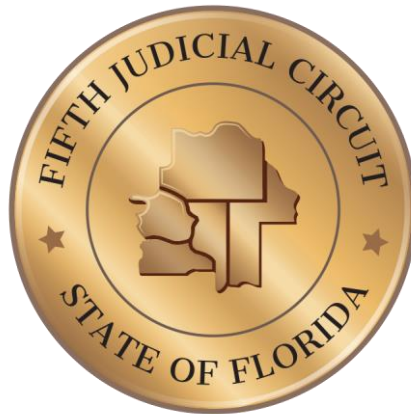


MARION COUNTY FLORIDA



MENTAL HEALTH COURT Policy & Procedure Manual

Updated 2021

TABLE OF CONTENTS

SECTION			
I	<i>Planning and Administration Overview</i>		
II	<i>BJA 10 Key Components of Mental Health Courts</i>		
III	<i>Authority, Mission Statement, Goals & Objectives</i>		
IV	<i>Target Population</i> <i>A. Eligibility</i> <i>B. Disqualifiers & Other Considerations</i>		
V	<i>Program Structure & Processes</i> <i>A. Team Members Roles</i> <i>B. Entry, Initial Assessment & Orientation</i> <i>C. Progress Through the Program (PHASES)</i> <i>D. Program Completion: (Graduation & Termination)</i>		
VI	<i>Incentives, Sanctions & Therapeutic Adjustments</i>		
VII	<i>Treatment Protocol</i>		
VIII	<i>Community Resources, Complementary Treatment, Ancillary and Social Services</i>		
IX	<i>Alcohol and Other Drug Testing Protocol</i>		
X	<i>Pre-Court Staffing</i>		
XI	<i>Status Hearings</i>		
XII	<i>Confidentiality Protocol</i>		
XIII	<i>Fees & Fiscal Management</i>		
XIV	<i>Documentation & Evaluation Design</i> <i>a. Florida Drug Court Case Management System (FLDCCMS)</i> <i>b. Data Reporting</i> <i>c. Steering Committee</i>		
XV	<p>APPENDIX:</p> <p>A. PROGRAM BROCHURE(S): <u>Marion County Mental Health Court</u></p> <p>B. PROGRAM SPECIFIC ORIENTATION PACKET/HANDBOOK: should contain but not limited to the following documents</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <i>i. Application form</i> <i>ii. MHC Agreement to Participate</i> <i>iii. Intake Face Sheet</i> <i>iv. Participant Rules & Regulations</i> <i>v. Authorization for Release of Information</i> <i>vi. Consent for Drug Screens</i> <i>vii. Drug Testing Procedures</i> <i>viii. Dress Code</i> <i>ix. Graduation Requirement (see phase info)</i> <i>x. Approved Treatment Provider List</i> <i>xi. Employment Search logs</i> <i>xii. Federal Bonding info (N/A-felony participants only)</i> <i>xiii. Career Resource &/or Housing info (if applicable)</i> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <i>xiv. Orientation List of Documents (if applicable)</i> <i>xv. Peer Support Verification forms/logs</i> <i>xvi. Participant’s Rights Title VI (know your rights & grievance handout)</i> <i>xvii. Medical Practitioner-Compliance form.</i> <i>xviii. Fee or Payment agreement (if applicable)</i> <i>xix. Incentive, Sanction & Therapeutic Adjustment Information</i> <i>xx. Sanction & Therapeutic Adjustment Matrix</i> <i>xxi. Health, Sexual & Drug History forms (if applicable & if not included in Application or other intake forms)</i> </td> </tr> </table> <p>C. <i>Summary of Risk & Need Instrument for MHC</i></p> <p>D. <i>MENTAL HEALTH Court – Overview Flow Chart</i></p> <p>E. <i>MOUs & Confidential Agreement</i></p> <p>F. <i>AOs– M-2009-6</i></p> <p>G. <i>Definitions & Abbreviations</i></p>	<ul style="list-style-type: none"> <i>i. Application form</i> <i>ii. MHC Agreement to Participate</i> <i>iii. Intake Face Sheet</i> <i>iv. Participant Rules & Regulations</i> <i>v. Authorization for Release of Information</i> <i>vi. Consent for Drug Screens</i> <i>vii. Drug Testing Procedures</i> <i>viii. Dress Code</i> <i>ix. Graduation Requirement (see phase info)</i> <i>x. Approved Treatment Provider List</i> <i>xi. Employment Search logs</i> <i>xii. Federal Bonding info (N/A-felony participants only)</i> <i>xiii. Career Resource &/or Housing info (if applicable)</i> 	<ul style="list-style-type: none"> <i>xiv. Orientation List of Documents (if applicable)</i> <i>xv. Peer Support Verification forms/logs</i> <i>xvi. Participant’s Rights Title VI (know your rights & grievance handout)</i> <i>xvii. Medical Practitioner-Compliance form.</i> <i>xviii. Fee or Payment agreement (if applicable)</i> <i>xix. Incentive, Sanction & Therapeutic Adjustment Information</i> <i>xx. Sanction & Therapeutic Adjustment Matrix</i> <i>xxi. Health, Sexual & Drug History forms (if applicable & if not included in Application or other intake forms)</i>
<ul style="list-style-type: none"> <i>i. Application form</i> <i>ii. MHC Agreement to Participate</i> <i>iii. Intake Face Sheet</i> <i>iv. Participant Rules & Regulations</i> <i>v. Authorization for Release of Information</i> <i>vi. Consent for Drug Screens</i> <i>vii. Drug Testing Procedures</i> <i>viii. Dress Code</i> <i>ix. Graduation Requirement (see phase info)</i> <i>x. Approved Treatment Provider List</i> <i>xi. Employment Search logs</i> <i>xii. Federal Bonding info (N/A-felony participants only)</i> <i>xiii. Career Resource &/or Housing info (if applicable)</i> 	<ul style="list-style-type: none"> <i>xiv. Orientation List of Documents (if applicable)</i> <i>xv. Peer Support Verification forms/logs</i> <i>xvi. Participant’s Rights Title VI (know your rights & grievance handout)</i> <i>xvii. Medical Practitioner-Compliance form.</i> <i>xviii. Fee or Payment agreement (if applicable)</i> <i>xix. Incentive, Sanction & Therapeutic Adjustment Information</i> <i>xx. Sanction & Therapeutic Adjustment Matrix</i> <i>xxi. Health, Sexual & Drug History forms (if applicable & if not included in Application or other intake forms)</i> 		

I.

PLANNING AND ADMINISTRATION OVERVIEW

The Marion County Adult Mental Health Court Program (MCMHC) was established in 2009 and is operated pursuant to Florida Statutes 394.47892, 948.01, 948.06, 948.08, 948.16 and 776.08. The program is currently presided over by Marion County Court Judge Thomas Thompson as appointed by the Fifth Judicial Circuit Chief Judge through Administrative Order M-2009-6.

Prior to its inception, and on several occasions since, the program administration has involved a broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems to serve as a steering committee. This steering committee has been instrumental in guiding this community of stakeholder to develop and utilize intercept mapping, community needs assessments, and participating in identification of Strengths, Weaknesses, Opportunities and Threats (SWOT Analysis) to help evaluate and provide continuous input and recommendation as well as with the administration of the court.

The MCMHC is intended to handle select cases, involving offenders with a mental illness or co-occurring mental illness and substance use disorder who have become involved with the criminal justice system. The MCMHC identify and divert qualified defendants charged non-traffic related misdemeanors, or some eligible felony charges away from the traditional criminal justice system. The circumstances underlying the charged offense(s) may be considered for eligibility purposes if a mental illness or co-occurring disorder (which may include a mental illness and a substance use disorder or other medical disorder) is involved.

The MCMHC provides a highly individualized program that is more comprehensive supervision than standard probation or jail, with a treatment and recovery driven approach. This may include a behavior modification approach, incorporating incentives, sanctions and therapeutic adjustments in response to behaviors exhibited by participants. Some of the elements included in the MCMHC Program are: comprehensive court case manager assistance; random and frequent drug screens; behavioral health treatment, which may include co-occurring treatment services for mental illness, substance use, medical or dental issues, and/or treatment with psychotropic medication and/or medically assisted treatment (MAT). The Mental Health Court Program requires a participant to receive treatment and regular contact with a representative of the Mental Health Court Team.

Mental Health Courts have been demonstrated to be effective in ensuring better outcomes for the individual and the community, while using the limited resources available. Mental Health Court Programs save each County significant costs by reducing re-arrests, jail costs, and time spent in the criminal justice system. Additionally, participants' ability to obtain employment, education and housing status are improved. Successful completion, as well as participation in the program has the potential to improve their quality of life and has an improved social impact on the community in which they live.

II. 10 ESSENTIAL ELEMENTS OF MENTAL HEALTH COURTS

Key Component #1: PLANNING AND ADMINISTRATION

A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of the court.

Key Component #2: TARGET POPULATION

Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.

Key Component #3: TIMELY PARTICIPANT IDENTIFICATION AND LINKAGE TO SERVICES. Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.

Key Component #4: TERMS OF PARTICIPATION

Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.

Key Component #5: INFORMED CHOICE

Defendants fully understand the program requirements before agreeing to participate in a mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.

Key Component #6: TREATMENT SUPPORTS AND SERVICES

Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use—and increase the availability of— treatment and services that are evidence-based.

Key Component #7: 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. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing

Key Component #8: COURT TEAM

A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.

Key Component #9: MONITORING ADHERENCE TO COURT REQUIREMENTS

Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.

Key Component #10: SUSTAINABILITY

Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded.

III. AUTHORITY

All Mental Health Courts for the Fifth Judicial Circuit have been established pursuant to Florida Statute 394.67892. As applicable, it also abides by Florida Statutes 948.01, 948.06, 948.08, 948.16 & 776.08. Appendix F provides the applicable Administrative Order (AO) for this program.

MISSION

The mission of the Marion County Mental Health Court program is to divert non-violent, mentally ill and/or co-occurring defendants from the Marion County Jail, and from criminal prosecution, to the appropriate community based treatment and support services to best assure public safety, reduce recidivism, promote a healthier and safer community and help those defendants to improve and maintain a good quality of life.

GOALS & OBJECTIVES *to accomplish the Mission*

1. Improve the quality of life for the Mental Health Court Participant through prosocial and supportive connections within the community.
2. Protect public safety, health and property.
3. Ensure that mentally ill defendants do not languish in the Marion County Jail and therefore are identified, referred and accepted into the program and then linked to community-based services as quickly as possible.
4. Provide advocacy, supervision and an alternative for the mentally ill defendant.
5. Improve the ability of the Judicial system to identify, assess and facilitate the treatment of certain mentally ill defendants.
6. Provide intensive support to defendants diagnosed with a mental illness, focusing on treatment, accountability, recovery and resilience.
7. Linking mentally ill participants with local mental health and social service providers.
8. Reduce incarceration and recidivism among mentally ill defendants through the facilitation of a combination of treatment and court supervision.
9. Ensure that all participants understand and follow the Mental Health Court conditions, including treatment and other requirements.
10. Encouraging recovery from substance use, mental illness and criminal behavior and enhancing the positive potential of each individual in the program
11. Promoting prosocial accountable behavior among participants and their support.
12. Reduce the financial impact on the judicial system and the citizens of each County by providing cost avoidance of tax funded services (jail, court costs etc.)
13. Assist the Marion County Courts, the community mental health center and community at large with cases involving defendants who are adjudged incompetent to proceed.
14. Provide updated and detailed information to the Judge, Assistant State Attorney and Defense Attorneys on the participants progress to assure the best decisions are made to assure the safest and best possible outcome for the participant and the community.

All of the above will help ensure public safety

IV. TARGET POPULATION

Prospective participants may be identified by reviewing the jails daily booking information, arraignment dockets and from referrals made from Judges, Defense Counsel, local Law Enforcement Agencies, or the State Attorney's Office. The Mental Health Courts target potential participants who have a mental illness, a current criminal case pending in Marion County and are at risk for reoffending. These individuals are commonly referred to as high-risk and high-need offenders. However, Mental Health Courts will assure individualized programs depending on risk & need as determined by evidenced based assessments.

This program will assure equal opportunity to defendants from all groups who have historically experienced discrimination or reduced opportunities due to race, gender, ethnicity, sexual orientation, sexual identity, physical or mental disabilities, religion or socioeconomic status, allowing for no discrimination and assuring that all receive the same chance to access, participate and succeed in the Mental Health Court Program.

Multidiscipline Mental Health Court Team members have input in determining applicant's acceptance into the program. All team members shall attend training on recognizing implicit cultural biases, understanding the unique needs, and correcting disparate impacts for members of groups that have historically experienced discrimination. Other training shall include understanding Mental Illness and Substance Use disorders, trauma, medication management, Medically Assisted Treatments (MAT), behavior modification and addressing de-stigmatization.

A. ELIGIBILITY CRITERIA

As recommended in the *Proposed Florida Mental Health Court Best Practice Guidelines*, the Mental Health Court programs of the 5th Judicial Circuit are encouraged to apply criteria expansively to favor acceptance of individuals whenever they are both clinically appropriate and able to be managed safely in the community with available resources.

REFERRAL PROCESS

- **CRITERIA:**
 1. Must be 18 years or older
 2. Must have a legally eligible* criminal case pending in Marion County (* see legal eligibility and disqualifiers below)
 3. Must meet clinical criteria* as determined by a licensed treatment provider (* see clinical eligibility and disqualifiers below)
 4. Must currently live in Marion County
 5. Must be both legally and clinically appropriate for Mental Health Court
 6. Must be legally competent.
 7. Must be willing (in writing) to participate voluntarily and to comply with any recommended interventions, rules and regulations, including but not limited to recommended treatment, drug screens, court orders, sanctions, incentives etc.
 8. The defendant must waive their right to a speedy trial
 9. Must be willing to be treatment and court compliant
 10. ++If a defendant is ordered into the program and have been adjudged incompetent to proceed please see PROGRAM STRUCTURE AND PROCESSES, Paragraph 10, below

- **LEGAL ELIGIBILITY:**

1. Must be legally competent
2. For Marion County Mental Health Court, the defendant must have an open misdemeanor case as ordered and allowed per each programs Administrative Order
3. The defendant must waive their right to speedy trial
4. Must follow guidelines set forth in Florida Statutes 394.47892 and as applicable in 948.01, 948.06, 948.08, 948.16 and 776.08
5. May NOT be charged with a “forcible felony” as defined in 776.08
6. May NOT have a disqualifying charge as listed below (under B: DISQUALIFIERS.)

- **CLINICAL ELIGIBILITY**

1. Defendant must have had or agree to an evidenced based assessment to determine an eligible diagnosis (as listed in #3 below)
2. Defendant must agree to be in treatment, take any and all prescribed medication in the manner prescribed, and follow all treatment recommendations made by their treatment providers.
3. Defendant must have a primary diagnosis of an eligible Persistent Mental Illness such as:
 - a. Psychotic disorders, including Schizophrenia and Schizoaffective Disorder
 - b. Mood Disorders including Bipolar Disorders, Major Depressive Disorders.
 - c. Other trauma-based disorders
 - d. Other disorders may be considered under the guidance and direction of the defendant’s clinical treatment provider.

NOTE: *Please see CONSIDERATIONS listed below from the **proposed** Florida Mental Health Court Best Practice Guidelines.*

- **PRIOR TO ACCEPTANCE:**

The Staffing Team will consider both public safety and likelihood of good treatment outcomes in their decision. In addition, the Staffing Team shall consider the following:

- a. Defense attorney must be notified of defendant’s interest in Mental Health Court program.
- b. Defendant and attorney must complete the application and other applicable documents for the Mental Health Court Program.
- c. If applicable; Fee requirements: Please see refer to **APPENDIX “Fee or Payment agreement”** for details and if applicable Mental Health Court program fees apply to this program (application &/or monthly administrative fee if applicable)-Inability to pay will not be the only barrier to admission if all other criteria are met.
- d. The defendant must agree to all the Rules and Regulations of Mental Health Court.

- **RISK & NEED ELIGIBILITY:**

Mental Health Courts target participants who have a mental illness and are at risk for re-offending. These individuals are commonly referred to as High-Risk and High-Need offenders. Defendants will be evaluated individually using a validated evidenced based risk and needs instrument specifically designed for those with a mental illness which yields an immediate and easily understandable report that classifies offenders into one of four risk/needs quadrants, each with different implications for selecting suitable decisions by the mental health court team. In addition, this part of the screening process includes an evidenced based risk & needs assessment that will help determine the level of care needed, the intensity of court supervision needed and providing an individualized program for each participant. The Mental Health Court may develop alternative tracks with services and appearances modified to meet the risk and need levels of its participants.

(See APPENDIX C- “Summary of this tool”)

Final determination for the admission of a defendant will be made by the Mental Health Court Judge based on eligibility criteria, risk and needs assessments and objective information provided by the Mental Health Court Team.

B. DISQUALIFIERS:

NOTE: in compliance with and according to the *Proposed Florida Mental Health Court Best Practices Guidelines*; *Current or prior offenses may disqualify potential participants from entering if empirical evidence demonstrates that the participant cannot be managed safely or effectively. Barring legal prohibitions, potential participants charged with drug dealing or those with violent histories are not automatically disqualified.*

- Violent offenses as defined by FS 776.08 – “Forcible felony” means treason; murder; manslaughter; sexual battery; carjacking; home-invasion robbery; robbery; burglary; arson; kidnapping; aggravated assault; aggravated battery; aggravated stalking; aircraft piracy; unlawful throwing, placing or discharging of a destructive device or bomb; and any other felony involving the use or threat of physical force or violence against any individual.
- Drug Trafficking, sales, manufacturing or cultivating (except for small quantities as determined by the Arrest Affidavit or history that may indicate supporting addiction)
- The defendant may not have been previously convicted of a violent offence as defined by FS 776.08 (see first bullet); or prior trafficking, sales, manufacturing or cultivating
- The defendant may not have a prior disqualifying conviction or adjudications withheld such as violent offenses or sales. This may be considered if a significant time has passed and it is agreed upon by the staffing team and Judge.
- The defendant denies or is unwilling to participate in treatment for a Mental illness & Co-Occurring Disorder.
- For Misdemeanor Mental Health Court Programs only: Having a felony and/or any VOP charges pending at time of application
- May not be currently charged with or has been convicted of (including withholds or adjudications), any felony sex crimes.
- Not in need of mental health treatment or has a diagnosis that would not qualify or be treatable within the confines of this program.
- Pending charges in other jurisdictions.

C. CONSIDERATIONS to assure objectivity as per proposed Florida Mental Health Court Best Practice Guidelines:

- *Current or prior offenses may disqualify potential participants from entering if empirical evidence demonstrates that the participant cannot be managed safely or effectively.*
- *Barring legal prohibitions, potential participants charged with drug dealing or those with violent histories are not automatically disqualified.*
- *Subjective opinions of past attitude or relationship with Probation, ASA, Mental Health Court, or other Problem-Solving Court Staff – each application must be based on current objective circumstance.*
- *If adequate treatment is available, participants may not be disqualified from participation because of co-occurring substance use disorders, medical conditions, or use of legally prescribed psychotropic or addiction medication.*
- *Section 916.106, F.S. excludes intellectual disability, autism, intoxication, and antisocial personality disorders from the definition of mental illness, and as such individuals with these conditions may be disqualified from participating in a mental health court. This does not exclude individuals with co-occurring substance use disorders from participating.*

V. *PROGRAM STRUCTURE & PROCESSES*

TEAM MEMBERS ROLE: As indicated in Key Component #8 A team of criminal justice and mental health staff, service and treatment providers receives special, ongoing training and helps Mental Health Court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.

The Mental Health Court Team is comprised of a multidisciplinary team that participates in the operation of the Mental Health Court, reviews participants' progress, provides observations, makes recommendations, and delivers legal, treatment, supervision and support services. The team includes but is not limited to the following:

- **The Judge, Judicial Officer or Magistrate** – Will be supportive, fair, caring, understanding, show concern and consistently up to date on the disease of mental illness and addiction as well on current law and best practices for mental health courts. They will participate regularly in pre-court staffing team meetings, give due consideration to the input of other team members, and interact frequently and respectfully with participants in court. However, will exercise independent discretion when resolving and administering conditions or orders. Votes taken during pre-staffing team meetings are to be considered merely advisory. The Judge makes all final determinations and decisions on all legal matters, including participant acceptance into the program, after considering the input from the team members, participants and counsel.
- **Mental Health Court Coordinator/ Case Manager** – Responsible for maintaining accurate and timely records and documents for the program including the court docket. Will facilitate communication between team members, judges, attorneys, partner agencies and participants as appropriate and ensure that policies and procedures are followed.
- **The State Attorney's Office (representative)** – Advocates on behalf of public safety, victim interest and holding participants accountable for meeting their obligations in the program. They provide guidance and information to the Judge and the team on legal eligibility or ineligibility of applicants and may also help to resolve other pending legal cases that impact participants' legal status/eligibility for Mental Health Court.
- **The Public Defender Office (Defense attorney)** – Ensures participants constitutional rights are protected and advocates for the participants' stated legal interests. If the participant is represented by private counsel leading up to entry into drug court, after entry they may maintain private legal counsel in the event the participant faces unsuccessful discharge from the program (the public defender representative is present in court and staffing if assistance is needed until private counsel is contacted)
- **Local treatment provider representative(s) or Veteran Justice Outreach (VJO)** – Contribute clinical knowledge and expertise during team deliberations taking into considerations and providing guidance on clinical best practices, therapeutic adjustments, behavior modifications related to incentive and sanctions as well as assuring awareness of trauma informed options. (VJO, although normally a part of the Veteran's Treatment Court, may be present for any Veteran's in the Mental Health Court Program)

- **NAMI or other Recovery Peer Specialist/Support Personnel** – not always a part of the pre court staffing but may be specifically invited on a case by case basis to provide some insights on programs and supportive options available to participants.
- **Probation or Community Control Officer (if applicable)** – Specifically trained to understand the disease of mental illness and addiction and best practices standards for mental health court. Duties may include performing drug and alcohol testing, conducting home or employment visits, enforcing curfews and travel restrictions.

A. ENTRY, INITIAL ASSESSMENTS & ORIENTATION:

The Defense Attorney will fully explain the Mental Health Court Program and the admission process to the defendant who consents by completing and signing the application to the program, signing a Consent for Disclosure of Confidential information form as well as waives their rights to a speedy trial in writing. The Defense Attorney, without delay, will submit a complete application package including the requisite referral, consent and waiver forms and submit all to the Mental Health Court coordinator/case manager.

1. The coordinator will assess for residency and other requirements. If ineligible but extenuating circumstances exist, then information is held for staffing team discussion.
2. The application with the current pending charge is sent to the SAO requesting (via cover letter) if applicant meets legal eligibility to enter the program based on current, past or out of county charges.

NOTE: #s 3, 4, 5 & 6 could occur simultaneously to expedite the process.

3. The State Attorney reviews applications for legal eligibility and will be provide a prompt response on whether the defendant legally qualifies for the program. If there is a legal issue that disqualifies the participant, the coordinator and/or defense attorney is immediately notified. Final decision on acceptance or denial will be determined in pre court staffing by the MHC Judge with the staffing teams' input, SAO findings are promptly sent in writing to the MH Court Coordinator &/or defense attorney. If Legally eligible continue with the process.
4. The Coordinator then submits the application package to the Treatment Provider to determine whether the applicant meets clinical eligibility or if they are in need of crisis intervention or if there is a question of ability to give expressed and informed consent to treatment
5. The treatment provider will promptly report whether the person is clinically eligible. If they are not clinically eligible, but treatment may be available to serve the needs of the applicant then the information should be forwarded for discussion by the staffing team.
6. The staffing team may decide during a staffing team meeting whether to accept the defendant into the Mental Health Court Program.

7. Once approved by the staffing team the recommendation is made to the Judge and if accepted and approved by the Judge a “Reassignment Order” directing that the defendant’s case be reassigned from the regular criminal docket to the diversion docket of the MHC.
8. Once the defendant is accepted into the Mental Health Court Program, the coordinator will place the defendant’s case on the next Mental Health Court docket for the staffing team to review at the next pre court staffing team meeting.
9. If a defendant is not accepted into the Mental Health Court, the coordinator will notify the defendant’s attorney of the non-acceptance into MHC. The defendant’s attorney may submit a request in writing to the Judge for the attorney to appear before the full staffing team at its regularly scheduled meeting to discuss the defendant’s ineligibility determination.
10. For those defendants referred to the Mental Health Court who have been adjudged Incompetent to Proceed (ITP), a local community mental health center will be immediately notified that services are needed. Management of a defendant will fall under the mental health center’s system of care. The Mental Health Court’s involvement will be for tracking purposes only, but in no event shall any defendant’s involvement with MHC as ITP last greater than twelve (12) months. Upon restoration of competency through treatment the defendant will be offered the opportunity to proceed as a voluntary applicant in the Mental Health Court, if they are not interested in applying to voluntarily enter into the MHC they will be returned to the criminal docket. The community mental health center may request assistance from the Mental Health Court to encourage, advocate or link defendant with ongoing needed services.

Once accepted into the Mental Health Program, the Participant will:

1. Meet with a MH Court Case Manager once a signed reassignment order is completed by the Judge. within 72 hours of being placed in the program.
2. The Orientation Packet/Handbook is reviewed in detail with each participant: Program rules and regulations as well as the “Agreement/ Contract to Participate in the Mental Health Court Program,” will be reviewed and explained. **(SEE APPENDIX B)**
3. The participant will sign all appropriate documents verifying that they understand the rules and regulations for the Mental Health Court program, as well as all that has been explained including all appropriate release forms. **(SEE APPENDIX B.)**
4. During the intake, the participants mental illness, substance use, social, employment, educational, family, and criminal history will be reviewed, discussed and documented into FLDCMS.
5. A risk and need instrument will often have been administered prior to the intake/participant orientation process, however, if this has not occurred it will be administered at the intake and results discussed with treatment provider & team.

6. The participant will also be placed on random and frequent drug testing protocol and given detailed information on the process for calling and reporting for those drug screens.
7. They will be placed in phase one which will also be explained in detail at the time of intake. (See Phase information in next sections & in program brochure **APPENDIX A**)
8. The participant will then be provided with a list of approved treatment providers and will be assisted in making an appointment in a timely manner. The importance of a case plan and treatment plan will be discussed and repeated often throughout the program.
9. The Treatment Provider will determine participant's needs using an evidenced based assessment tool to determine the level of care needed. (SEE section VII. TREATMENT PROTOCOL for program expectations of treatment providers)
10. The participant will be required to begin treatment immediately and as recommended by said provider.
11. If the participant fails to begin treatment in a timely manner, they may be subject to being sanctioned or have a therapeutic adjustment ordered by the court.
12. The treatment provider will submit weekly (or as needed) progress reports and participate in staffing sessions with the Mental Health Court team.

The participant will receive a copy of the policy manual, orientation packet/ handbook with details such as but not limited to required court appearances, accountability, rules and regulations, confidentiality, peer coaching/support meetings and all other things expected of them while in the program including meeting with Mental Health Court Coordinator/Case Manager on a pre-determined regular basis as well as to **“show up, try hard and be honest”** (SEE **APPENDIX B “ORIENTATION PACKET/HANDBOOK”**)

B. PROGRESS THROUGH THE PROGRAM; (PHASES)

(SEE **APPENDIX D-Mental Health Courts- Overview Flow Chart.**)

The Marion Mental Health Court has 3 phases.

This is the structure in which advancement through this court program is determined. The phase structure is clearly defined in the program brochure and reviewed in detail with each participant during their orientation to the program and several times throughout the program. Participants understand that phase advancement is to reward them for their accomplishments and accountability and puts them on notice that the expectations for their behavior have been raised accordingly. Each participant understands that the phase advancement is not based simply on the length of time that they have been enrolled in the program but on objective evidence on their progress in treatment, accountability and engagement in productive activities etc. It is also made clear that a reduction in any program requirement (i.e. treatment and screens) is clinically determined. The program phases set forth below are based on 6 to 18-month period of participation in the Marion County Mental Health Court. Adjustments will be made in appropriate cases to accommodate a shorter or longer period of participation.

PHASE 1: (Approximately 10 weeks – FOCUS = Stabilization, Assessment and Treatment Planning)- The staffing team will develop a Personalized Case Plan (PCP) to be utilized with specific requirements.

PHASE 1 GOALS:

1. Medication compliance as prescribed by the treatment provider
2. Attend treatment and following recommendations of treatment provider and staffing team, meetings with Court & clinical case managers and showing up for random and frequent drug screens. (accountability)
3. No new arrest since admission to the program
4. Attend all scheduled court sessions as determined by the staffing team recommendation to the Judge in the Pre-Court Staffing based on the many variables in the treatment of those with a mental illness and as approved by the treatment provider.

PHASE 2: (Approximately 6 weeks – FOCUS = Treatment and Peer/community Support)- Participant complies with treatment and other requirements of the program. Will continue with the applicable requirements of phase 1. Continued stabilization and re-integration into the community by engaging in all available programs that assist with support. (i.e. NAMI, Recovery Community Organizations etc). Continue with work toward objectives in Personalized Case and Treatment plans.

PHASE 2 GOALS:

1. Accomplish tasks set forth in Personalized Case Plan
2. Report bi-weekly or as recommended by the staffing team and decided by the Judge.
3. Remain medication and treatment compliant as determined by treatment provider.
4. Attend treatment and all other appointment set by the program and continue showing up for random and frequent drug screens. (accountability)
5. No new arrests
6. Maintain routine contact with Case Manager/Coordinator as ordered by the Judge.

PHASE 3: (approximately 8 weeks – FOCUS – Graduation Planning and long term wellness, recovery & resilience)- Participants should demonstrate an increased ability to remain stable, must be in treatment and connected within the community support, participating in prosocial activities and recovery programs.

PHASE 3 GOALS:

1. Participant has completed their Personalized Case Plan
2. Participant is engaged in ongoing vocational, educational and/or volunteer service programs
3. Continues to demonstrate responsibility with community support connections and continues to actively be working on clinical treatment plan.
4. Participant has written (or verbally presented) and understands the importance of their aftercare plan to remain stable and in recovery.
5. Participant maintains continued contact with the Court and Clinical Case Manager.

C. PROGRAM COMPLETION: (Graduation or Termination)

GRADUATION (successful completion)

A successful participant must complete the program within eighteen (18) months. The participant will have successfully completed the Mental Health Court program when the following requirements have been met:

- ✓ Complete all required phases of the program
- ✓ Actively involved or successfully complete any required treatment program
- ✓ Remain drug free for a minimum of 30 days prior to completion
- ✓ Complete or actively involved in ongoing required evidenced based life skills, criminal thinking or other classes or treatment recommended classes or groups
- ✓ Engaging & following relapse, recovery, resilience and prosocial activity plans which should include continued contact with treatment, social and peer support.
- ✓ Must be gainfully employed, actively seeking employment, a full-time student or has proof of disability.

Upon graduation, the participant will no longer be required to report to the Mental Health Court program and the staffing team will recommend that the graduate's case be promptly dismissed if applicable.

TERMINATION: (unsuccessful completion)

Every reasonable effort will be made to keep participants in the program and in treatment; however, for those participants who are not able to complete the program successfully, their case will be returned to the original criminal docket and reactivated by the clerk upon notice by the Court Coordinator for further prosecution. The Judge shall enter an Order of Recusal such that another Judge in Marion County will thereafter be responsible to preside over any further proceedings in that defendant's case including trial. The participant may be removed for any of the following reasons:

- ✓ Being unsuccessfully discharged from treatment due to inability to comply or due to disruption. (in a case by case basis other treatment providers may be used)
- ✓ Failing to report for drug tests (unexcused), office visits and court as directed
- ✓ Absconds from program
- ✓ Fails to successfully complete program during term of program and no extension is granted
- ✓ Continued drug use where treatment or all other intervention methods attempted have been unsuccessful.
- ✓ New law violation (on a case by case basis)
- ✓ Any other violations of program conditions

VI. INCENTIVES, SANCTIONS & THERAPEUTIC ADJUSTMENTS

Mental Health Courts of the 5th Judicial Circuit will ensure that consequences for participants' behavior are predictable, individualized, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification. The main purpose of sanctions, incentives and therapeutic adjustments is to change behavior. Incentives, sanctions and therapeutic adjustments will be individualized and based on the actions of the participant with input provided by the Mental Health Court Team to ensure equivalency of sanctions for all participants. Additionally, as recommended by the ***Proposed*** Florida Mental Health Court Best Practice Guidelines, *incentives should begin prior to admission, as legal incentives for a prospective participant to accept an offer to enter mental health court should be extended whenever possible and appropriate.*

ADVANCE NOTICE:

Participants will be provided with a written handbook or intake packet of information that contains information concerning requirements of the program to include incentives, sanctions or therapeutic adjustments, the range of consequences that may be imposed for those behaviors; and the criteria for advancement, graduation and termination from the program. They will be notified, upon entry into the program, as to which behaviors may illicit incentives, sanctions, or therapeutic adjustments. (***SEE APPENDIX B. Sanctions & Therapeutic adjustment matrix**)

SANCTIONS:

Mental Health Court will make every effort to keep sanctions in the intermediate range, therefore the program will make every effort to employ a wide and creative range of intermediate-magnitude sanctions that can be ratcheted upward or downward in response to participants' behaviors. Gradually escalating sanctions for difficult goals gives treatment a chance to take effect and prepares participants to meet steadily increasing responsibilities in the program*.

Sanctions may include but are not limited to, court reprimand, increased drug screens, appropriate, applicable essay or research assignments, more restrictive conditions, curfew, community service, and as a last and limited resource, jail. As indicated in Best Practices, the Mental Health Courts will use jail sanctions sparingly as research indicates that jail sanctions produce diminishing returns after approximately three to five days and may reverse benefit beyond 14 days. Unfortunately, due to limited resources for appropriate level of care, jail may periodically be used when a participant's life is at risk due to drug use or psychosis, although every effort to initiate involuntary examination or protective custody (under Baker & Marchman Act) will be made. Termination from the program is considered the ultimate sanction.

INCENTIVES:

Mental Health Courts recognizes that that they achieve significantly better outcomes when they focus as much on incentivizing productive behaviors as they do on reducing undesirable behaviors. It is the intention for this program to offer higher and more consistent levels of praise and positive incentives from the Judge and the Mental Health Court Team.

Positive reinforcement will be used to increase participant involvement in positive activities, such as (but not limited to) employment or recreation, volunteer work, which can compete

against maladaptive behavior including crime after graduation. This will be individualized to address those seriously impaired participant's basic achievements like attending appointments, finding employment and/or a safe place to live, and to reward and acknowledge more advanced accomplishments by participants. Incentivizing positive behavior, it is the intention of the mental health court to ensure that our participants are engaged in a sufficient level of prosocial activities encouraging stability and recovery after they have left the structure of the mental health court program. Incentives will be meaningful (treatment provider may provide input to help assure this) and may include but are not limited to; certificates, gifts and gift certificates, praise from the bench, court applause, less restrictive conditions within the program, phase advancement etc. Ultimate incentives are completion of program, case dismissal and early termination on probation cases.

THERAPEUTIC ADJUSTMENT:

It is understood that individuals with a mental illness or a substance use disorders commonly experience disruptive thoughts, delusions or hallucinations, severe cravings or may suffer from painful or uncomfortable withdrawal symptoms when they discontinue use early in the program. These symptoms often reflect neurological or neurochemical impairment in the brain. Therefore, the Mental Health Court programs will make every effort to initially adjust participants' lever of care to behavior directly related to their psychosis or positive drug tests during the early phases of the program. Options like increased treatment sessions, Medication Assisted Treatments (MAT), Intensive Outpatient, CSU, or detox and/or residential treatment, etc. to encourage stability or abstinence and ultimately stability and recovery may be ordered as recommended by treatment clinicians.

VII. TREATMENT PROTOCOL

(SEE APPENDIX B. Approved List of Treatment Providers)

Treatment providers must use evidence-based, trauma informed principles and practices, be licensed, and have professional liability insurance to gain court approval to see participants. Each participant will work with their treatment provider to develop an individualized treatment plan based on standardized and validated assessment of their needs. The treatment provider will assure that the participant partakes in the development of the treatment plan as well as any subsequent revision to ensure the participants full understanding of what is required of them to comply with the plan. Treatment is not recommended to reward desired behavior or punish infractions or to serve non-clinically indicated goals. Mental Health Court refers participants to a licensed treatment provider(s) whose level of care services may include CSU, Detox, residential, intensive outpatient (IOP), and outpatient (individual and group counseling) mental health and substance use counseling as well as Medically Assisted Treatment (MAT). The pre-approved treatment providers have each provided detail on evidenced based treatment modalities, proof of licenses and professional liability insurance. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the mental health courts programmatic phase structure.

Participants are screened for suitability for group interventions, and membership. It is guided by evidenced-based criteria including participants gender, trauma histories and co-occurring behavioral health disorders. They will then receive an appropriate level of treatment to achieve long term recovery. This treatment matches their current needs and based on valid and reliable clinical assessment conducted by a qualified treatment provider using evidenced based tools.

NOTE: Treatment providers are to make every effort to assure or recommend that participants do NOT receive punitive sanctions or an augmented sentence if they fail to respond to a level of care that is substantially below or above their assessed treatment needs.

All treatment providers understand that Medically Assisted Treatment (MAT) can significantly improve outcomes for those who also have a substance use disorders. MATs are permitted in all Problem-Solving Court Programs in the Fifth Judicial Circuit and continues if the prescriber determines that the medication is clinically beneficial. Drug screens may help assure compliance.

The treatment provider will document each participant progress in their own medical records as well as provide progress reports in the FLDCCMS system of which they are given access.

The Mental Health Court Team works closely with the clinicians and physician's recommendation but monitors the participant's progress and behavior closely. Participants are notified during orientation and continuously throughout the program that if a medical practitioner prescribes any potentially addicting medication, they must be aware that the participant is in a program where recovery is encouraged and where this may be contraindicated. The licensed medical practitioner must provide documentation that the medication is medically necessary, and the practitioner does not feel a non-addictive medication is an option. **(See Appendix B form** as well as CH.381.986 F.S referencing legal requirements on Medical Marijuana).

Family and interpersonal counseling with family or positive support system is also encouraged. Treatment providers working with Problem Solving Courts have received training on the Problem-Solving court model, trauma informed care, evidence-based practices and best practices standards or guidelines. Contracted providers agree to use evidence-based treatment strategies in serving participants. They will acknowledge and are responsive to the differing and unique needs based on the individual's gender as well as cultural and linguistic needs.

VIII.

COMMUNITY RESOURCES, COMPLEMENTARY TREATMENT, ANCILLARY AND SOCIAL SERVICES

To encourage better long-term outcomes upon graduation from the Mental Health Court program; referrals by court coordinator/ case managers to include recovery and peer support services and other treatment is essential. These programs include but are not limited to mental wellness, psychiatric medication management, criminogenic evidence-based education, spiritual support, peer support, employment services, housing assistance, assistance with governmental and other benefits, sober transitional or housing, transportation services, healthcare, childcare, career and educational assistance. Coordinator/case managers and treatment will submit referrals directly to the service provider and other times expect participants to follow up, depending on provider preference.

Court Coordinator/ Case managers will then follow up with providers to ensure the participants connected. Mental Health Court Team members also make connections and build relationships with community agencies that assist the target population and invite them to present at select Mental Health Court hearings, lunch and learns, and occasionally to the staffing team.

Court staff and team will encourage all participants to connect with a peer coaches and recovery community members. The mental health court partners with the recovery community may provide a range of recovery services (coaching, NAMI Peer to Peer, NAMI Family to Family, peer support meetings, relapse prevention re-entry assistance). Participants must also participate in recovery support meetings.

Court Coordinators/ Case managers, with the guidance of Trauma Informed clinicians, will refer participants to these services & Peer Support services (like NAMI, AA/NA/ All Recovery/ SMART Recover etc.) on a consistent basis (see rules). It is explained to each participant that simply attending self-help groups is not sufficient to achieve successful outcomes. They must submit proof of engagement in recovery-relevant programs as well as attempt to get a peer coach or sponsor by Phase 2 or 3.

During the orientation process and throughout the program, healthcare, educational and vocational services, budgeting education, housing assistance, evidence-based criminal thinking interventions, life skills education, medical, dental, prevention of health-risk behavior, overdose prevention and reversal and other social and ancillary services are encouraged and each participant is individually and continuously assessed for need and access to these services.

IX. ALCOHOL AND OTHER DRUG TESTING PROTOCOL

The Marion County Mental Health Court provides random, frequent, timely and comprehensive drug and alcohol testing when deemed appropriate for participants with co-occurring substance use disorders.

Upon entry and throughout the program each participant receives a comprehensive assessment for unauthorized substance use. Participants also receive a clear and comprehensive explanation of their rights and responsibilities related to drug testing. **(See Appendix B.)**

The process occurs through an automated drug screen telephonic “Color or Drug Line”, Participants call the Color/Drug Line daily as directed in orientation documents or handbook, including weekends, and listen to the message that notifies them on days, times and where they are required to report for a drug and alcohol screen. Weekend and holiday testing occur routinely.

Drug screens occur at the courthouse, for the most part, via oral swabs and/or “sweat patches” that are submitted to the Lab for confirmation via Liquid or Gas chromatography/mass spectrometry (LC/MS or GC/MS). The Court staff visually assure chain of custody. Treatment providers and probation also complete observed chain of custody urine or oral drug screens with results shared with the Mental Health Court Program. If results are presumptive positive, and participant denies use, the specimen is then sent to the respective labs for LC/MS or GC/MS confirmation.

The Court Coordinator / case managers enter all drug test results into an online Drug Court Case Management System (DCCMS) so the mental health court team can stay updated on participants progress, lapse, or relapse.

X. PRE-COURT STAFFING

TEAM COMPOSITION:

Team is made up of a Judge or Judicial Officer, representatives from the Offices of the State Attorney and Public Defender, local Law Enforcement Agencies, community supervision officer (if applicable), local treatment provider representative(s), additional service providers (eg NAMI, Recovery Community Organization, Housing etc.) and Mental Health Court Coordinator and or Case Manager.

- The Mental Health Court Team members consistently attend pre-court staff meetings to review a participant’s progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court.
- These Pre-Court Staffing Team meetings usually occur within 24 hours prior to the Mental Health Court Status Hearing
- The 5th Judicial Circuit Mental Health courts Pre-court staff meetings are closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant’s case.
- All team members work to make the program and participants a success.
- All team members provide observations, makes recommendations, and delivers legal, treatment, and supervision services.

TEAM COMMUNICATION AND DECISION-MAKING:

Confidentiality Statements will be reviewed and signed prior to any Team Members becoming part of and attending the Pre-Court Staffing. Partner agencies may already have their own governance related to confidentiality however the program will execute memoranda of understanding (MOUs) specifying what information will be shared among team members.

- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
- A coordinated strategy governs mental health court responses to participants' compliance
- All members of the Mental Health Court Team will share information as necessary to assess a participant's progress in treatment and compliance with the program.
- Mental Health Court Coordinators and Treatment Providers assure that the participants provide voluntary informed consent permitting team members to share specified information.
- Defense counsel will advise the participant and drug court team members of information to be shared.
- In an emergency situation involving a safety issue related to a participant, an immediate decision pertaining to that defendant will be addressed and communicated to the Judge as soon as possible. The issue will be reported to the team at the next staffing team meeting or before.
- The Judge will consider input from all team members before making decisions that affect the participant. These decisions will be explained to team members and participants. Votes taken during pre-staffing team meetings are to be considered merely advisory.

XI. ***STATUS HEARINGS***

All Mental Health Court Team members will make every effort to attend Mental Health Court status hearings on a consistent basis as the Judge may request relevant information or additional recommendations during the hearings to help to improve outcomes, or to protect participant's legal interests.

All Participants are required to attend Mental Health court hearings as often as required by the Judge which is usually based on their current phase or whether there has been a sanction, incentive or therapeutic adjustment imposed that requests less or more visits.

ALTERNATIVE COURT HEARING OPTIONS:

In order to facilitate court activities during the COVID-19 Pandemic, the Florida State Court System is providing Judges and our some of the Problem-Solving Court Coordinators the ability to host court proceedings via Zoom.

The website for the 5th Judicial has the following instructions (a. & b. below) to assist participants for accessing court hearings via Zoom. The Problem-Solving Court staff also works closely with each participant to assist them so that they can participate in Court via Zoom if needed.

a. Getting Started with Zoom

The Office of Court Administration advises users new to Zoom to watch these videos and review Getting Started Resources before getting started with Zoom.

- [Zoom 101 – Sign Up and Download Meeting Client](#)
- [Joining a Meeting](#)
- [Meeting Controls](#)
- [Joining and Configuring Audio/Video](#)
- [Using Virtual Backgrounds](#)
- [Getting Started on Windows and Mac](#)
- [Getting Started with Android](#)
- [Getting Started with iOS – iPhone](#)
- [Joining by Telephone](#)

b. Tips for Successful Hearings

- Encourage the participants to mute themselves when not speaking in order to avoid any potential background noise.
- Dress in a soft solid color. If a tie is worn, use a solid tie rather than a pattern.
- When speaking, remember to look directly at the webcam, not at the screen.
- Position the camera at your eye level or slightly above eye level.
- Be mindful of what is behind you, choose a solid neutral wall if possible
- Check the lighting. Light from a window behind you might blind the camera, making you look dark. Light above you in the center of a room might also cast shadows. Ideally, position a lamp, or sit facing a window, where light is directly on your face. Also be aware that your monitor casts light that can make you look blue.
- Remind the participants to speak one at a time and to pause prior to speaking in case there is any audio/video lag.

Staff are also encouraged **to test our connection and setup with Zoom by testing connections with a [test meeting](#).**

XII.

CONFIDENTIALITY PROTOCOL

The goals of Mental Health Court Programs and confidentiality laws are compatible; both seek to help those with a mental illness &/or substance use disorder to recover, for the benefit of the users themselves and society at large. Furthermore, trust between participant and their therapists, which the confidentiality laws encourage, is as important in mental health courts as in more traditional forms of treatment.

STAFFING TEAM AND STAKEHOLDERS: Individuals (all employees of the Fifth Judicial Circuit, including but not limited to personal staff to judges, attorneys, employees of the Clerk’s Office, treatment providers and community stakeholders) participating in Mental Health Court staffing or volunteering with the program sign an agreement that indicates they shall not disclose confidential information acquired in the course of their work with the Court other than to current staff who are bound by the terms of the agreement and who are authorized to have access to the information. They also shall not disclose confidential Court documents to any person other than to current staff nor shall they comment publicly about unannounced case-related matters that were, presently are, or will be before the Court in its decision-making capacity. **(SEE APPENDIX E -MOU & “Confidential Agreement”)**

PARTICIPANT CONFIDENTIALITY: Court proceedings are open to the public, in order to reduce stigma and to increase trust, a proper consent can authorize all parties involved in the Mental Health Court to share information necessary to monitor treatment progress and compliance. To be effective the consent form will be signed at the earliest possible time, therefore, at orientation, every participant is given an Authorization for Release of Information form that is discussed in detail letting them know which team members will have access to their progress in the program. Treatment providers must also comply with clinical confidentiality process to include but not limited to federal HIPPA regulations. **(SEE Appendix B. Authorization for Release of Information).**

NOTE: Contrary to some misconceptions, the HIPAA and other applicable confidentiality statutes (e.g., Confidentiality of Patient Records, 42 C.F.R. Part 2) do *not* prohibit treatment professionals or criminal justice professionals from sharing information related to substance abuse and mental health treatment (Matz, 2014; Meyer, 2011b). Rather, these statutes control how and under what circumstances such information may be disclosed (U.S. DHHS, 2003). Treatment professionals are generally permitted to share confidential treatment information with criminal justice professionals pursuant to a voluntary, informed, and competent waiver of a patient’s confidentiality and privacy rights (45 C.F.R.164.502(a)) or pursuant to a court order (45 C.F.R. §164.512(e)).

The scope of the disclosure must be limited to the minimum information necessary to achieve the intended aims of the disclosure (45 C.F.R. §§164.502(b) & 164.514(d)). In problem solving courts, team members may ordinarily share information pursuant to a valid waiver to the degree necessary to ensure that participants are progressing adequately in treatment and complying with other conditions of the program (Meyer, 2011b). At a minimum, the following data elements are required by all drug court team members to appraise participant progress and compliance or noncompliance with the conditions of drug court:

Applicable Federal laws: 42 CFR Part 2 – The alcohol and substance abuse treatment confidentiality rule. Updated in 2017 and in 2018.

HIPAA – Federal rules covering all health-related information.

XIII.

FEES & FISCAL MANAGEMENT

NOTE: An individual's inability to pay will not be used as the sole reason to disqualify them from the Mental Health Court

FEES (If Applicable): (Program fees are non-refundable) During the participants orientation or during the pre-screening process, the Court Case Manager/Coordinator will review and discuss the Fee or Payment Agreement document, IF APPLICABLE. **(SEE APPENDIX B "Fee or Payment Agreement Form")** The process may include but not limited to; the type of payments accepted (Money Order, credit or debit cards etc. as applicable), where this payment goes and what it covers. If NOT applicable, budgets and other fiscal management issues are discussed.

- If state, federal or grant funding is not available for participants, they may be responsible for all other program related costs (ex. Drug Screens, treatment etc.)
- Participants may also incur sanction fees***
- Non-programmatic fees remain the responsibility of the participant (restitution, court costs, fines etc.)

***All programmatic fees (if applicable) incurred by participants must be paid prior to successful graduation from the Mental Health Court Program unless waived or adjusted by the Judge presiding over the program.

XIV. DOCUMENTATION & EVALUATION DESIGN

Florida Drug Court Case Management System (FLDCCMS or DCCMS):

This is a tool designed to facilitate the daily operations of problem-solving courts on a state-wide and national basis. FDCCMS is designed to manage all participant information from initial screening and intake through program completion. The system is designed to store client level data and provide summary information needed by the court, judge and other court and treatment staff to facilitate decision making regarding client progression within the program. FDCCMS is a web-based menu-driven application accessible through an Internet Explorer browser.

Data Reporting: The Mental Health Court serves as many eligible individuals while maintaining continuous fidelity to the ***proposed Florida Mental Health Court Best Practice Guidelines***. As recommended in said guidelines; *Mental Health court does not impose arbitrary restrictions on the number of participants it serves. The Mental Health Court census is predicated on local need, obtainable resources, and the program's ability to apply best practices. However, the program census is monitored carefully to ensure operations remain consistent with these best practice guidelines.* The above Data base (FLDCCMS) will have all information relating to the services provided and the participants performance in a timely basis. Staff members and Treatment Providers record information about the provision of services and in-program outcomes within 48 hours of the event occurring. Outcomes and reports are examined for all participants who entered the program regardless of their program outcome.

The staff will report aggregate level participant-level performance and outcome data through FLDCCMS. The Marion County Problem Solving Court programs have established Steering Committee as recommended by the NADCP standards which will review all aggregate FDCCMS data quarterly. The reviews will allow for continued program improvement. Findings from data collected will be analyzed and presented to the steering committee to guide program improvement. The risk and need assessment is one of the screening tools to ensure participants meet eligibility criteria.

Steering Committee:

1. Court judge, magistrate or judicial officer	11. Local Substance treatment director or designee
2. State attorney or designee	12. Local sheriff or designee
3. Public Defender or designee	13. Detention bureau chief or designee
4. Local court administrator or designee	14. Local Police chief or designee
5. Representative from the Board of County Commissioner or designee	15. Mental Health Court Case Manager/Court Coordinator
6. County Director of Probation or designee	16. Drug court case manager & Drug court coordinator
7. NAMI representative	17. Court Administration (5 th Circuit)
8. Organization director local recovery community	18. Circuit administrative judge
9. Community Mental Health treatment provider(s) or designee	19. Community Council Against Substance Abuse (CCASA) director or designee
10. Community co-occurring director or designee	20. Vetted and Team approved Alumni or mentor of the Mental Health Court program

XV. APPENDIX

A. PROGRAM BROCHURE(S): Marion Mental Health Court Program Brochure

B. PROGRAM SPECIFIC ORIENTATION PACKET/HANDBOOK: should contain but not limited to the following documents

NOTE: -SOME OF THESE MAY NOT BE APPLICABLE TO ALL MENTAL HEALTH COURTS.

<ul style="list-style-type: none"> <i>i. Application form</i> <i>ii. MHC Agreement to Participate</i> <i>iii. Intake Face Sheet</i> <i>iv. Participant Rules & Regulations</i> <i>v. Authorization for Release of Information</i> <i>vi. Consent for Drug Screens</i> <i>vii. Drug Testing Procedures</i> <i>viii. Dress Code</i> <i>ix. Graduation Requirement (see phase info)</i> <i>x. Approved Treatment Provider List</i> <i>xi. Employment Search logs</i> <i>xii. Federal Bonding info (N/A-felony participants only)</i> <i>xiii. Career Resource &/or Housing info (if applicable)</i> 	<ul style="list-style-type: none"> <i>xiv. Orientation List of Documents (if applicable)</i> <i>xv. Peer Support Verification forms/logs</i> <i>xvi. Participant’s Rights Title VI (know your rights & grievance handout)</i> <i>xvii. Medical Practitioner-Compliance form.</i> <i>xviii. Fee or Payment agreement (if applicable)</i> <i>xix. Incentive, Sanction & Therapeutic Adjustment Information</i> <i>xx. Sanction & Therapeutic Adjustment Matrix</i> <i>xxi. Health, Sexual & Drug History forms (if applicable & if not included in Application or other intake forms)</i>
---	---

C. Summary of NEED & RISK TOOL FOR MHC

D. Mental Health Court – Overview Flow Chart

E. MOUs & Confidential Agreement

F. AOs– M 2009-6

G. Definitions & Abbreviations (if applicable)

- The forms/attachments listed above may be provided separately or scanned in after this section if all documents are needed to be provided with this manual.
- If attaching forms, please assure that the documents are placed in the right order as listed above.