Michigan Mental Health Court Grant Program

Process Evaluation

October 1, 2008 - September 30, 2009

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History of the Michigan Mental Health Court Grant Program

The Michigan State Court Administrative Office (SCAO) and the Michigan Department of Community Health (MDCH) received appropriations in their respective fiscal year 2009 budgets to establish a mental health court pilot program in the state of Michigan. SCAO received $550,000 earmarked for personnel and operating expenses. MDCH received $1,200,000 dedicated for treatment expenses. To administer these funds, SCAO and MDCH collaboratively created the Michigan Mental Health Court Grant Program (MMHCGP), a grant program for the planning and implementation of adult mental health courts. A committee was established to assist in developing the structure and requirements of the grant program. Richard Woods, SCAO Deputy Director of Trial Court Services, chaired the committee. Additional members included Leslie Sauerbrey (SCAO), Michael Head (MDCH), Doris Gellert (MDCH), Marc Dobek (Judicial Information Systems), Judge Chad Schmucker (Michigan Judges Association), Judge Milton Mack (Michigan Probate Judges Association), Judge Dawnn Gruenberg (Michigan District Judges Association), Jeff Fink (Prosecuting Attorneys Association of Michigan), Amy Zaagman (Michigan Association of Community Mental Health Boards), John Campbell (Michigan Association of Counties), Mark Reinstein (Mental Health Association in Michigan), and Judge David Hoort (8th Circuit Court).

Any Michigan trial court partnering with a local Community Mental Health Service Program (CMHSP) was eligible to apply to the grant program with a single joint application. All applicants were advised that programs should target adults with an Axis I thought or mood disorder or developmental disability as defined by MCL 330.100a(2)(20) and that all proposed programs must be post-arraignment. Nine potential programs applied for funding in November 2008 and all nine programs received funding. Those programs are located in the following counties: St. Clair (72nd District Court – D72), Genesee (25th Probate Court – P25), Berrien (Unified Trial Court), Oakland (6th Circuit Court - C06), Jackson (4th Circuit and 12th District Courts - C04/D12), Grand Traverse[1] (86th District Court - D86), Wayne (3rd Circuit Court - C03), Livingston (53rd District Court - D53), and Otsego (24th Circuit and 87A District Courts - C46/D87A).

All programs were notified of their grant awards in November 2008 and attended jointly hosted SCAO/MDCH mandatory statewide trainings in November 2008 and April 2009. The November training involved nationally renowned presenters and members of state departments and included the following:

- faculty presentations on confidentiality and recipient rights,
- client advocacy,
- identifying and caring for individuals with mental health and/or co-occurring disorders,
- minimum data collection standards and evaluation plans,
- the web-based specialty court case management information system,
- overviews of the criminal justice and mental health systems,

[1] The 86th District Court also serves Leelanau County.

- team building,
- the *Essential Elements of Mental Health Courts* established by the Federal Bureau of Justice Assistance and lessons learned by existing mental health courts,
- motivating adherence through incentives and sanctions,
- elements of a functional memorandum of understanding,
- MMHCGP reporting requirements.

The April 2009 training involved program updates given by each pilot program, a refresher on reporting requirements, a demonstration of the Specialty Court Case Management Information System (SCCM), and round table discussions facilitated by the pilot programs on a variety of topics ranging from informed consent to merging the treatment and court cultures.

In addition to the mandatory statewide trainings, MDCH facilitated monthly Community Mental Health Service Programs (CMHSP) conference calls that included court and treatment personnel. The purpose of these calls was to disseminate information from MDCH and SCAO to the pilots as well as for the pilots to update the attendees on their progress. A MDCH evaluator subgroup was also developed, meeting by conference call on roughly a monthly basis. The evaluator subgroup discussed surveys and evaluation ideas to complement the data collection efforts instituted at the outset of the pilot program.

In preparation for the statewide mental health court process evaluation, SCAO obtained Institutional Review Board (IRB) approval for research with human subjects through MDCH. Additionally, two committees were developed to identify the process and outcome evaluation questions of interest and the data necessary to answer those questions. Those committees included Richard Woods (SCAO), Jessica Parks (SCAO), Laura Hutzel (SCAO), Doris Gellert (DCH), Jackie Wood (DCH), Judge Chad Schmucker (Michigan Judges Association), Judge Milton Mack (Michigan Probate Judges Association), Judge David Hoort (8th Circuit Court), Judge Dawnn Gruenberg (Michigan District Judges Association), Jeff Fink (Prosecuting Attorneys Association of Michigan), and Amy Zaagman (Michigan Association of Community Mental Health Boards). To standardize the data collected by each pilot program, SCAO published the Minimum Data Standards (see Appendix A). This document outlined each data element the pilot programs were contractually required to collect. The Minimum Data Standards were distributed to the pilot programs during the November mandatory statewide training and revised in December 2008.

In December 2008 and February 2009, four trainings were held at the Michigan Hall of Justice to demonstrate how to utilize the SCCM to submit all required data elements. SCCM is a web-based management information system that is Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR compliant and password protected. This system allows for secure access to criminal history, demographic, treatment, assessment, drug test, and other case management information by mental health court teams, providing a medium for team recordkeeping and

communication and a vehicle for data collection. The system was developed by Jessica Parks (SCAO), programmed, hosted, and maintained by Advanced Computer Technologies, and included feedback and suggestions from Brian Swiecicki (Director of Business Operations, Genesee County Community Mental Health), Diane Cranston (Clinical Director, Lifeways, Jackson Community Mental Health), and Alicia Kusiak (Senior Administrator, TASC, Chicago, IL). The SCCM system became operational in February 2009, and was accompanied by a user manual, a data definitions manual, and a system administrator manual. During each fiscal quarter thereafter, all pilot programs' data were audited for completeness and accuracy and reports were mailed to courts specifying what data were flagged for inspection and/or correction. Additionally, pilot programs were required to check the participants entered into SCCM against their paper files to ensure all had been entered into the system.

To balance the quantitative data, qualitative data was collected as well. This was accomplished by holding interviews with mental health court team members (judges, program coordinators, case managers, probation officers, and treatment providers) at each mental health court program and observing a team staff meeting and a court review hearing. Examples of interview questions can be found in Appendix B. The purpose of the on-site program reviews was to understand how each team had implemented their program and to identify similarities and differences statewide. During these on-site program reviews, consent forms, participant handbooks, and other relevant documents were collected from the program coordinators for review, and a compliance checklist of the *Ten Essential Elements of Mental Health Courts* was completed. Lastly, a SCCM data check was conducted and areas of improvement were identified and communicated to each team during the on-site visit and in the individual report that was generated for each program as a result of the program review.

While all of the mental health court pilot programs utilized the same grant program guidelines, staff, available community-based services, local funds, and expertise, the vision for the programs varied from program to program. To reflect the variation in programs' structures and processes, the following process evaluation provides a summary of how each of the programs implemented a specific component of the program first and then secondly provides a summary of statewide statistics related to that program component. One mental health court pilot program, located in Otsego County, planned and implemented an operational program for a short time and then disbanded. This program is included in the statistics and narrative below unless otherwise indicated. The order of the programs presented below reflects the order in which the programs were reviewed. The order of the program reviews was determined by the date the programs became operational and when scheduling allowed for a visit.

Team Composition

The mental health court team composition described below reflects those individuals that attended the team staff meeting held prior to the judicial status review hearing on the day that SCAO conducted the program review. Unique aspects of the team composition or staff meeting are included here.

St. Clair (D72)

1 Judge (Hon. John Tomlinson)
1 District Court Probation Officer (Andrea Lembas)
1 CMHSP Liaison (Maura McCartan)
1 Project Coordinator (Kelly Strozeski)
1 MHC Clerk (Michelle Crerar)
1 Probation Secretary (Lisa Birtles)
1 Prosecutor (John Walke)

Unique points:

- No caseworkers attended the staff meeting, but information was conveyed to the CMHSP Liaison who spoke on their behalf.
- This program holds three staff meetings per week (one administrative, one focused on new referrals, and one focused on current participants).

Genesee (P25)

1 Judge (Hon. Jennie Barkey)
1 Circuit Court Probation Officer (Karie Webb)
1 CMHSP Liaison (Steven Mays)
1 Project Coordinator (Karen Cook)
4 Treatment Provider Representatives
- Gesheika Williams (CMHSP Case Manager)
- Patty Briggs (CMHSP Manager)
- Adam McGuire (CMHSP Intern)
- Gerri Poage (New Passage Substance Abuse Counselor)

Unique points:

- This program initially had a district court probation officer as a team member but lost all district court probation officers due to budget cuts.
- The judge does not attend staff meetings. Staff meetings are held at CMHSP and recommendations that result are communicated to the judge through the CMHSP liaison prior to the status review hearings.

Berrien (Unified Trial Court)

2 Judges
- Hon. Alfred Butzbaugh
- Hon. Angela Pasula

2 Program Coordinators
- Julie Cripe
- Susan Greco

2 Treatment Provider Representatives
- Deb Kerschbaum (CMHSP Supervisor)
- Betsy Munson (CMHSP Caseworker)

1 Misdemeanor Probation Officer (Jason Hunt)
1 Felony Probation Officer (Jim Pjesky)
1 Prosecutor (Steve Pierangeli)

Unique points:

- Berrien has a unified trial court program.
- Staff meetings focus on new referrals rather than current participants' progress. Current participants' progress is discussed during the status review hearings.
- Judicial assignment of cases alternates between judges and each judge holds their court session on different days.

Oakland (C06)

2 Judges
- Hon. Joan Young
- Hon. Colleen O'Brien

1 Program Coordinator (Jacqueline Howes-Evanson)
1 CMHSP Liaison (Alec Hadzagas)
3 Treatment Provider Representatives
- Glen Wilson (Clinical Director of Community Programs)
- Jerry Tharpe (Director of Solutions to Recovery)
- Sue Butler (Office of Substance Abuse Services, Substance Abuse Analyst)

2 Probation officers
- Kevin Jones
- Stephanie Drury

1 Community Corrections Representative (Karen Peterson – Supervisor)
1 Defense Attorney (Jack Holmes)
1 Assistant Prosecutor (Andrew Starr)
1 Data Clerk (Carly Willis)

Unique points:

- Judge Young is assigned male participants while Judge O'Brien is assigned female participants. These sessions are held at different times on the same day. Oakland's team found that separating the participants by gender reduces participants' distractions.
- The mental health court is a component of Oakland's Adult Treatment Court (drug court). All participants are dually diagnosed with a substance use disorder. Hence, staff meetings include discussion about four groups of participants (mental health court men, mental health court women, drug court men, and drug court women).

Jackson (C04/D12)

1 Judge (Hon. Michael Klaeren)
1 Circuit Court Probation Officer (Alphonzo Butler)
1 District Court Probation Officer (Tammy Barrett)
4 Treatment Provider Representatives
- Diane Cranston (CMHSP Project Coordinator)
- Gayle Silvey (Allegiance Health Care - SA Treatment Provider)
- Dan Fisher (CMHSP Utilization Manager)

- Shannon Wagner (Professional Consulting Services)

1 Prosecutor (Jerry Jarzynka)
1 Defense Attorney (Corey McCord)
1 Police Officer (Aaron Cantor)

Unique points:

- This program is a District and Circuit Court combined program.

Grand Traverse (D86)

1 Judge (Hon. John D. Foresman)
2 Defense Attorneys
- Melonie Stanton
- Mike Stepka (also the County Commissioner)

1 Probation Officer (Jeff Boyce)
4 Treatment Provider Representatives
- Amber Thompson (Addiction Treatment Services)
- Rick Gubbins (Traverse Area Support Services)
- Theresa Evans (Catholic Human Services)
- Carol Smith (Catholic Human Services)

1 MHC Liaison (Jill Platte)
1 Representative from Goodwill Industries (Ryan Hannon)

Unique points:

- The judge and the program coordinator do not attend the staff meetings. However, recommendations resulting from the meetings are conveyed to the judge by the probation officer.

Wayne (C03)

1 Judge (Hon. Timothy Kenny)
3 Case Managers
- Tiffany Jones (Court employee)
- Nellie Jenkins-Kendrick (Detroit Central Cities, Clinical Case Manager)
- Diana Casillas (Detroit Central Cities, Clinical Case Manager)

1 Program Coordinator (Deborah Price)
1 Probation Officer (Brianne Acosta)
7 Treatment Provider Representatives
- Elaine Thomas (CMHSP Department Administrator and Mental Health Court Liaison)
- Shelia Crawford (Operation Get Down, Residential SA Treatment)
- Brenda Thompson (Operation Get Down, Residential SA Treatment)
- Maurice Bunting (Operation Get Down, Residential SA Treatment)
- Norris Howard (Detroit Central Cities, Division Manager)
- Ramona Shepheard (Detroit Central Cities, Peer Support Specialist)

1 Defense Attorney (Nancy Shell)

Unique points:

- The staff meetings can be lengthy, but court review sessions are largely the dissemination of the agreements and plans determined during the staff meetings.
- The judge takes a printout of the participants' SCCM journal entries home with him the night before the staff meetings to study participants' progress and to prepare.

Livingston (D53)

1 Judge (Hon. Carol Sue Reader)
1 Case Manager (Ken Nicholas)
1 Program Coordinator (Kathryn Tuck)
2 Probation Officers
- Melissa Eaton (District Court)
- Harry Posner (Circuit Court)

1 Jail Liaison (Dawn Gaden)
1 Defense Attorney (Jerry Sherwood)

Unique points:

- An individual from the jail attends treatment team meetings that occur every other week.

Otsego (C46/D87A)

Information as described in the MMHCGP grant application:

1 Judge (Hon. Patricia Morse)
1 Prosecutor (Kyle Legel)
1 Assistant Prosecuting Attorney (Brendan Curran)
1 Defense Attorney (Gary Gelow)
1 District Court Probation Officer (Amy Whitman)
1 Court Administrator (Rudi Edel – now Victoria Courterier)
4 Treatment Provider Representatives
- Kevin Tate (CMHSP)
- Holley Ferguson (CMHSP)
- Sue Petee (CMHSP)
- Nancy Morgridge (Catholic Human Services)

Program Implementation Date

Two of the pilot mental health court programs were operational prior to receiving grant funding. The remaining programs were in the planning stage. Below are the implementation dates in order of the oldest to newest programs.

Genesee County (P25)	October 2007
Jackson County (C04/D12)	July 2008
St. Clair County (D72)	February 2009
Berrien County (Unified Trial Court)	February 2009

Oakland County (C06)	February 2009
Grand Traverse County (D86)	February 2009
Otsego County (C46/D87A)	March 2009
Wayne County (C03)	April 2009
Livingston County (D53)	July 2009

Referral Process

Each mental health court program has established a referral process and each referral process is unique across the nine pilot sites. Below, each program is discussed with regard to how participants are referred to the program, the source of referrals, and the format in which referrals are received.

St. Clair (D72)

Referrals to the St. Clair program come from jail staff, pretrial staff, court staff, probation officers, prosecutors, and defense attorneys. A referral form is completed and sent to the mental health court team for review.

Genesee (P25)

Referrals come from jail staff, police, judges, prosecutors, defense attorneys, probation officers, and CMHSP. However, most participants are identified by the CMHSP Clinical Liaison cross-referencing the county jail booking records with the CMHSP database of current and former clients each morning. When a match is found, the liaison initiates a screening. For inmates not in the CMHSP database, a representative of the Mobile Crisis Intervention Team conducts a screening.

Berrien (Unified Trial Court)

The jail psychologist makes most of Berrien's referrals. She conducts an initial screening and determines which individuals are eligible for the program. Referrals also come from the booking officer, law enforcement, felony and misdemeanor probation officers, defense attorneys, and CMHSP. Berrien has distributed a reference guide called the "Police Officer's Guide to Mental Health and Community Services" to law enforcement officers to educate those who encounter this population prior to referral.

Oakland (C06)

All participants in this program have a substance use disorder and are initially accepted into the drug court program called the Adult Treatment Court. During screening, if a participant is identified as having an Axis I mental illness, the participant is routed into the mental health court component of the Adult Treatment Court. Referrals come primarily from circuit court judges. Referrals also come from the probation department, the CMHSP Liaison, CMHSP, defense attorneys, law enforcement officers, pretrial services staff, and the prosecutor's office.

Jackson (C04/D12)

Participants' family members, defense attorneys, other judges, treatment providers, and participants themselves make referrals. The referring party completes a

mental health court application and the mental health court evaluator tries to contact the participant to schedule an assessment.

Grand Traverse (D86)

Referrals come from the prosecutor's office, defense attorneys, judges, the probation department, court personnel, family members, and mental health professionals. A referral form is completed and faxed to the prosecuting attorney's office. If the charge is one accepted by the program, the prosecutor's office contacts the mental health court liaison to schedule an assessment.

Wayne (C03)

Referrals come by telephone from probation officers, the jail staff, judges, and prosecutors. However, the majority of referrals come from jail staff with a new list of candidates communicated daily. The court's case manager then schedules a screening with the jail liaison.

Livingston (D53)

Referrals come from defendants, CMHSP, judges, the jail, advocacy groups, and defense attorneys. Referrals are accepted by the CMHSP Intake and Access Clinician who contacts the prosecutor's office to determine legal program eligibility.

Otsego (C46/D87A)

As described in the MMHCGP application, this program accepted referrals from the prosecutor, judges or magistrates, and defense attorneys. Referring parties completed a referral form that was reviewed by the team and then forwarded to CMHSP.

Statewide Referral Statistics

During fiscal year 2009, 247 individuals were referred to mental health court programs statewide. All 247 individuals underwent screening for the various programs. Sixty-seven of the individuals were not admitted into the mental health court. The reasons are listed in Table 1 below.

Reason Not Accepted	Number of Participants	Percent
Not in Target Population	20	29.8
Participant Refusal	14	20.8
Other	11	16.4
Prosecuting Attorney Denial	6	8.9
Judicial Denial	6	8.9
Geographical/Transportation Issues	2	2.9
History of Violent Offenses	2	2.9
Mental Health	2	2.9
Pending Another Case	2	2.9
Medical Issues	1	1.9
Program at Capacity	1	1.9

Total	**67**	**100**

Table 1. Reasons why referred individuals were not accepted into mental health court programs statewide.

Referrals came from a wide variety of sources. Table 2 below identifies the referral source for the 180 participants accepted into mental health court programs statewide during fiscal year 2009.

Referral Source	Number of Participants	Percent
Court/Judicial System	102	56.7
Defense Attorney	28	15.6
Prosecutor	23	12.8
Other	11	6.1
Community Mental Health	9	5.0
Pretrial Services Staff	4	2.2
Law Enforcement Officer	2	1.1
Self	1	0.6
Total	**180**	**100**

Table 2. Referral source for the participants accepted into mental health court programs statewide.

Target Population

The MMHCGP established guidelines for the type of individuals pilot programs should target. The guidelines stated,

> "Proposed programs must target adults with an Axis I Thought or Mood Disorder or a Developmental Disability as defined in MCL 330.1100a(2)(20), and be post-arraignment programs in order to meet MMHCGP funding eligibility requirements. Pre-arraignment programs are not the focus of this pilot initiative. Also, due to the short duration to plan and implement a pilot program, and the complexity of funding and program issues related to operating a juvenile mental health treatment court, juveniles are not included in the FY09 pilot initiative."

In the following section, the target populations, as described by each of the pilot programs, are discussed.

St. Clair (D72)

Clinical criteria include persons with an Axis I DSM-IV diagnosis of severe and persistent mental illness or individuals with mild or moderate mental retardation. Legal criteria include all persons charged with a misdemeanor.

- At the time of the program review, this program was accepting a wider range of mental illnesses and was including Axis II DSM-IV diagnoses.

Genesee (P25)

Clinical criteria include individuals diagnosed with an Axis I DSM-IV severe and persistent mental illness. Legal criteria include felonies at the district court level and

misdemeanors.

- At the time of the program review, this program was accepting a wider range of mental illnesses and charges. The program accepted those with Axis II DSM-IV diagnoses and civil offenses.

Berrien (Unified Trial Court)

Clinical criteria include individuals diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, major depression with psychotic features, and developmental disabilities. Legal criteria include all misdemeanor offenses and felonies with intermediate or straddle cell sentencing guidelines.

Oakland (C06)

Clinical criteria include persons dually diagnosed with a DSM-IV Axis I severe and persistent mental illness and a substance use disorder of dependence. Legal criteria include nonviolent straddle cell felony offenders and probation violators with sentencing guidelines suggesting a minimum of five months incarceration.

- At the time of program review, all participants were dually diagnosed, but their Axis I diagnosis was either major depression or bipolar disorder. Additionally, legal criteria were extended to include all felony straddle cell offenders.

Jackson (C04/D12)

Clinical criteria include persons with a severe and persistent Axis I DSM-IV diagnosis that is verifiable through the CMHSP or Allegiance Health databases. Legal criteria include all misdemeanors, any drug possession charge, and felonies with a five-year maximum sentencing guideline.

Grand Traverse (D86)

Clinical criteria include those with a severe and persistent Axis I DSM-IV diagnosis or a moderate Axis I DSM-IV mental illness. Legal criteria include any misdemeanor except crimes against children.

- At the time of program review, Grand Traverse had extended its clinical eligibility to include people with post-traumatic stress disorder.

Wayne (C03)

Clinical criteria include individuals with a severe and persistent Axis I DSM-IV diagnosis who are incarcerated in the Wayne County jail. Legal criteria include nonviolent and noncapital felonies, probation violators, and parole violators.

Livingston (D53)

Clinical criteria include persons with a functionally impairing Axis I DSM-IV diagnosis. Legal criteria include any misdemeanor offense and nonviolent felony offenses with sentencing guidelines suggesting intermediate or straddle cells.

Otsego (C46/D87A)

Clinical criteria included individuals with a severe and persistent Axis I DSM-IV

diagnosis of a thought or mood disorder or a developmental disability. Legal criteria included nonviolent misdemeanor and felony offenses.

Clinical and Legal Characteristics of Accepted Participants Statewide

Seventy-seven of the 180 participants accepted into mental health court programs statewide during fiscal year 2009 were charged with a felony. Another 77 of the participants were charged with a misdemeanor. Twenty-four participants were charged with a city ordinance violation, all of whom participated in the Genesee Mental Health Court. Two participants were charged with a civil offense or by petition. Table 3 captures this data by program.

	Number of Participants				
Program	**Civil/Petition**	**Felony**	**Misdemeanor**	**Other**	**Total**
Berrien	0	8	3	0	**11**
Wayne	0	29	2	0	**31**
Oakland	1	11	0	0	**12**
Livingston	0	2	4	0	**6**
St. Clair	0	1	36	0	**37**
Grand Traverse	0	0	10	0	**10**
Otsego	0	0	4	0	**4**
Jackson	0	9	10	0	**19**
Genesee	1	17	8	24	**50**
Total	**2**	**77**	**77**	**24**	**180**

Table 3. Number of participants with each charge type by program.

Approximately 37% of the mental health court participants had no previous felonies and approximately 9% of participants had no previous misdemeanors. However, it is important to note that felony and misdemeanor records are not mutually exclusive categories. Many participants (34%) had a record that included a prior felony and prior misdemeanor.

The felony offenders had a wide variety of sentencing guideline cell types. Thirty-three of the 77 felony offenders fell within intermediate cell guidelines. Twenty-two participants had presumptive or prison cell guidelines. Eighteen participants had straddle cell guidelines. Four participants had incomplete data at the time of reporting. The felony offenders' average Prior Record Variable was 30. However, Prior Record Variables ranged from zero to 130.

The majority of participants came to the attention of the mental health court programs after committing a new criminal offense. New criminal offenses constituted 158 of the 180 accepted cases. New criminal offenses that were probation violations accounted for another 14 of the participants. Six participants were technical probation violators. One participant committed a technical parole violation and one participant had a new petition. These offenses correspond to Crimes Against a Person (22.8%), Crimes

Against Property (15.6%), Crimes Involving a Controlled Substance (11.1%), Crimes Against Public Order (7.2%), Crimes Against Public Safety (2.8%), Crimes Against Public Trust (1.1%), and Other (1.1%), with 38.3% of offense categories left blank by teams.

Mental health court programs also kept data on the clinical characteristics of the participants. Of those accepted into mental health court programs statewide during fiscal year 2009, 91.1% of the participants had a history of mental illness. Mental health court teams were asked to enter a Primary DSM-IV Diagnosis into the SCCM system for all participants and that the Primary DSM-IV Diagnosis entered be the participants' non-substance use disorder, if dually diagnosed.

Seventy-nine percent of diagnoses fell into three categories: bipolar disorder, depression, and schizophrenia. The most common diagnosis was a variation of bipolar disorder, equaling 36% of the diagnoses and 65 participants. The second most common diagnosis was a form of depression, which accounted for 39 participants and 22% of the diagnoses. A close third was a type of schizophrenia, equaling 38 of the participants' diagnoses and 21% of the mental health court population. This data is presented by program in Table 4 below. Mild or moderate mental retardation, mood disorders not otherwise specified, post-traumatic stress disorder, and psychotic disorders each accounted for roughly 3% of participants' diagnoses. Two participants were diagnosed with a personality disorder, two with generalized anxiety disorder, and two with Asperger's disorder. The remaining eight participants had unique disorders such as anorexia nervosa and adjustment disorder. For information regarding which programs accepted these participants, see Appendix C.

	Number of Participants			
Program	**Schizophrenia**	**Bipolar Disorder**	**Depression**	**Total**
Berrien	5	3	2	**10**
Wayne	8	15	3	**26**
Oakland	1	7	4	**12**
Livingston	2	2	1	**5**
St. Clair	1	9	15	**25**
Grand Traverse	1	3	5	**9**
Otsego	0	0	0	**0**
Jackson	3	11	5	**19**
Genesee	17	15	4	**36**
Total	**38**	**65**	**39**	**142**

Table 4. Number of participants with each primary mental health DSM-IV diagnosis category by program.

If participants were dually diagnosed with a substance use disorder, mental health court teams were asked to enter the substance use disorder as the participant's Secondary DSM-IV Diagnosis in SCCM. Roughly half (52.2%) of the mental health court participants were dually diagnosed. Alcohol dependency and poly-substance dependency were the two most common diagnoses, each accounting for 14% of the substance use disorders. Cocaine dependency was the next most common substance use disorder, accounting for 13%. Opioid dependency (12%) and opioid abuse (11%) were also common diagnoses. The remainder of the substance use disorder diagnoses accounted for less than seven individuals each and included cannabis dependency, alcohol abuse, cannabis abuse, cocaine abuse, and unknown substance dependency/abuse.

Data collected on participants' drugs of choice largely reflected their substance use disorder diagnoses. The most common drug of choice was alcohol, reflecting 24% of participants. Marijuana was a close second, representing 23% of participants. Cocaine (12%) and crack cocaine (11%) combined to form 23% of participants' drug of choice. Heroin, reflecting 18% of participants' drug of choice, was also very common. Opiates (5%), poly drugs (5%), and sedatives/hypnotics (1%) accounted for the remainder of the participants' choices. For participants who used drugs other than alcohol, the average age drug use began was 17 years old. However, this ranged from age seven to 40. Those who drank alcohol reported having done so, on average, for the first time at age 16; with the age of first use ranging from age two to 30.

Participant Demographics Statewide

As part of the screening process, all mental health court teams were asked to enter demographic data about the participants into the SCCM system to gather baseline data regarding who was accepted into the programs and what their education, housing, and employment circumstances were prior to receiving any of the mental health court services. When participants exit the programs, this data will be recaptured to identify changes in these variables and will be included in an outcome evaluation.

Gender

Sixty-two percent of mental health court participants admitted statewide in fiscal year 2009 were male.

Race/Ethnicity

Sixty-three percent of mental health court participants were Caucasian, 33% were African American, 1% was multi-racial, 1% was Asian/Pacific Islander, and 2% were listed as Other as shown in Table 5 below.

Race/Ethnicity	Number of Participants	Percent
Caucasian	114	63.3
African American	60	33.3
Other	3	1.7
Multi-racial	2	1.1
Asian/Pacific Islander	1	0.6
Total	**180**	**100**

Table 5. Race/Ethnicity of mental health court participants statewide.

Age when Accepted

On average, participants were 35 years old, with ages ranging from age 16 to 59.

Marital Status

Seventy-two percent of participants had never been married, with 14% listed as divorced. The remainder was married (9%), separated (2%), or widowed (2%) as presented in Table 6 below.

Marital Status	Number of Participants	Percent
Single	130	72.2
Divorced	25	13.9
Married	17	9.4
Separated	4	2.2
Widowed	4	2.2
Total	**180**	**100**

Table 6. Marital Status of mental health court participants statewide.

Highest Education Level Achieved When Accepted

Forty-nine percent of participants had an eleventh grade education or less, while 27% had completed high school (with an additional 7% obtaining a GED). Nine percent had attended some college, with an additional 3% finishing a two-year college degree and 2% finishing a four-year college degree. Two percent of participants had some trade school education with an additional 1% finishing trade school. One percent had some graduate school education. This data is presented in Table 7 below.

Education at Admission	Number of Participants	Percent
≤ 11th Grade	89	49.4
High School Graduate	48	26.7
Some College	17	9.4
GED	12	6.7
Two-Year College Degree	5	2.8
Four-Year College Degree	4	2.2
Some Trade School	3	1.7
Trade School Graduate	1	0.6
Some Graduate School	1	0.6
Total	**180**	**100**

Table 7. Highest education level completed by mental health court participants at admission.

Employment Status When Accepted

Eighty percent of participants were unemployed when accepted into the mental health court programs. Thirteen percent were listed as Not in the Labor Force, which includes retired individuals, full-time students, homemakers, or others not searching for work. Five percent of participants had part-time employment when accepted into the program and two percent were employed full-time (see Table 8 below).

Employment Status	Number of Participants	Percent
Unemployed	144	80.0
Not in the Labor Force	24	13.3
Part-time Employment	9	5.0
Full-time Employment	3	1.7
Total	**180**	**100**

Table 8. Employment status for mental health court participants when accepted into programs statewide.

Living Arrangement when Accepted

The data regarding participants' living arrangements when accepted into a mental health court program are presented in Table 9 below. Forty-four percent of accepted participants were living in a situation where they were dependent upon another for housing. Twenty-four percent were living independently when admitted into the mental health court program. Four percent were homeless when they came to the attention of the mental health court team. Twenty-eight percent were listed in the SCCM system as having a living arrangement categorized as Other. Some of these arrangements included having a roommate who contributes financial support, residing in an adult foster care home, and residing at a room and board residence.

Housing	Number of Participants	Percent
Dependent	79	43.9
Independent	44	24.4
Homeless	7	3.9
Other	50	27.8
Total	**180**	**100**

Table 9. Living arrangement for mental health court participants when accepted into programs statewide.

Admission Process

Each mental health court team has developed a unique admission process that allows it to identify eligible participants and quickly move them through administrative steps necessary to accept them into the programs. Information about how this process is carried out at each of the pilot sites is given below.

St. Clair (D72)

After a referral has been made, the probation officer examines the individual's criminal history and CMHSP's Access Center conducts a screening. If the individual is already a CMHSP consumer, the mental health court liaison explains the mental health court program to him or her. If the individual is not a CMHSP consumer, he or she receives a telephone screening and, if deemed appropriate, then receives an in-person assessment and diagnosis. Acceptance into the program is a team decision. If accepted, the probation officer and mental health court liaison provide suggested terms of participation to the judge. The participant's plea and sentencing occur during the same hearing and the participant attends his or her first mental health court review hearing the following week. This admission process typically is completed within two weeks of referral.

Genesee (P25)

After identifying possible participants through booking records, the mental health court liaison conducts a preliminary screening and, if appropriate, a comprehensive screening through the CMHSP Access Department. All participants receive a psychosocial assessment, a nursing assessment, and a psychiatric evaluation, with other assessments conducted as necessary. For appropriate candidates, the mental health court liaison contacts the judge and an arraignment is scheduled. This admission process typically is completed within one week of referral.

Berrien (Unified Trial Court)

After the jail psychologist conducts an initial screening, the mental health court staff discusses the case during a staff meeting. Appropriate participants are then sent to CMHSP for a biopsychosocial assessment, substance use assessment, and/or developmental disability assessment. These assessments are conducted between arraignment and sentencing. Admission decisions occur after assessments are completed and are conducted by mental health court team vote. This admission process typically is completed within two to four weeks of referral.

Oakland (C06)

Multiple team members conduct an initial screening to determine program eligibility. Eligible participants appear before the Adult Treatment Court (drug court) judge and indicate their interest in program participation. Admission is a team decision. Accepted participants then receive a series of CMHSP assessments to determine the participant's substance use disorder and/or mental illness diagnoses. If the participant's primary diagnosis is an Axis I mental illness, the participant is routed into the mental health court program and the CMHSP Core Provider handles the case. If the primary diagnosis is a substance use disorder, the participant is seen by the Office of Substance Abuse Services and is routed into the Drug Court program. This admission process typically is completed within two to three weeks of referral.

Jackson (C04/D12)

After the mental health court evaluator receives a referred participant's application, an assessment is scheduled with the participant. After conducting the assessment, the evaluator contacts CMHSP and Allegiance Health to obtain treatment history and contacts the court to obtain criminal history for each participant. Once all information is collected, the evaluator puts the participant on the team meeting agenda for the next meeting. Admission decisions are done by a democratic vote by team members. Although the participant has had the program explained to him or her by team members, at sentencing the judge spends several minutes describing the program, the requirements, and the terms of participation. For misdemeanants, it takes approximately two weeks from referral to program admission. For felons, from referral to program admission can take six to eight weeks.

Grand Traverse (D86)

After a referral form is completed, the form is sent to the prosecuting attorney. The prosecuting attorney determines if the charge and participant are eligible for the program. If so, the referral form is sent to the mental health court liaison. The mental health court liaison discusses the program with the participant to gauge his or her interest and conducts an assessment that determines the individual's diagnosis. If the participant meets the eligibility criteria, the gathered information is taken to the team for discussion and an admission decision. This admission process typically is completed within two weeks of referral.

Wayne (C03)

The court's case manager goes to the jail and screens referred individuals. Usually, the jail psychiatrist and/or evaluator determines the individual's DSM-IV diagnosis and this information is collected as part of the screening information. The probation or parole officer then conducts a presentence investigation and the court's case manager determines the person's legal history. At any step of this process, a participant may be found to be inappropriate for participation in the program. Those who meet eligibility requirements have their cases placed on the docket and plead. Judge Kenny conducts sentencing. Once the participant is placed in the community or residential treatment, the probation officer does a COMPAS assessment on the participant. This

admission process typically is completed within two to three weeks of referral.

Livingston (D53)

After a referral has been made and the prosecutor's office has utilized LEIN to determine eligibility, the CMHSP Intake and Access Clinician conduct a preliminary evaluation to determine clinical eligibility. The participant is arraigned and his or her bond conditions include participation in the mental health court program. The probation officer conducts a presentence interview and the CMHSP Intake and Access Clinician conducts a biopsychosocial assessment. The team votes on the admission of each participant. This admission process typically is completed within four to five weeks of referral.

Otsego (C46/D87A)

Once a referral form was completed, the mental health court team reviewed the form. If appropriate, the participant was arraigned and the referral form was forwarded to CMHSP. CMHSP conducted the BASIC 32 Functioning Assessment and developed a person-centered plan. Referral to admission took three to four weeks.

Statewide Timeline for Admission and Consent

As indicated in the preceding section, the timeline from referral to admission in the mental health court programs statewide varied in fiscal year 2009. On average, it took 27 days for referred individuals to become participants in a mental health court program. Sixty-six percent of participants signed consent forms on the same day as their admission into a mental health court program. Twenty-three percent of participants signed consent forms after admission. Statewide, the average delay before consent forms were signed was 22 days after admission. Eleven percent of participants signed consent forms prior to their admission date. Statewide, on average, participants who signed prior to admission signed 28 days before their admission date.

Participant Handbooks

Some programs have developed participant handbooks that are distributed to participants when they are admitted into the mental health court program. Other programs are considering developing such materials.

Teams that have developed participant handbooks include Grand Traverse County, Genesee County, and Oakland County. Teams that have not developed handbooks include Livingston County, Wayne County, Jackson County, St. Clair County, Otsego County, and Berrien County.

Terms of Participation

St. Clair (D72) – Participants may be eligible for a sentence reduction or charge dismissal on a case-by-case basis.

Genesee (P25) – Participants may be eligible for a charge dismissal on a case-by-case

basis.

Berrien (Unified Trial Court) – There is no legal incentive for participation.

Oakland (C06) – There is no legal incentive for participation.

Jackson (C04/D12) – Participants may be eligible for a delayed or deferred sentence.

Grand Traverse (D86) – Participants may be offered a delayed sentence.

Wayne (C03) – There is no legal incentive for participation.

Livingston (D53) – There is no legal incentive for participation. However, reinstatement of 7411 status or a charge reduction may occur on an individual basis.

Otsego (C46/D87A) – Participants were eligible for a charge dismissal on a case-by-case basis.

Statewide Statistics on Terms of Participation

In the SCCM system, mental health court teams can enter the court's approach to participants' terms of participation in one of two categories, either post-sentence or deferred/delayed sentence. Forty percent of participants entered mental health court programs across the state in fiscal year 2009 post-sentence. The remaining 60% of participants entered on a deferred or delayed sentence.

Programs Utilizing Phases Statewide

While there is no requirement for mental health courts to create programs with a structure of phases that participants move through as they progress, several programs have chosen to add this component. Typically, participants are promoted to a new phase when they are compliant with program requirements for a specific period. Promotion to a new phase can take many forms, from serving as an incentive accompanied by fanfare to occurring administratively without participants' knowledge. Demotion through the phases typically occurs as a sanction and is brought to the participants' attention. Often demotion triggers a lengthening of the minimum stay in a program, as well. Wayne, Oakland, and Jackson Counties each implemented a program with four phases through which participants advance. Berrien and Livingston Counties implemented programs with three phases. Grand Traverse County initially utilized phases. However, the team quickly decided that it would prefer to eliminate phases from their program and no longer have such a structure. St. Clair, Genesee, and Otsego Counties chose to have a program without phases.

Staff Meetings – Unique Points

Most teams have chosen to hold a staff meeting on the same day as their mental health court status review hearings, typically immediately prior to the hearings. The staff meetings include all of the mental health court team members and provide the team with

an opportunity to update one another on the progress of each participant or to discuss the admission of new participants. Below are the unique points of each of the staff meetings observed by the State Court Administrative Office.

St. Clair (D72) – The team holds three staff meetings per week (one for administrative issues, one to discuss new participants, and one to discuss current participants). The probation officer and mental health court liaison bring laptops with wireless access to CMHSP and legal databases to the meetings.

Genesee (P25) – The judge does not attend the staff meetings. Staff meetings are held at CMHSP. After the meeting, the mental health court liaison meets with the judge to provide recommendations and updates prior to the court review session.

Berrien (Unified Trial Court) – Decisions regarding admission of new participants to the program are made by vote. This program has two mental health court judges, so the non-assigned judge, treatment provider representative, probation officer, prosecutor, and jail psychologist comprise the voting board.

Oakland (C06) – This program has significant representation by treatment providers from various agencies. Additionally, the defense attorney is a key vocal member of the staff meetings.

Jackson (C04/D12) – This team makes admission decisions by formal vote. This team also has a police officer in attendance during staff meetings. This individual has typically had contact with the participants prior to their admission to mental health court and brings a unique perspective.

Grand Traverse (D86) – The mental health court judge does not attend staff meetings. The probation officer keeps the judge informed of the team's recommendations. The mental health court team is diverse and includes representatives from Goodwill Industries and the County Commissioner.

Wayne (C03) – Case managers meet with participants individually in the morning before the staff meeting to gather updates and to drug test the participants. Meetings are lengthy and the court review hearings occur when the meetings have concluded. The judge takes SCCM journal notes home with him the night before staff meetings to familiarize himself with participants' progress.

Livingston (D53) – Team members meet twice per month for staff meetings to discuss participants. During those meetings, new participants' admission decisions are conducted by vote. This is the only team to have a representative from the jail in attendance.

Otsego (C46/D87A) – No staff meeting was observed.

Status Review Hearings

During the State Court Administrative Office's on-site program review, staff attended status review hearings at each operational program. Observations about the format, presence of team members, and frequency of judicial status review hearings are noted below. Regarding the frequency of judicial status review hearings, as participants progress through each program, the frequency of judicial status review hearings decreases. Hence, what is documented in this report is the frequency of attendance for new participants.

St. Clair (D72)

Judicial status review hearings occur weekly for participants in the St. Clair County program. Participants are not required to arrive at the courtroom at the same time and remain throughout the entire docket. Instead, participants are scheduled so that two or three participants arrive per half hour and participants may leave after the judge addresses them. During our review, the judge conducted one review hearing in his chambers and two by telephone that are typically done by videoconferencing from another courthouse in the county. During the review hearings, the judge sits on the bench in his robe. The mental health court liaison and the probation officer sit at the same table facing the judge while the prosecuting and defense attorneys are seated off to the side. Each participant is called to the podium and the judge inquires about the participant's progress. Then, the judge asks for an update from the probation officer and then from the mental health court liaison.

Genesee (P25)

Judicial status review hearings occur weekly for participants in the Genesee County program. All participants arrive at the same time and are called individually to the podium by the judge. The judge sits on the bench in her robe. Participants stand before the judge at a podium with their CMHSP caseworker on their right and the mental health court liaison standing on their left. Participants are allowed to bring others (family members or friends) to the review hearings and the judge occasionally speaks with those individuals, too. The judge interacts with the participant first, but allows treatment providers and other team members to speak with the participant when needed. After the judge has addressed them, participants are allowed to leave the courtroom.

Berrien (Unified Trial Court)

Judicial status review hearings occur bi-weekly for participants in the Berrien County program. All participants arrive at the same time and are called one at a time by the judge to be seated at a table. The participant remains seated throughout the review hearing with a handheld microphone that he or she can use to respond to the judge. Seated at the table with the participant are the treatment provider representatives and probation officers. The judge interacts with the participant first, but allows other team members to provide updates or ask the participant questions as well. After the participant's review hearing is completed, he or she remains in the courtroom until the remaining participants are addressed.

Oakland (C06)

Judicial status review hearings occur biweekly for participants in the Oakland County program. All participants arrive at the same time and are called individually to the podium by the probation officer. The entire adult treatment court team is seated in a semi-circle in front of the judge facing the participant. The review hearing includes drug court and mental health court participants. The program the participant is affiliated with is not disclosed during the hearing. The judge interacts with the participants first, but allows the team members to address the participants as well. Participants remain in the courtroom until all review hearings have been completed.

Jackson (C04/D12)

Judicial status review hearings occur biweekly for participants in the Jackson County program. All participants arrive at the same time and are called individually by the judge to stand at the podium. The judge sits on the bench in his robe and the mental health court team sits in the jury box. The judge speaks with the participant first and allows the team to comment on the participant's progress if appropriate. Participants remain in the courtroom after their hearing until all participants have been addressed.

Grand Traverse (D86)

Judicial status review hearings occur weekly for participants in the Grand Traverse County program. All participants arrive at the same time. The judge sits on the bench in his robe. The prosecuting attorney and probation officer sit at one table while the other table is occupied by the defense attorney and each participant, as he or she is called forward. The remainder of the team sits in the jury box. The judge interacts with each participant first but allows other team members to give input. Participants remain in the courtroom until all of the reviews have been conducted.

Wayne (C03)

Judicial status review hearings occur weekly for participants in the Wayne County program. The judge sits on the bench in his robe. The court's case manager and the defense attorney stand at the podium with the participant. The probation officer, CMHSP Department Administrator, and the program coordinator sit at the tables. The remainder of the team sits behind them. All participants arrive at the same time, but may leave the courtroom after their review hearing. The judge explains the discussion from the staff meeting and allows the participant to ask questions or provide a brief update of his or her progress. Team members may be called upon by the judge to provide clarification on the recommendations developed during the staff meeting.

Livingston (D53)

Judicial status review hearings occur weekly for participants in the Livingston County program. The judge sits on the bench in her robe. She prefers to hold session in the magistrate's courtroom because the room is smaller and more conducive to mental health court proceedings. The CMHSP Intake and Access Clinician and the district court probation officer sit at a table with the rest of the team sitting in the back of the courtroom. All participants attend the review hearing at the same time and remain in the

courtroom after their hearing. The judge spends a considerable length of time discussing progress with each participant and allows others in the courtroom, including family and other participants, to address the participant.

Otsego (C46/D87A)

No status review hearing was observed. The team indicated judicial status review hearings occurred biweekly in their MMHCGP grant application.

Treatment

Treatment for mental illness is the defining feature of mental health court programs. The types of treatment that are available and the agencies that provide the treatment vary by community. Hence, this section describes the agencies that provide treatment to the participants and provides a brief outline of the types of services available.

St. Clair (D72)

St. Clair's CMHSP provides mental health and substance use disorder services, in addition to allowing participants who already have relationships with private treatment providers to continue obtaining services through those individuals. Some of the ancillary community services available to participants include DHS, Michigan Rehabilitation, Michigan Works, Goodwill Industries, St. Clair Community College, the Economic Opportunity Commission, CMHSP's culinary education program, and the Homeless Housing Resource Center.

Genesee (P25)

Genesee's CMHSP provides the full array of Medicaid-reimbursable services to participants including, but not limited to, medication reviews, respite care, community living support, inpatient hospitalization, assertive community treatment, and case management. A person-centered plan is developed for each participant based upon three assessments that all participants receive. CMHSP also links participants to external services such as Goodwill Industries, food banks or food stamps, and a community garden. Within Genesee County, mental health court participants are a priority population, which allows them to quickly access substance use disorder treatment and services.

Berrien (Unified Trial Court)

Berrien's CMHSP provides the full array of Medicaid-reimbursable services. These services are linked to participants based upon the participants' biopsychosocial assessments. Some of the services that were discussed during the on-site program review were speech and language therapy, personal emergency devices, assistive technology, community living supports, and inpatient services. CMHSP also links participants to Home Help, Michigan Rehabilitation Services, and residential care providers.

Oakland (C06)

Oakland's CMHSP contracts with three different providers to ensure that the treatment needs of the community are met. These contracted agencies provide psychiatric services, case management, individual therapy, group therapy, and peer advocates, for example. All participants receive a psychosocial assessment and substance use assessment. Individualized treatment plans are developed using a strength-based approach and WRAP facilitators.

Jackson (C04/D12)

Jackson's CMHSP provides mental health treatment to mental health court participants, while Allegiance Health Care provides substance use disorder treatment to those dually diagnosed. Additionally, all participants receive their medications from a single pharmacist, who has partnered with the mental health court and CMHSP to assist with monitoring participants' medication compliance. In addition to the mental health services the CMHSP provides, such as medication management, case management, outpatient services, and assertive community treatment, the CMHSP also links participants to services in the community.

Grand Traverse (D86)

Grand Traverse's CMHSP provides services to mental health court participants with a severe and persistent mental illness. Staff at Catholic Human Services provides services to participants who have a moderate mental illness. In addition to the wide array of services provided by CMHSP, participants are also linked to transitional housing, Goodwill Industries, and drug/alcohol testing at multiple agencies. The team is developing a mental health court plan for each participant. This plan encompasses not only the participant's treatment needs, but provides a roadmap for all aspects of the mental health court program.

Wayne (C03)

Wayne County's CMHSP contracts with service providers. The Wayne County Jail Mental Health Services, the Court and Community Liaison Program, and the Wayne County Jail Children and Family Services Reception and Diagnostic Center Unit serve participants while incarcerated. Wayne's CMHSP also contracts with Children and Family Services to provide residential treatment services at Operation Get Down. Detroit Central City provides case management and other treatment services. In addition to these contracted providers, Wayne County's mental health court links participants to a variety of resources such as Michigan Rehabilitation Services, Medicaid, food stamps, and transportation services.

Livingston (D53)

Livingston's CMHSP provides a wide variety of treatment services to participants with functionally-impairing mental illness. All participants receive treatment in addition to medication as a requirement of the program. Participants' treatment plans are based upon a full assessment that examines a multitude of life skills. Treatment may be provided in the form of case management, assertive community treatment, outpatient

therapy, and many other services. CMHSP has assisted in providing housing for emergencies and Peer Support Specialists for transportation assistance.

Otsego (C46/D87A)

Otsego's CMHSP provided services for participants unless CMHSP deemed it to be in the best interest of the participant to have services provided by Catholic Human Services, which specialized in substance use disorder treatment. Treatment services were determined through the person-centered planning process and included individual/group therapy, family therapy, psychological testing, medication review, and assertive community treatment, to name a few. Additionally, participants were linked to housing assistance, supported employment services, and educational programs.

Statewide Statistics on Treatment

Across the state, different models for treatment administration have developed. Some programs deliver treatment through CMHSP. In other communities, CMHSP contracts with other local agencies to provide treatment to the mental health court participants. In addition, most programs allow participants to remain with a private clinician if the participant already has an established relationship with that practitioner prior to mental health court admission. Regardless of the model used, all mental health court programs were asked to submit basic treatment data through the SCCM system. In some cases, this required obtaining information from third party sources, while in other cases CMHSP or court personnel could enter this information directly.

The first baseline measure gathered was what type of medical insurance individuals had when being screened for admission into a mental health court program. Statewide, 54% of participants had insurance through Medicaid. Twenty-six percent of participants had no insurance when admitted into the mental health court program. Nine percent of participants had insurance through Medicare. Four percent of participants had private insurance and 6% are listed in the SCCM system as having other insurance (see Table 10).

Insurance Type	Number of Participants	Percent
Medicaid	98	54.4
Uninsured	47	26.1
Medicare	17	9.4
Other	10	5.6
Private Insurance	8	4.4
Total	**180**	**100**

Table 10. Insurance type at admission for mental health court participants statewide.

All mental health court participants' treatment modalities are entered into SCCM and the date of their first treatment appointment is captured by the system. Twenty-eight percent of participants had a date of first treatment that is earlier than their corresponding admission date. This suggests those individuals were already receiving treatment at the time of admission. For the remainder of participants, 47% of participants began treatment the same day as their admission to the program and 24% began treatment after

admission. For those who began treatment after admission, the average wait was 21 days.

All mental health court teams were asked to enter participants' medication compliance into the SCCM system by categorizing participants as compliant, marginally compliant, or noncompliant in taking their medication. In some programs, participants are required to use a designated pharmacy. Those pharmacies send reports to the mental health court teams indicating whether participants are picking up medications on schedule. Medication compliance is also measured through urinalysis, monitored by injection, and/or established through pill counting or observation. Sixty-four percent of participants are compliant with taking their medication as prescribed. An additional 11% are marginally compliant. Eleven percent of participants are noncompliant with their medication. Statewide, 14% of participants have missing data regarding medication compliance.

All participants receive at least one assessment during their participation in a mental health court program. However, to date, only Berrien County and Jackson County have entered assessment information in SCCM and are in compliance with the Minimum Standard Data requirements for the MMHCGP. Therefore, meaningful analyses regarding the type of assessments given statewide cannot be conducted at this time.

A wide variety of treatment options are available to participants in every program statewide. Mental health court teams were asked to classify participants' treatment modalities into the following categories: assertive community treatment, case management/support coordination, co-occurring treatment services, community-based services, crisis residential/intensive crisis stabilization, doctor/medication reviews, employment services, inpatient hospitalization/partial day hospitalization, residential treatment, and therapy services. Often, participants received services from more than one of these categories.

The most common treatment category was case management/support coordination with 101 of the 180 participants receiving this type of service. Residential treatment and therapy services were the next most common services, with 35 and 32 participants receiving this type of treatment, respectively. Nineteen participants received co-occurring treatment, 16 participants received community-based services through a treatment provider, and 12 participants received doctor/medication reviews. Seven participants received assertive community treatment, four participants received inpatient hospitalization, one participant utilized crisis residential/intensive crisis stabilization, and one participant received employment services. Although mental health court programs are entering the start and end dates for each treatment modality, it is not appropriate to analyze the average number of days participants spend in each treatment modality until participants have exited the mental health court programs.

Three programs are in compliance with the Minimum Data Standards with regard to entering ancillary services into SCCM. Those compliant programs are Berrien County, St. Clair County, and Genesee County. For this analysis, ancillary service linkages were

counted if a participant was referred to a service outside of CMHSP and followed through by making contact with that service. The total number of ancillary service categories for each pilot site was determined from data entered into SCCM. Then, for each participant, the number of categories the participant was referred to was calculated. A participant may have been referred to housing services on two separate occasions and followed through in making contact with those services both times, but would be counted as having been referred to one ancillary service category. In Berrien County, referrals were made to four types of ancillary services. Participants were linked to an average of 0.6 types of ancillary services per participant. In Genesee County, ten types of ancillary services were utilized. Participants were linked to an average of 0.7 types of ancillary services per participant. In St. Clair County, 21 ancillary service categories were utilized. Participants were linked to an average of 2.1 ancillary service categories per participant. To see the specific types of ancillary services categories participants were linked to at each of these pilot program sites, see Appendix D.

Drug Testing

All programs require participants who exhibit drug or alcohol use to submit to random drug and alcohol tests throughout their program participation. However, the agency or department that conducts the tests varies by pilot site. The information provided below indicates how testing is accomplished for each program.

St. Clair (D72) – Drug testing is done by the probation department.

Genesee (P25) – Drug testing is done by Hurley Hospital on-site at CMHSP.

Berrien (Unified Trial Court) – Drug testing is done by the probation department.

Oakland (C06) – Drug testing is done by contracted agencies.

Jackson (C04/D12) – Drug testing is done by the probation department.

Grand Traverse (D86) – Drug testing is done by contracted agencies.

Wayne (C03) – Drug testing is done by the Detroit Health Department.

Livingston (D53) – Drug testing is done by a contracted agency.

Otsego (C46/D87A) – Drug testing was done by the probation department.

Drug Testing Statistics Statewide

While many mental health court participants are dually diagnosed with a substance use disorder, not all participants use drugs or alcohol. Sixty-seven percent of mental health court participants were drug- or alcohol-tested in fiscal year 2009 across the state of Michigan. Of those participants tested, 56% tested positive at least one time while participating in a mental health court program.

To determine the time during their participation that the participants are most likely to test positive, participants that have received at least one drug or alcohol test and who have been involved in a mental health court program for more than 90 days were analyzed separately. This yielded 74 participants. Figure 1 below illustrates how many participants still tested negative for drugs and alcohol with respect to the number of days they had spent in a mental health court program. For example, after one week of participation, 90% of the 74 participants had not tested positive for drugs or alcohol. Statewide, 55% continuously tested negative even after 90 days of participation. As shown below, although there is a steep initial drop in the graph (indicating that many participants tested positive during the first week of participation) and there is another similar pattern of testing positive after one month of participation, no clear time period presents as a time point in participation that mental health court teams should be most vigilant. Hence, testing and monitoring participants throughout their participation in a program is advised.

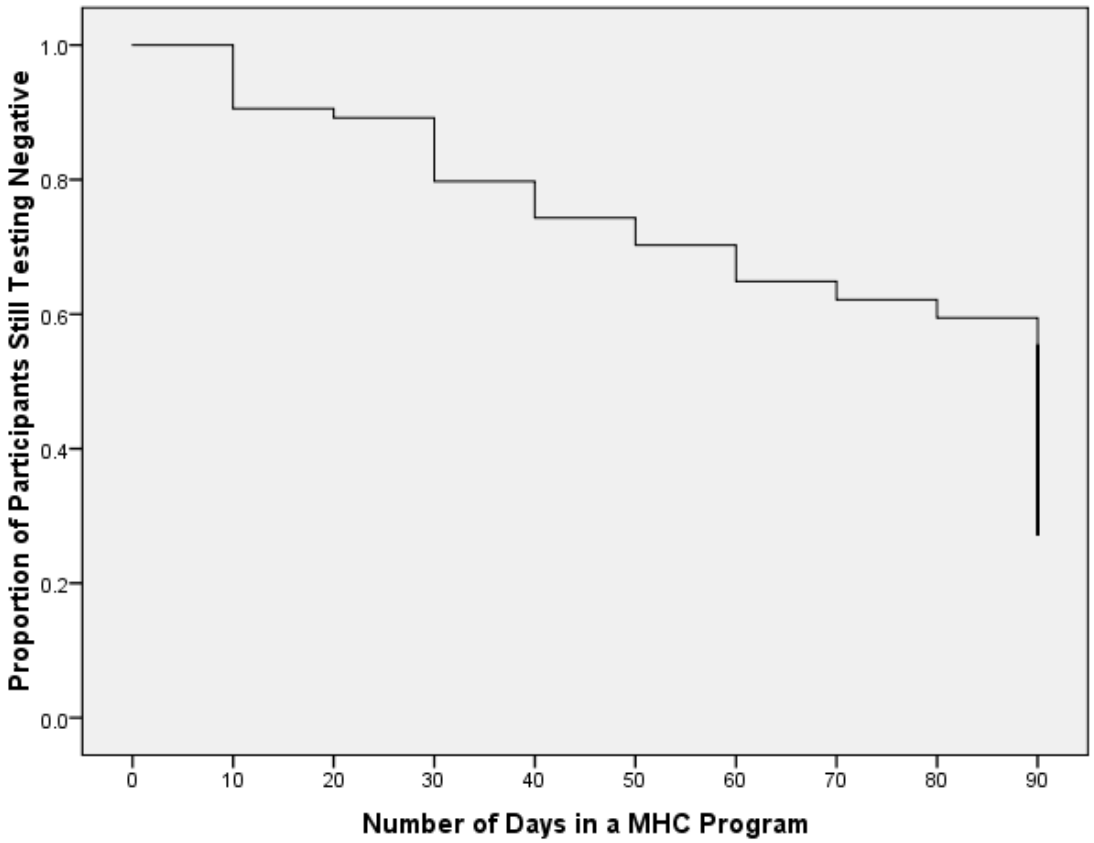

Figure 1. Participants submitted negative drug and alcohol tests as a function of days in a mental health court program for those having participated more than 90 days.

Sanctions and Incentives Statewide

Mental health court teams have developed some innovative incentives and sanctions for motivating participants' adherence to the programs' requirements. Grand

Traverse County refers to both incentives and sanctions as *responses* to capture the fact that all actions taken by the team are meant to be therapeutic and that one participant's sanction is another's incentive. For example, to a participant who enjoys attention from the judge, decreasing status review hearings may not be an incentive. Likewise, the best response to a participant's behavior may be increasing or changing the type of treatment he or she is receiving, which should never be viewed as a sanction but is often categorized as such. Examples of incentives and sanctions utilized by the mental health court teams throughout the state can be found in Appendix E.

Statewide, participants have received an average of 0.7 incentives each and 0.6 sanctions each. However, with the infancy of some of the programs, the analysis was conducted a second time limited to only those individuals who have been in a mental health court program at least 180 days. For those individuals participating at least 180 days (41 participants), on average participants have received 1.3 incentives and 1.3 sanctions.

Jail Days Statewide

Across all of the mental health court programs, 51 individuals and 28% of participants have spent a day in jail since admission to a program. The most common number of jail days for this group of participants is two. However, the total number of jail days served thus far among these participants ranges from one to 125. The individual having served 125 jail days is an outlier in the dataset. When this individual is removed from the analysis, the average number of jail days per participant is 15.

When the analysis of jail days is limited to those who have participated in the program at least 180 days, which equals 41 participants statewide, 18 participants (or 44%) have served jail time while in a mental health court program. The average number of days served is 12, with number of days ranging from one to 48.

Recommendations from the Pilots for New Programs

During the on-site program reviews, each mental health court judge and program coordinator was asked what advice he or she had for communities thinking about starting a mental health court. Additionally, Otsego County, the pilot site that disbanded its program, participated in exit interviews to discuss why it felt the program struggled. The thoughts of those interviewed can be found in Appendix F. They provide a unique perspective on the planning and implementation process.

While responses were varied, the common theme for courts considering implementing a mental health court was a focus on the planning stage of programs. Some of the courts suggested involving the highest-level personnel possible in stakeholder organizations as team members and having frequent (bi-weekly) meetings with these individuals while planning. Several pilot programs identified that it is helpful to have team members with varied expertise and backgrounds. Additionally, team members must be team players and committed to the program. Another key step identified by numerous individuals was defining, documenting, and agreeing to team member responsibilities, the economics of the program, and the policies/procedures for

the program. Agreeing to policies and procedures may involve identifying policies or procedures that conflict between CMHSP and the court and negotiating a solution. Additionally, several programs found visiting existing mental health courts to be very beneficial in their own planning process.

Obtaining support for the program was a recommendation offered by several individuals. Some of the individuals and agencies that were identified as needing to support the mental health court programs were the public, other judges in the court, the prosecutor, law enforcement, and jail personnel.

The third category that individuals identified was community resources. Interviewees discussed making sure the community has sufficient substance abuse treatment services, identifying and mapping out the resources available in a community, ensuring that participants have stable housing options, verifying that a mental health court program fills a need and fits in well with existing programs and the organization's directions, and utilizing the resources that currently exist in a community rather than reinventing them.

Additional words of wisdom included a suggestion that new programs either be established in a circuit court or through collaboration with the circuit court. This may lead to larger incentives for participation, such as reducing a felony charge to a misdemeanor, and may extend the probation period to allow programs more time to work with participants. A few interviewees suggested hiring a program coordinator. These individuals felt that having one individual facilitating meeting coordination, delegating and overseeing data entry, etc. was beneficial. Ensuring that treatment providers are allowed to handle treatment decisions and are viewed as an equal team member was also highlighted. Lastly, and perhaps most inspiring, was to not be afraid of making mistakes and modifications as a team grows and learns.

Appendix A – MMHCGP Minimum Standard Data

Mental Health Court Minimum Standard Data
Fiscal Year 2009
Items 1-26 pertain to screening, 27-54 pertain to case management, and 54-60 pertain to discharging an individual from mental health court.

Variable Name	Definition	Data	Location in SCCM
1. Referral Source	Indicate how the candidate was referred to mental health court	• Court/Judicial • DHS • Prosecutor • Self • Law Enforcement Officer • Jail and Pretrial Services Staff • Defense Counsel • Family Member • Other – please explain	• Screening Page one
2. Court Type	Indicate the type of court	• Adult Circuit • Adult District • Adult Probate	• Drop-down menu on Dashboard OR • Automatic
3. Name	Candidate's full legal name	• Alpha	• Screening Page one
4. SSN	Last four digits of candidate's social security number	• Numeric	• Screening Page one
5. DOB	Candidate's date of birth	• Date (mm/dd/yyyy)	• Screening Page one
6. Gender	Candidate's gender	• Male/Female	• Screening Page one
7. Race	Candidate's race/ethnicity	• African American • Alaskan Native • Asian/Pacific Islander • Caucasian • Hispanic/Latino • Multi-racial • Native American • Other	• Screening Page one

Variable Name	Definition	Data	Location in SCCM
8. Screening Date	Date the candidate was screened for mental health court	• Date (mm/dd/yyyy)	• Screening Page one
9. Mental Health Court Eligible Offense	Indicate offense with which the candidate was charged	• PACC code	• Screening Page two
10. Eligible Charge Jail Time Served	Indicate any jail time the candidate served for the mental health court eligible offense before acceptance into MHC	• Number of days entered by calendar icon	• Screening Page two
11. PRV	Prior Record Variable from Department of Corrections, if applicable	• Numeric	• Screening Page two
12. Cell Type	Candidate's cell type, if applicable	• Intermediate • Straddle • Presumptive/ Prison • Not Applicable	• Screening Page two
13. Case Filing Date/ Bindover Date	Date candidate's case was filed or bound over	• Date (mm/dd/yyyy)	• Screening Page two
14. Offense Date	Date candidate was charged	• Date (mm/dd/yyyy)	• Screening Page two
15. Offense Type	Indicate the type of charge	• Felony • Misdemeanor • Civil	• Screening Page 2
16. Primary Mental Illness Diagnosis	Candidate's DSM-IV diagnosis	• DSM-IV diagnosis (Axis 1 Thought or Mood Disorder, Developmental Disability as defined in MCL 330.1100a(2)(20))	• Screening Page three

Variable Name	Definition	Data	Location in SCCM
17. Substance Abuse Diagnosis	Candidate's DSM-IV diagnosis related to substance abuse, if applicable	• DSM-IV diagnosis	• Screening Page three
18. Current Medications	Indicate the medications prescribed to the candidate before screening, if applicable	• None • Medical condition • Psychological condition • Medical and psychological condition	• Screening Page four
19. Competency to Stand Trial	Candidate's competency to stand trial on the mental health court eligible offense	• Yes/No	• Screening Page four
20. Employment	Indicate the candidate's type of employment at screening	• Unemployed • Employed Part-Time (less than 35 hours/wk) • Employed Full-Time (more than 35 hours/wk) • Not in Labor Force	• Screening Page five
21. Education	Indicate the candidate's education status at screening	• Less than 11th Grade • 12th Grade • HS Grad • GED • Some College • Trade School • College Grad • Advanced Degree	• Screening Page five
22. Mental Health Court Eligibility	Candidate's mental health court eligibility	• Eligible/Ineligible – if ineligible, why?	• Take action on pending person
23. Mental Health Court Acceptance	Candidate's acceptance or rejection from mental health court	• Accepted • Rejected – if rejected, why?	• Take action on pending person

Variable Name	Definition	Data	Location in SCCM
24. Acceptance Date	Date candidate was accepted to mental health court	• Date (mm/dd/yyyy)	• Take action on a pending person
25. Rejection Date	Date candidate was rejected from mental health court	• Date (mm/dd/yyyy)	• Take action on a pending person
26. Participation Decision	Candidate's decision to participate in mental health court	• Yes/No – if no, why?	• Take action on pending person
27. Housing	Candidate's current housing situation	• Dependent/ Residing with others • Homeless • Institution/ Hospital • Independent • Other	• Client Menu - Personal Demographics
28. Consent Date	Date participant signed informed consent	• Date (mm/dd/yyyy)	• Client Menu - Personal Demographics
29. Case Manager	Name of the participant's case manager	• Alpha	• Client Menu - Personal Demographics
30. Treatment Provider	Name of the participant's treatment provider	• Alpha	• Client Menu-Treatment
31. Assessment	Indicate whether the participant received an assessment	• Psychiatric Evaluation • Psychological Testing • Crisis Screening • Intake Assessment • Mental Health Court Assessment	• Client Menu – Local Assessment
32. SA Test	Indicate substance abuse test dates and results, if applicable	• Indicate type, date, and result	• Client Menu – Substance Abuse Testing
33. Court Review Dates	Indicate the dates of the participant's court reviews	• Date (mm/dd/yyyy)	• Client Menu - Journal
34. Court Fees Ordered	Indicate the amount of court fees ordered to be paid	• $xxx.xx	• Client Menu - Fees

Variable Name	Definition	Data	Location in SCCM
35. Court Fees Paid	Indicate the amount of the ordered court fees the participant has paid	• $xxx.xx	• Client Menu - Fees
36. MH Treatment	Indicate the type of treatment received	• Doctor/Med Review • ACT • Case Management • Inpatient Hospitalization • Co-occurring Tx • Therapy Services • Residential • Crisis Residential • Employment Services • Ancillary Services	• Client Menu - Treatment
37. Treatment Review Dates	Indicate the dates of the participant's annual and quarterly reviews	• Date (mm/dd/yyyy)	• Client Menu – Treatment (Review Icon)
38. Medication	Indicate whether medication was prescribed for the participant during MHC participation	• Yes/No – if yes, identifying medication and dosage is optional	• Client Menu – Medical History
39. Medication Compliance	Indicate the level of participant's compliance with prescribed medication	• Compliant • Non-Compliant • Marginal	• Client Menu – Medical History
40. Medication Cost	Indicate the cost of medication for the participant per month	• Text Box for numeric entry	• Client Menu-Medical History
41. Health Insurance	Indicate whether the participant has health insurance	• Yes/No – If yes, indicate type	• Client Menu – Medical History
42. Employment Assistance	Indicate the type of employment assistance received, if applicable	• Text box	• Client Menu – Personal Demographics

Variable Name	Definition	Data	Location in SCCM
43. Educational Assistance	Indicate the type of educational assistance received, if applicable	• Text box	• Client Menu – Personal Demographics
44. Housing Assistance	Indicate the type of housing assistance received, if applicable	• Text box	• Client Menu – Personal Demographics
45. Federal Aid	Indicate the type of federal aid programs the participant was enrolled in, if applicable	• Text box	• Client Menu – Personal Demographics
46. Sanctions Type	Indicate whether the participant received a sanction	• Yes/No – if yes, indicate the type, date ordered (mm/dd/yyyy), and reason	• Client Menu – Incentives and Sanctions
47. Incentive Type	Indicate whether the participant received an incentive	• Yes/No – if yes, indicate the type, date received (mm/dd/yyyy), and reason	• Client Menu – Incentives and Sanctions
48. Phase I Start Date	Date the participant started phase I	• Date (mm/dd/yyyy)	• Automatic
49. Phase Change	Indicate the date and reason the participant changed phase	• Date (mm/dd/yyyy) and reason	• Client Menu – Incentives and Sanctions
50. Victimizations	Indicate distinct victimization episodes the participant experienced while in mental health court	• Numeric	• Client Menu - Journal

Variable Name	Definition	Data	Location in SCCM
51. In-Program Offense	Indicate whether the participant committed a new offense while participating in the program	• Yes/No – if yes, indicate the date of the offense (mm/dd/yyyy), type of offense, and charge type (felony, misdemeanor, civil)	• Client Menu – Criminal History
52. In-Program Jail	Indicate the number of jail days served while in the program	• Days – entered by calendar icons	• Client Menu – Criminal History OR • Client Menu – Incentives and Sanctions
53. Bench Warrants	Indicate bench warrants issued during the program	• Indicate date and reason	• Client Menu – Criminal History
54. Discharge Date	Date the participant was discharged from the program	• Date (mm/dd/yyyy)	• Client Menu - Discharge
55. Discharge Reason	Indicate the reason the participant was discharged from the program	• Completed/ Graduated • Moved/Died • Absconded • Incomplete/Failed • Committed New Crime • Other - explain	• Client Menu - Discharge
56. Improved Education	Indicate whether the participant improved their education	• Yes/No	• Client Menu - Discharge
57. Improved Employment	Indicate whether the participant improved their employment	• Yes/No	• Client Menu - Discharge
58. Improved Mental Health	Indicate whether the participant improved their mental health	• Yes/No - indicate instrument used – examples (GAF, GAS, CAFAS)	• Client Menu - Discharge
59. Improved Quality of Life	Indicate whether the participant improved their quality of life	• Yes/No – indicate instrument used – examples (GAF, GAS, CAFAS)	• Client Menu - Discharge

Variable Name	Definition	Data	Location in SCCM
60. MHC Deal	Indicate the result of the participant's charge and sentence	• Charge Reduced • Sentence Reduced • Charge and Sentence Reduced • Neither • Other - explain	• Client Menu - Discharge

Appendix B – On-Site Program Review Interview Questions

Mental Health Court Judge Interview

- What motivated you to implement a mental health court program?
- How did you settle upon the target population?
- Are you happy with the target population? Do you feel it needs to be adjusted?
- Is there a particular type of participant that you see struggle most in the program?
- How often do you meet with participants?
- From your perspective, what is the most beneficial aspect of staffing meetings?
- Do you feel that the discussions and decisions that arise during staffing meetings are collaborative?
- Do you feel that CMH and the court are working well together? Is there room for improvement?
- Is there treatment or other services that you feel your community needs to maximize the potential benefit of this program?
- Has the program become what you envisioned it would be? What work on the structure of the program remains?
- Have you investigated funding sources other than the MMHCGP?
- Do you believe the community is aware of your program and supports the program?
- Do you use the SCCM system or see the staffing reports that can be generated from SCCM?
- Are there areas of your program or team that you feel could benefit from additional training?
- What advice do you have for other courts thinking about implementing a mental health court program?
- Anything else that you feel it would be helpful for us to know about your program?

Mental Health Court Treatment Provider(s) Interview

- What types of services do you provide?
- What instruments or assessments do you use to make a diagnosis?
- How do you determine which assessments to administer for an individual?
- Are you involved in the screening process for the mental health court program that identifies possible participants from the larger offender population?
- Have you found that the participants linked to you by the mental health court's current referral process are appropriate for the program?
- How do you individualize treatments?
- Does CMH refer participants to other outside services? If so, what kind?
- Do you drug test participants or know of their testing results? If so, how does that impact your sessions?
- How well do you feel the treatment providers and court personnel interact?

- Do you enter information into SCCM? If so, do you feel the process works well? If not, why not?
- How does the team deal with confidentiality and privacy issues?
- Have you participated in training relevant to mental health courts?
- Do you think it is valuable for treatment providers to attend staffing meetings or court reviews?
- Are there areas of the program you'd like to see changed?
- What were the biggest obstacles to starting a mental health court?
- What advice would you give to other CMHs thinking of starting a mental health court program?

Mental Health Court Coordinator Interview

- Do you have a participant handbook? (obtain a copy)

Essential Element #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.

- Were you present from the planning stage through the implementation of the program?
- Who are the stakeholders that helped plan your program?
- Do the stakeholders meet regularly still?
- Is the community involved in your program? How have you tried to involve the community?

Essential Element #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.

- What are your eligibility criteria? Include the mental illness criteria and the legal criteria.
- Where do referrals come from?
- Are potential participants screened after being referred to the program and if so, how are they screened (i.e., a screening instrument, interview, etc.)?
- How many of the referred individuals are found to be eligible for your program?
- Who does an assessment that determines the participants' mental illness diagnosis? When does this assessment occur?

Essential Element #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.

- What is the average length of time between referral and a participant being accepted into your program?
- What is the average length of time between admission and the participant's first treatment provider encounter?
- What types of services outside of CMH are available to your participants?
- What obstacles have you encountered with identifying services and linking participants to them?

***Essential Element #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.

- What team member explains the program to the participant?
- How do you determine what level of risk the participant poses to the community?
- Is there a legal incentive, such as a sentence reduction or charge reduction, for the participant to engage in the program?
- Has your team encountered any program difficulties with regard to setting the terms of participation?

***Essential Element #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.

- Do participants sign an informed choice/consent form to participate in your program? (OBTAIN A COPY)
- Are they provided legal counsel to help them with the decision to participate?
- Do you have a policy or procedure in place for circumstances where the participant's competency to make decisions is questioned?
- Has your team struggled with obtaining informed choice or determining defendants' competency?

***Essential Element #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.

- How well has your team collaborated with treatment providers?
- What obstacles still remain?
- What has worked well to resolve differences between the treatment and court cultures?

Essential Element #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.

- How is treatment information held confidential?
- What documents do participants sign to allow for treatment information disclosure?
- How are mental health court legal files maintained? Are they separated from traditional files? Are they labeled?
- Have the court personnel and treatment personnel encountered difficulties with releasing important information to one another? How has this been resolved?

Essential Element #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.

- Who are the essential program team members?
- Have all members of your team received training relevant to the operation of a mental health court?
- What aspects or process of the program have changed since the program's inception and why?
- How often are participants' individual treatment and program plans changed? How does that happen?
- What difficulties still face your team in this area?

Essential Element #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.

- Who is responsible for monitoring participants' adherence to program guidelines?
- Are incentives and sanctions for specific behaviors predetermined such that participants can predict what the response to a behavior will be or is the delivery of them more spontaneous?
- What are some examples of incentives and sanctions you have used?
- Do representatives of the participants' treatment providers attend staffing meetings?
- Can any team member initiate a change to the participants' treatment plans? Do all team members need to agree before a plan is changed?

***Essential Element #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.

- Who enters data into SCCM? Do treatment providers enter treatment data?
- What problems have you encountered with regard to data collection and are they resolved?
- Have you used the data you've collected thus far to make any changes to your program?
- Do you have plans to use the data you're collecting to obtain community support?

HIPAA and 42 CFR

- Where are case file maintained?
- Do participants sign releases so team members /treatment providers can share information?

SCCM Information

- What is your current caseload?
- How many staff/service providers are using the system?
- Does your staff need additional training?
- Are you currently using the staffing reports?

Open Ended Questions if Time Remains

- What advice do you have for other courts thinking about starting a mental health court program?
- What assistance do you need from SCAO?

Mental Health Court Case Manager/Probation Officer Interview

- How long has your mental health court been in existence?
- Can you explain your program to me in terms of:
    - Primary Target Population?
    - Program length?
    - Number of phases?
    - Phase length?
- Type of incentives and sanctions your team uses?
    - Who decides if an incentive or sanction is necessary and which one will be given?
- How often do you meet with participants?
- Can you explain the process of how a referred person becomes a participant in your program?
- How is supervising a mental health court participant different from other probationers or individuals for whom you provide case management?

- What are some of the obstacles you faced or still face as a team implementing a newly developed mental health court?
- What data do you enter into SCCM?
- Do you use the staffing reports that can be generated in SCCM? If so, how?
- How do you feel your team has addressed the differences that exist in the treatment and criminal justice cultures?
- Anything else that you feel it would be helpful for us to know about your program?

Appendix C – Primary DSM-IV Diagnosis by Program

	# of Participants								
Program	**Mood Disorder NOS**	**Psychotic Disorder NOS**	**Autism**	**Asperger's Disorder**	**Anxiety Disorder NOS**	**Generalized Anxiety Disorder**	**Dsythymic Disorder**	**Antisocial Personality Disorder**	**Borderline Personality Disorder**
Berrien	0	1	0	0	0	0	0	0	0
Wayne	1	1	0	0	0	1	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	1	0	0	0	0	0
St. Clair	0	1	0	1	1	0	0	1	1
Grand Traverse	0	0	0	0	0	0	0	0	0
Otsego	1	0	1	0	0	0	0	0	0
Jackson	0	0	0	0	0	0	0	0	0
Genesee	6	1	0	0	0	1	1	0	0
Total	**8**	**4**	**1**	**2**	**1**	**2**	**1**	**1**	**1**

Program	**Anorexia Nervosa**	**Adjustment Disorder w/ Depressed Mood**	**Adjustment Disorder w/ Anxiety**	**Post Traumatic Stress Disorder**	**Intermittent Explosive Disorder**	**Mild Mental Retardation**	**Moderate Mental Retardation**	**Other**	**Total**
Berrien	0	0	0	0	0	0	0	0	**1**
Wayne	0	0	0	1	0	0	0	0	**4**
Oakland	0	0	1	0	0	0	0	0	**1**
Livingston	0	0	0	0	0	0	0	0	**1**
St. Clair	1	0	0	0	0	5	1	0	**12**
Grand Traverse	0	0	0	1	0	0	0	0	**1**
Otsego	0	1	0	1	0	0	0	0	**4**
Jackson	0	0	0	0	0	0	0	0	**0**
Genesee	0	0	0	2	1	0	0	2	**14**
Total	**1**	**1**	**1**	**5**	**1**	**5**	**1**	**2**	**38**

Number of participants with each primary mental health DSM-IV category by program.

Appendix D - Ancillary Service Categories by Program

Berrien County Ancillary Service Category Referrals

Ancillary Service Category	Number of Participants
Education Services	4
Vocational Training	1
Medical/Health Services	1
Housing Assistance	1
Total	**7**

St. Clair County Ancillary Service Category Referrals

Ancillary Service Category	Number of Participants
Transportation Services	9
Employment Services	7
Housing Assistance	18
Domestic Violence Classes	3
Educational Services	7
Soup Kitchen/Food Bank	2
Furniture Referral	1
Telephone Service	7
Life Skills Class	2
Medical/Health Services	6
Support Group	2
12 Step Meetings	2
Parenting Classes	1
Dental Appointment	1
Friend of the Court Linkage	1
Clothing Vouchers	1
Anger Management Classes	2
Family Psychoeducation	1
Fire Safety Classes	1
Couple's Counseling	1
Gardening Program	1
Total	**76**

Genesee County Ancillary Service Category Referrals

Ancillary Service Category	Number of Participants
Support Group	3
Volunteer Program	9
Educational Services	4
12 Step Program	5

Housing Assistance	5
Life Skills Classes	1
Anger Management Classes	2
Medical/Health Services	1
Recruitment Classes	1
Employment Services	2
Total	**33**

Appendix E – Statewide Incentives and Sanctions Utilized

Incentives

- Gift cards for items the team knows a participant needs (bedding, cleaning products, etc.) – Peer Support Specialist shops with participant for the items
- Fishbowl prizes
- Gallery recognition
- Judicial praise
- Massage
- Special outings as a group or permission for participants to go on special outings
- Less restrictive housing
- Gift cards to local businesses
- Less frequent judicial reviews if participant so desires
- Picnic with team
- Day passes from residential treatment
- Name on an accomplishments board
- Promotion to the next phase
- Decreased reporting to probation officer
- Free or reduced week of drug/alcohol testing
- Reduced fines or costs
- Movie passes

Sanctions

- House arrest
- Daily drug/alcohol testing
- Jail
- Community service
- Verbal warnings
- Daily AA/NA attendance
- More frequent judicial reviews
- Curfew
- More frequent reporting to probation officer
- More frequent or different treatment sessions
- Demotion to previous phase
- Journal writing or homework assignment

Appendix F – Otsego County Exit Interview

One of the nine Mental Health Court pilot sites, Otsego County, planned and implemented a Mental Health Court program. Unfortunately, after less than three months in operation and with four program participants accepted, the program disbanded. Initially, the team thought that they had undergone sufficient planning and had agreed upon their policies and procedures. However, after a short time, it became clear that the court and CMHSP had different ideas about who was eligible for the program and experienced confusion about leadership of the program, fiduciary responsibility, and the target population.

The court personnel believed that a larger number of mental illnesses should be accepted into the program, especially personality disorders, and was hoping for a large number of participants to be enrolled. CMHSP did not feel those without an Axis I DSM-IV diagnosis were appropriate for the program and was happy with a smaller number of participants. The court and CMHSP felt the opposing organization was inflexible and that the decisive court culture conflicted too much with the deliberate CMHSP culture. CMHSP felt that the court was demanding and felt overwhelmed by the court's requests. The court felt that CMHSP was hands-off and slow to respond. During their exit interview with the State Court Administrative Office, the court indicated that hiring a Mental Health Court Liaison who understood both cultures might have been beneficial, but with only four participants, they couldn't justify the position.

The four participants that had been accepted into the program were transferred to the Otsego County Drug Court program, which both CMHSP and the court praised as a strong program with resources available to assist these participants. The program was summed up by one interviewee as well intentioned but lead by a team with differing expectations.