- No court order is required for any party to disclose to the appropriate authorities any information revealed in MHC which is subject to mandatory reporting by any statute.
- Information about your MHC status and progress may be shared with the prosecuting attorney and your attorney in the criminal case, especially at termination and referral back to court for regular processing of your case.
- If you are on probation or supervision through another court and if you voluntarily sign a separate waiver and authorization for that court or its probation agency to receive MHC information that the terms of that release and authorization will control. You may limit any such release of MHC information about my progress in MHC Court and to results of urinalysis testing.

MHC court sessions are open to the public. However, care will be taken by MHC Team members to avoid unnecessary disclosure of detailed and extremely personal information regarding participants. Additionally, the court will keep your progress reports and information in an administrative MHC file and not the general court file that is open to examination by members of the public.

Court Operations

Schedule and Location of Court Sessions

Court will be held on Tuesdays at 11 AM unless otherwise scheduled. You will be advised of the court's location prior to the hearing.

MHC Team Staffing

The MHC Team will meet weekly for a staffing. The staffing will occur prior to the formal MHC courtroom hearings. The staffing will review cases for progress or lack of progress and compliance both general and phase requirements. During the staffing, the MHC team will discuss possible incentives or sanctions for the participant, phase movement and/or graduation.

Participation in Court Sessions

Each participant is expected to follow the Basic Rules and to honestly discuss problems and successes with the MHC court judge during their MHC sessions. Both you and the MHC may refer to your Action Plan, which you develop for each Phase with the help of the MHC Team. In addition, it is a general requirement that all participants attend the entire session of court even if their appearance is done.

Recognition of Progress

MHC is based with the premise that your engagement in treatment and the court will lead to improved mental health and public safety outcomes for participants. Your progress towards that goal is important and will be recognized in court. Other recognitions may be provided to participants who are engaging in treatment and making good-faith efforts to adhere to all conditions of supervision.

Sanctions

The MHC program also includes a plan for graduated sanctions that may be used as an immediate and direct consequence for violating the conditions of the program. They are designed for your long term success. Sanctions are at the discretion of the MHC judge and can include:

- Community service work
- Assignments/written essays
- Increased frequency of court appearances

- Drug testing
- Work crew hours
- Electronic home monitoring/house arrest
- No phase advancement
- Temporary stays at the Detox facility
- Jail time proportional to the violation
- Return to jail pending placement in an inpatient program or availability of suitable housing.
- Termination from Mental Health Court.

MHC Treatment Phases

Introduction

MHC consists of four (4) Phases. Phases are designed to build upon the skills you learn in the previous phase, allowing you to effectively manage your mental illness (and substance abuse, where applicable). As you move through the Phases of the program, you will be evaluated and promoted based on successful completion of each phase. ***Because all treatment plans are individualized, the requirements may vary. The description of the Phases in this Handbook is a general guideline and can be modified for each participant by the MHC Treatment Team and MHC Judge.***

Individualized Action Plan

Before completing each MHC Phase you will work with members of the MHC Team to complete an Action Plan. An Action Plan identifies your barriers to success and your goals for dealing with them in that Phase as you progress towards completion and graduation from MHC. The Action Plan will be linked to the Phase you are in and will include the areas of emphasis for you to work on in that Phase. The form used for this Action Plan is at the end of this Handbook.

Time for Each Phase/Completion of Program

Each Phase also has an assigned time frame. These time frames and the structure of the phases is not intended to be so restrictive as to prevent the MHC team from organizing an individual's Action Plan and the time within a phase in order to promote and ensure success in the program.

Although the phases are designed build on each other, nothing requires that all goals within a specific phase must be met before beginning treatment to achieve goals in the next phase. For example, you might begin some goals in the next phase before you finish all the goals in the phase you are in.

The amount of time spent in any one of the four phases may vary depending on your response and engagement with treatment and meeting MHC requirements. Advancement from one phase to the next depends on you successfully meeting the identified goals of the Phase. Successful completion of MHC may take 12 to 24 months.

Phase Details

Phase 1 - Orientation & Engagement:

Time: up to 2 Months

The program emphasis for Phase 1 includes:

- Stabilization of immediate needs; i.e. safe housing, access to food, medications, appointments with providers
- For the participant to engage with the court process and related providers
- To become compliant with the conditions of participation in MHC.
- To establish a therapeutic relationship with the MHC Team and commit to a plan for active treatment.
- To develop an Action Plan outlining the participant's goals to address barriers and for each phase that target both criminogenic risk and behavioral health.

Expectations for the Participant for Phase 1:

1. Comply with the General Program Terms for Participants and any special orders.
2. Attend court hearings every week.
3. Meet with Probation Case Manager every week
4. Meet with mental health treatment team as scheduled
5. Participate in the development and implementation of his/her Action Plan.

Phase-Up Requirements:

1. Sufficient progress or completion of the prior phase as determined by the MHC Team and MHC Judge.
2. Write a letter explaining why participant should graduate to Phase II. This should include answers to the following:
 - a. What does the participant expect to gain from being in the mental health court
 - b. Identify one thing that you think will help you to be successful in mental health court.
3. No sanctions for 15 days.
4. Four (4) consecutive weeks of attendance.

Phase 2 - Intensive Treatment:

Time: approximately 3-6 Months

The program emphasis for Phase 2 includes:

- To have the participant demonstrate continued efforts toward achieving recovery/stability of mental health symptoms, evidenced by their working on goals identified on their Action Plan.
- The participant will be able to identify their medication and what they are for.
- For the participant learn and develop cognitive reprocessing skills as means of dealing with criminal/risk thinking.

- Maintaining safe living environment and working on Phase Goal towards independent living.
- For the participant to start developing a support system to help aid and maintain the participant in the community.
- For the participant to develop skills regarding their ADL's which will assist them in maintaining housing, having improved health and creating a daily routine.
- For the participant to be able to manage transportation to their appointments without the help of the treatment team by the end of this phase.
- Enter into the Contemplation stage of change in regards to any substance use and their mental health recovery.

Expectations for the Participant during Phase 2:

1. Comply with the General Program Terms for Participants.
2. Attend court hearings every week.
3. Meet with Probation Case Manager every week
4. Meet with mental health treatment team as scheduled
5. Participate in the development and implementation of his/her Action Plan for Phase 2.
6. Start work on the "Thinking Error" packet with Probation Case Manager.
7. Continue to attend all appointments with treatment providers, case manager and treatment personnel as scheduled.
8. Enter into a therapeutic, skill based or supportive group when appropriate.
9. Complete the following written assignments by the end of this phase:
 - a. What activities help the participant to feel better
 - b. What activities result in poor decision making?
 - c. How do medications help with his/her ability to get along with others, do daily tasks, or make healthy decisions?
 - d. Identify one thinking error...a thought that the participant has had in the past that contributed to a decision that resulted in legal trouble.
 - e. What is the participant's daily routine and what would they like to change (if anything) about it.

Phase-Up Requirements:

1. Sufficient progress and/or completion of all current phase requirements as determined by the MHC Team and MHC Judge.
2. Write a phase up letter and provide one goal that s/he has accomplished since enrolling in in MHC.
3. No sanctions for 30 days
4. Update MHC Action Plan

Phase 3 - Transition/Community Engagement:

Time: approximately 3-6 Months

The program emphasis for Phase 3 includes:

- To have the participant demonstrate continued recovery/stability of mental health symptoms, which can be evidenced by reports of fewer symptoms, not requiring psychiatric hospitalization, an increased insight into their illness and how to manage it.
- If applicable the participant will hopefully move into the Action Phase stage of change in regards to substance use and mental illness.
- Demonstrates progress on Action Plan goals
- To demonstrate competence in using social and cognitive skills in progressively more challenging situations e.g., anger management, problem solving, decision making, financial and time management.
- To connect with other community services as a means of support.
- To demonstrate increase use of social support systems.
- Can organize and complete tasks related to ADL's, such as keeping house clean, request refills on medications, able to obtain food, obtain and get to appointments, taking medication with little to no prompting.
- Continue to learn and develop and develop cognitive reprocessing skills as means of dealing with criminal/risk thinking.

Expectations for the Participant during Phase 3:

1. Comply with the General Program Terms for Participants.
2. Attend court hearings every other week, unless otherwise determined by the MHC team.
3. Meet with the MHC Probation Case Manager every other week, unless otherwise determined by the MHC team.
4. Develop a plan that includes a daily routine, steps for identifying and overcoming challenges in participant life, problem solving strategies and budgeting.
5. Develop a budget if participant is their own payee or working towards becoming their own payee and review it with MHC Probation Case Manager at scheduled appointments.
6. Completion of Thinking Error work book with MHC Probation Case Manager.
7. Participant will complete a written assignment that answers the following:
 - a. What behaviors and ways of thinking lead to them engaging in criminal behavior
 - b. What things have the participant put in place to reduce the chances they will engage in criminal behavior again; for example, new support systems, reduction in substance use, taking medications consistently, understanding of their thinking errors.
 - c. Who or what has been hurt by the participant's behaviors; for example, relationships, victims, and the participant's ability to obtain employment.

- d. What is something the participant values in life and how can they make sure they have what they value in their life.
8. Participant will continue to comply with getting all necessary evaluations and treatment/counseling services in the community.

Phase-Up Requirements:

1. Sufficient progress and/or completion of all current phase requirements as determined by the MHC Team and MHC Judge.
2. Write a letter about why participant should graduate in the next phase. This should state what coping skills participant have learned, community support and resources s/he has engaged with, and 2 goals they will work on in the next phase.
3. No sanctions for 30 days
4. Update MHC Action Plan

Phase 4 - Maintenance and Graduation:

Time: approximately 3 Months

The program emphasis for Phase 4 includes:

- To have the participant demonstrate internalization of learned treatment skills with reduced program support.
- To have the participant demonstrate the ability to identify relapse issues and interventions that s/he can employ.
- To be able to utilize personal recovery concepts in a peer support environment.
- Participant will most likely be in the Action or Maintenance stage of change.
- Participant has accomplished the goals cited in their Action Plan that address criminogenic risk and mental health recovery.
- Maintain independent living within the community or successful placement in residential or supported living.
- To have the participant be able to identify thinking errors that has contributed to criminal behaviors.
- To have the participant identify behaviors that compromise their mental health and wellbeing.

Expectations for the Participant during Phase 4:

1. Comply with the General Program Terms for Participants.
2. Attend court hearings every four weeks, unless otherwise determined by the MHC team.
3. Participant will meet with Probation Case Manager and/or Mental Health Court Liaison as scheduled.
4. Develop a plan that outlines new coping, stress management techniques, symptom management, and relapse awareness skills; most often captured in a WRAP (Wellness Recovery Action Plan) plan.

Graduation Requirements

1. Sufficient progress and/or completion of all current phase requirements as determined by the MHC Team and MHC Judge.
2. Able to articulate and demonstrate a Relapse Prevention Plan for stress management, symptom management, and relapse awareness.
3. Has consistently demonstrated personal and social success, consistent participation in treatment services, and consistent law-abiding behavior.
4. Demonstrate ability to maintain basic life needs and independence in the community.
5. Paid restitution in full.
6. Paid the MHC participation fee in full.
7. Have no sanctions for at least 30 days.
8. Prepare a graduation speech for presentation at court on the last court date. This speech is to cover:
 - a. What has changed in his/her life since starting with the MHC
 - b. Long term goals for their his/her life
 - c. The changes they've made to assure no new criminal charges will occur
 - d. What they have learned or how they feel about their mental health and substance use and its role in their past criminal behavior.

Deliver speech and graduate!!

Question or Concerns You May Have about the MHC Program.

What if I have a serious medical condition?

In general, you will not be excluded from MHC just because you have a serious medical condition. You must be willing to **fully** disclose your condition and medical care to the treatment providers and MHC team. If you are taking a prescribed medication for your condition, you must continue to do so. Your mental health treatment will be coordinate with your medical provider to help ensure there is coordination of care for you. Although MHC can be flexible and work around your condition, you must be able to engage in and complete treatment.

Can I use prescription medication?

You can and should take medication being prescribed by your Mental Health psychiatrist or ARNP. Any medication prescribed to you by a medical provider other than your Mental Health psychiatrist or ARNP must be reviewed with the ACT team. This is to ensure there is coordination of care and avoid any complications. While in MHC, you must use ONE doctor/primary care physician, ONE dentist, ONE pharmacy, and ONE psychiatric prescriber.

What about medical marijuana? The use of marijuana or THC in any form is a violation of MHC rules. It does not matter whether your use is legal or illegal. It does not matter whether you have a medical marijuana card.

What about herbal and over the counter medications?

Prohibited substances in MHC include:

- All over-the-counter medications (such as Nyquil and including nasal sprays) without **prior** approval from your Mental Health Medical Provider
- Metabolife or other over the counter diet aids
- Controlled substances
- Bath salts or designer drugs
- Alcohol
- Any mind or mood altering substances (unless prescribed by your doctor)
- Prescription medication that has not been prescribed to you.

The best rule to follow regarding what you can and cannot take is simple. Take **no** medications or herbal supplements, prescribed or over-the-counter, without first obtaining permission from your treating physician and Treatment Case Manager.

What if I'm required to have a drug screen?

You may be required to provide random urine samples to monitor your progress. Urinalysis reports are documented and available to the court. Any positive urine screens, tampered samples or refusal to provide a sample may be grounds for sanctions.

Bring anything you are taking with you to your drug testing location. Poppy seeds are a concentrated form of opium and should not be eaten. Some "power drinks" contain pseudoephedrine & aloe not to be taken. You are responsible for being aware of what

you are eating and drinking, and of any drugs or prohibited substances they contain. Staying away from these items will not only give you clean tests, it will keep substances out of your system which may trigger old addictions.

What if I relapse?

It is possible that you could relapse while in the MHC program. It does not necessarily mean that you will be terminated from the program. The MHC team understands that mental illness can significantly impact your life and ability to function. All we ask is that you are honest and tell us what happens. This way the MHC team can make sure the program is addressing your needs.

What sanctions are given?

If you do not adhere to your mental health treatment plan, miss MHC appearances or conditions established by the MHC, the MHC Commissioner may sanction you for such program violations. Possible sanctions include but are not limited to:

- Community service work
- Assignments/written essays
- Increased frequency of court appearances
- Drug testing
- Work crew hours
- Electronic home monitoring/house arrest
- No phase advancement
- Temporary stays at the Detox facility
- Jail time proportional to the violation
- Return to jail pending placement in an inpatient program or availability of suitable housing.
- Termination from Mental Health Court.

What are grounds for termination from Mental Health Court?

MHC is a voluntary program. You can voluntarily terminate from the program at any time. The MHC judge can also involuntarily terminate you from the program for non-adherence, new criminal charges, bench warrants or drug testing problems. Although a relapse is not absolute grounds for termination, a continual inability to meet your treatment goals could result in termination.

What happens if I'm terminated from Mental Health Court?

If you are terminated from the program *for any reason*, voluntary or involuntary, after the first two weeks of acceptance, the judge will review the police reports and decide whether or not you are guilty. If the judge agrees that the reports support a finding of guilt, you will be convicted of the crime you have been charged with and the recommended sentence will be imposed.

What about confidentiality?

You will be required to sign a release of information which allows your treatment providers to give information to the MHC Team which includes the MHC judge, prosecuting attorney, public defender, ACT team, and other participating agencies or persons. This information is only available to MHC team members and that they cannot use any such confidential or medical treatment information for any purpose other than MHC.

There are some exceptions:

- Non-confidential information limited to a defendant's MHC status and progress may be shared with the Prosecutor and/or Assigned Counsel regarding my progress in MHC.
- Court sessions are open to the public. However, your privacy is respected and the MHC Team will make an effort to avoid discussing or revealing detailed information in open court other than is necessary to deal with your progress and behavior.
- No court order is required for any MHC team member to disclose to the appropriate authorities any information revealed in MHC which is subject to mandatory reporting by any statute or other law.
- If you are on probation or supervision through another court and if you voluntarily sign a separate waiver and authorization for that court or its probation agency to receive MHC information that the terms of that release and authorization will control. You may limit any such release of MHC information about my progress in MHC Court and to results of urinalysis testing.

During the MHC court hearings and/or during therapy group sessions you might be requested to participate in you will hear information about other MHC clients. Confidentiality is essential to the integrity of group therapy sessions. Do not discuss information pertaining to another client outside of group or court. Rule violations, however, should be reported immediately.

What if I know that another MHC client is breaking the program rules?

Participants of MHC should maintain group accountability by reporting any rule violations. If one client knows that another client is breaking the rules & doesn't report it, both clients could be sanctioned.

How do I act in court?

You are expected to maintain appropriate behavior at all times in the courtroom and courthouse. This includes:

- No talking in the courtroom
- No sleeping in the courtroom
- No eating or drinking in the courtroom
- No smoking in the courthouse
- No gum chewing
- Be on time and do not leave during the hearing except to use the restroom

(emergencies only). You are expected to have used the restroom prior to the court session starting

- Beepers and cell phones must be turned off or they will be confiscated
- The court session is NOT the appropriate time to speak with any of the team members unless you have make arrangements to do so prior to the court session. You must call or set up an appointment.
- Appropriate dress is necessary; shoes and shirts are required and no hats, shorts, sunglasses or tank-tops should be worn. You are expected to maintain appropriate grooming.

What if I want to travel outside of Yakima County?

If you need to travel outside Yakima County, you must first contact your Probation or Treatment Case Manager and request permission to leave, which must be approved by the MHC judge.

Conclusion

The MHC program has been developed to help you achieve stability in your life. The program is designed to promote self-sufficiency and assist you in your stability, avoiding any criminal charges, and being a productive part of the community. The MHC Team and various community resources are present to guide and assist you, but the final responsibility is yours.

It is the hope of the MHC team that you do participate, benefit, and graduate from Mental Health Court. As a successful graduate you will receive a certificate of graduation and your criminal charge will be dismissed!!

We hope this handbook has been helpful and answered most of your questions. If you have additional questions or concerns about the MHC program, please feel free to contact the MHC Coordinator.

MHC Team Members:

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Yakima County Superior Court Commissioner and MHC Judge

Tamra Williams
MHC Judicial Assistant
(509) 574-2670

Cathy Ubelaker
Yakima County Probation Department
509 574-1891

Daniel Fessler,
Director and MHC Defender
Yakima County Assigned Counsel

Susie Silverthorn,
Yakima County Deputy Prosecuting Attorney and MHC Prosecutor
509-574-1210

Kelsi Kimura or Courtney Hesla,
Central Washington Comprehensive Mental Health
(509) 575-4324

YAKIMA COUNTY MENTAL HEALTH COURT

Handbook Receipt and Acknowledgement

I have received a copy of the Mental Health Court Participant Handbook (July 10, 2013 version).

The Handbook contains information regarding requirements and rules which apply to me in Mental Health Court.

I agree to read the Handbook, become familiar with the requirements, procedures and rules described, and follow them during my participation in Mental Health Court. If a policy, procedure or rule is unclear to me, I will be responsible for seeking clarification.

I also understand that a violation of the policies in this Handbook could subject me to sanctions and/or termination.

Print Participant Name (First, Initial, Last)

Participant Signature **Date**

Provided by: _____

PLEASE KEEP A COPY FOR YOUR RECORDS.

Appendix A

LIST OF SERVICES OFFERED THROUGH CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH

Central Washington Comprehensive Mental Health (Comprehensive)

Listing of Services

The following is a list of services offered by Comprehensive which will be available to MHC participants.

Assessment

This activity is conducted to gather information to establish the medical necessity for treatment, to determine whether State Access to Care and other criteria for admission are met, and to plan for ongoing treatment. The Assessment is a face to face interview with the identified client. It results in a narrative that at a minimum contains the following information:

- Identification of the presenting problem
- A brief history of the individual's condition and prior MH treatment
- A DSM diagnosis with all 5 Axis
- Documentation that supports the client's placement on the State's Access to Care Criteria
- Identification of client preferences or choices in the client's own voice
- Use of client's own words is to support the need for treatment
- Identification of any identified risk factors. Note: if there is potential risk to self or others, appropriate referrals and notifications should be made and documented and a safety plan completed.
- An initial treatment plan (if admitted to treatment)
- GAINS Quadrant Placement
- If the GAINS-SS indicates the need for chemical dependency treatment, documentation that the client was referred for assessment.
- Makes recommendations for ongoing treatment if Access to Care Criteria is met.

Individual Therapy

Individual psychotherapy uses a variety of therapeutic approaches to aid an individual's recovery. Approaches include cognitive behavioral therapy, insight oriented therapy, behavioral modification and/or supportive counseling.

Family Therapy

This service is psychological counseling provided for the direct benefit of an individual. Services are provided with family members and/ or other relevant persons in attendance as active participants. The treatment provides family-centered interventions to identify and address family dynamics, and will strive to build competencies to strengthen family functioning in relationship to the consumer. This treatment reinforces the family structure, improves communication, builds awareness, reinforces the family structure within the community, and reduces the family crisis/upheaval.

Group Psychotherapy

Services provided to a group of individuals designed to assist in the attainment of goals described in the treatment plan. Group Treatment may include developing self-care and/or life skills; enhancing interpersonal skills; mitigating the symptoms of mental illness; learning from the perspective and experiences of others and counseling/psychotherapy to establish and/or maintain stability in living, work or educational environment.

Individuals in Group Treatment must demonstrate the ability to participate in a group process in a matter that is respectful of others' rights and must be able to integrate feedback from other group members.

Services are provided to two or more individuals. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

Community Support Services

Community Support offers services that are supportive and skill based to help an individual with a myriad of needs; for example:

- Skill building around maintaining a clean residence and other Activities of Daily Living
- Assistance with budget management
- Assistance with obtaining and maintaining services such as social security, Medicaid benefits, food stamps
- Support around medication in the form of prompting to take and refill meds
- Assistance in scheduling and attending necessary appointments

These services typically happen in the community anywhere from a weekly to a monthly basis.

Day Support

An intensive, rehabilitative program that provides a range of integrated and varied life skills training activities (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning and/or improvement in the current level of functioning, appropriate socialization and adaptive coping skills.

Psychiatric Evaluation

This is a face-to-face interview completed by a psychiatrist or ARNP with Behavioral Health experience. The evaluation is a psychiatric review of an individual's symptoms and health systems. A psychiatric mental status is obtained. The focus of the evaluation is to formulate a DSM diagnosis. A primary focus for the evaluation is determining if psychotropic medications are indicated for treatment. The evaluation will also identify other treatment considerations.

Medication Management

This service is rendered face-to-face by a person licensed to perform such services. This service allows for prescribing and/or administering and reviewing of medications and the review of medication's side effects. This service may be provided in consultation with collateral contacts or primary therapists, but includes only minimal psychotherapy

Medication Monitoring

Is a face to face, one-on one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes the reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This service is designed to facilitate medication compliance and other positive outcomes. . Examples include:

- Bubble pack or sample distribution with face to face client involvement and discussion
- Face to face contact with clients to discuss medication compliance
- Medication education.
- AIMS or MOSES testing

24/7 Crisis Service

Crisis services are intended to stabilize the person in crisis, prevent further deterioration, and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation.

- **ITA Evaluation.** An evaluation/assessment by a designated mental health professional (DMHP) for the purpose of determining the need for involuntary treatment due to likelihood of serious harm to self or others or because of the potential that the individual being evaluated is gravely disabled due to mental disorder. The DMHP informs the person being investigated for involuntary detention of his/her rights as soon as it is determined that an ITA investigation is necessary.
- **Stabilization Services.** Services can be provided as follow-up to crisis services. Specifically these services include use of crisis apartment or a crisis stabilization bed at the Triage/Detox Center

Residential Services

Crisis/Emergency apartment - Crisis/Emergency apartment services are also available to clients in need of short-term, transitional residential services; residents must be capable of maintaining themselves in an apartment setting, with the assistance of intensive mental health case management, and/or crisis intervention services. These residential crisis services are accessed through Crisis Services or through an individual's Comprehensive's treatment team.

Supported Living offers an apartment-based program for individuals who are ready to transition back into the community. Case management support and training are provided to assist with independent living skills and to make a successful transition from an institutional setting.

Supported Living services are available for individuals unable to function successfully in the community without such services, but who do not need the specialized care provided in the more intensive residential options.

Group Home (12 beds) residents are actively involved in the responsibilities of home management, including cooking meals, cleaning, and decision-making about house programs and problems. Through participation in the Sunrise Club/Day Support, additional learning skills which enable them to seek volunteer or paid positions in the community are promoted. Group Home residents advance through the program and accept increased responsibility at their own pace, eventually working toward a more independent living situation. A full array of mental health services are available to residents and provided collaboratively with staff, residents, and family members or supportive others.

Gleed Orchard Manor (29 beds) Is an assisted living facility where residents receive supervised activities of daily living inclusive of medication self-administration cuing and supervision. Nutritional meals are prepared for the residents. Whenever capable, residents are encouraged to continue self-care functions.

Adult Residential Treatment Facility (ARTF) in Sunnyside (16 beds) - serves clients who need more intensive, 24-hour therapeutic treatment intervention and supervision. The ARTF provides psychiatric and case management services, day programming and opportunities for a variety of rehabilitative services. The ARTF is an alternative to long-term institutionalization, and allows some residents to progress to other, less restrictive living situations.

Pathways (16 beds) - serves clients with co-occurring disorders of mental illness and substance abuse disorder. Staff in the facility is a blending of both mental health and chemical dependency professionals. The program is highly structured providing both individual and group therapy within a milieu structure. Length of stay in the treatment program is from three to five months. Crisis beds are available in designated facilities, some of which are operated by collaborating organizations, to provide temporary assistance to adults and seniors experiencing significant psychiatric emergencies..

Detox (16 beds) - is a social detox facility for individuals who have substance abuse disorders and are at risk. Individuals who are in a critical state because of their substance abuse and expressing a desire to stop utilization of a substance are admitted for a brief period, minimally 4 to 5 days. During this time individuals are closely monitored for any withdrawals along with their physical health. Any sign of withdrawal or significant physical health issue the individual is immediately sent to the E.R. or primary care for evaluation and treatment if indicated. The Detox unit also has available mental health Stabilization Beds for individual in crisis but is not in need of inpatient psychiatric treatment.

Chemical Dependency Assessment

This is a face to face interview conducted by a Chemical Dependency Professional. The purpose of assessments is to determine if a person has a significant problem with drugs or alcohol and, if

necessary, recommend an appropriate level of education or treatment. Diagnosis and recommendations are based on the criteria of the American Society of Addiction Medicine.

Individual Chemical Dependency Counseling Sessions

Individual Addiction Counseling focuses on the patient's specific symptoms of drug and alcohol addiction and related areas of impaired functioning as identified in the Assessment & Treatment Plan. Individual sessions are scheduled, at a minimum of every 30 days. The counselor also addresses the content and structure of the patient's ongoing recovery program and emphasizes behavioral change. The counselor focuses on progress made on the agreed upon goals in the treatment plan, coping strategies, tools for recovery and 12-step philosophy and participation. The primary goal of individual counseling is to assist the addicted person in achieving and maintaining abstinence from addictive chemicals and behaviors. Goals achieved are resolved on the treatment plan while new problems or issues may be added. The secondary goal is to help the addicted person recover from the damage that substances have caused in his or her life.

Group Counseling

Specific group sessions vary in their content and focus during different phases of treatment however, the general purposes of group treatment for addictions are to provide members with an opportunity to:

- Acquire information about important concepts and aspects of addiction and recovery from addiction.
- Increase self-awareness of specific problems and issues in relation to addiction and recovery.
- Give and receive support from each other by giving feedback and sharing problems, successes, hopes and strengths.
- Learn new coping skills to deal with problems contributing to or resulting from the addiction, to reduce the chances of a relapse to addiction, and to improve functioning.

Mentally Ill Chemically Addicted Program (MICA)

MICA services provide both group and individual counseling services to those with chronic and severe mental illness, who also have a co-occurring substance abuse or dependence disorder. These services are provided by chemical dependency professionals who work conjointly with mental health case managers. The program is primarily structured around group services, and is often time an adjunctive service to traditional counseling or case management services.

Program of Assertive Community Treatment (PACT)

PACT is a program developed for those with chronic and severe mental illness who have not had success with traditional outpatient programs and have other risk factors including multiple psychiatric hospitalizations, arrests, and homelessness. The PACT team consists of a mental health medical provider (psychiatrist or ARNP), therapists, nurses, case managers, chemical dependency specialists and a peer counselor(s). The PACT team delivers a variety of interventions e.g., assessment, psychiatric evaluation, medication management and monitoring, case management, individual treatment, group treatment, and support. PACT team members collaborate on assessments, treatment planning, and day-to-day interventions. Instead of

practitioners having individual caseloads, team members are jointly responsible for making sure that each individual receives the services needed to support their needs. PACT services occur at a minimum of 3 times a week and can be accessed after hours or on weekends if needed. The areas in which PACT provides assistance include, but are but not limited to:

- Daily Activities
- Family Life
- Housing Assistance
- Financial Management
- Counseling
- Health
- Mediation Support
- Financial, food, housing and medical supports
- Substance Abuse Treatment

Appendix B

FORM FOR ACTION PLAN

Mental Health Court – Participant’s Action Plan

Participant Name: _____

Your action plan will help you identify problem areas that you would like to overcome, and goals that you would like to achieve. Your Mental Health Court team will help and support you as you work to achieve your goals.

You will have opportunities to update your goals from time to time.

BARRIERS: What might keep you from being successful in following the program requirements?

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GOALS to overcome Barriers: What do you want to do to reduce those barriers?

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PHASE GOALS: When you enter a new phase, you will need to identify the goals that you want to accomplish in that phase. These goals may match the areas of focus the court has for that phase (see handbook).

Phase I:

Phase II:

Phase III:

Phase IV: