

*Idaho Seventh Judicial District*

*Mental Health Court*

**Participant Handbook**

*Bingham – Bonneville –  
Fremont – Jefferson – Madison*

June 2016 Edition

## **Mission Statement**

Mental Health Courts in the 7<sup>th</sup> Judicial District will strive to reduce recidivism of offenders with a mental illness in the criminal justice system and provide community protection with a cost effective, integrated continuum of care through the development and utilization of community resources. Mental Health Courts will hold defendants accountable and will assist offenders to achieve long-term *stability*, to become law-abiding citizens, and successful family/community members.

## **Introduction**

Welcome to the Seventh Judicial District Adult Felony/Misdemeanor Mental Health Court program. This handbook is designed to answer questions, address concerns, and provide overall information about the Adult Mental Health Court program. As a participant, you will be expected to follow the instructions given to you by the judge and probation officer as well as to comply with the treatment plan developed for you by the ACT Team. This handbook will detail what is expected of you as an Adult Mental Health Court participant and review general program information. It is intended to be a standard guide to Mental Health Court participants within the Seventh Judicial District. However, some guidelines may vary at the discretion of each Mental Health Court team. All participants are encouraged to share this handbook with family and friends.

## **About Mental Health Courts**

Mental Health Courts are an innovative alternative to *incarceration* with emphasis on accountability and intensive monitoring for individuals charged with both *felony and/or misdemeanor offenses*. The Mental Health Court removes defendants from the clogged courtrooms of the traditional criminal justice system, placing them in a new type of courtroom environment where they undergo treatment and counseling, make regular appearances before the judge, and are monitored closely for program compliance. While Mental Health Courts may vary widely in scope, organization and points of intervention, all share an underlying premise that a *crime committed by a mentally ill person* is not simply a law enforcement or criminal justice problem, but a public health problem. Mental Health Court programs see the court, specifically the judge, as filling a role that goes beyond that of adjudication.

## **About the Mental Health Court Program**

The Adult Mental Health Court program is a post-conviction program for offenders who *have been diagnosed with a mental illness and to this point*, have not been successful in their compliance with previous treatment. The four phase program consists of intensive supervision of clients by a probation officer, frequent appearances before the Mental Health Court judge, mandatory Integrated Mental Health and Substance Abuse treatment; substance abuse testing, Cognitive Behavioral Therapy classes; including Moral Reconciliation Therapy, as well as other pro-social interventions that may be beneficial on a case-by-case basis. The four phases of the program are based on minimum time frames as well as competency development at each phase. When the minimum time frames have been met and the core competencies of that phase have been met, participants will advance to the following phase. Each participant will develop a Continued Care plan. Each participant must be utilizing and demonstrating they have the skills in the Continued Care plan to continue working towards Recovery to graduate from the program. The program length will be 12 months, at minimum, but ultimately will be based on individual client progress.

The Mental Health Court program is for offenders who have been diagnosed with a serious and persistent mental illness. Unfortunately, the community mental health systems are not ideally suited to all individuals with mental illness. In particular, there are individuals with serious mental illness, who are treatment refractory, i.e., they either do not volunteer for treatment or they are not compliant with treatment they do receive. These individuals may be homeless, abuse drugs and/or alcohol, and engage in criminal behavior. They often have a history of recurring hospitalizations and/or incarcerations. Increasingly, those treatment resistant clients find themselves incarcerated in local jails and state prisons.

## **Eligibility Criteria**

*No person has a right to be admitted into mental health court. [I.C. 19-5604]*

### **Admission Criteria**

1. Clients with SPMI and serious impairment in their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder. Clients with other psychiatric illnesses are eligible dependent on the level of the long-term disability. (Individuals with a primary diagnosis of a substance abuse disorder or mental retardation are not the intended client group.)
2. Clients with at least one of the following conditions:
  - a. Significant difficulty consistently performing practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; maintaining personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, or relatives.
  - b. Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities).
  - c. Significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing).
3. Clients with one or more of the following problems, which are indicators of continuous high service needs (i.e., greater than eight hours per month):
  - a. High use of acute psychiatric hospitals (e.g., two or more admissions per year) or psychiatric emergency services.
  - b. Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal).
  - c. Coexisting substance abuse disorder of significant duration (e.g., greater than 6 months).
  - d. High risk or recent history of criminal justice involvement (e.g., arrest, incarceration).
  - e. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless.
  - f. Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.
  - g. Difficulty effectively utilizing traditional office-based outpatient services.

Each defendant must have received an LSI-R to evaluate for criminogenic risk prior to final acceptance and must be a medium to high risk offender to participate in the program.

Participants will not be excluded from admission solely because of prior treatment failures or a current lack of motivation for treatment.

***You may be excluded from the Mental Health Court program if:***

**You are currently charged with, or have pled or been found guilty of, a felony in which you committed, attempted to commit, conspired to commit, or intended to commit a sex offense.**

***Accessing the Mental Health Court Program***

Referral into the Mental Health Court program may be made by your attorney, the prosecuting attorney, the judge, your probation officer, a mental health professional, a family member, or the participant themselves. Following legal, clinical, and probation screening, your application for acceptance into the Mental Health Court program will be submitted to a staffing team for acceptance or denial. If accepted into the Mental Health Court program, your public defender or private attorney may continue to represent you, in a non-adversarial manner, during your participation in the program.

***Guilty Plea and Sentencing***

You will be required to plead guilty and be sentenced before participating in the Mental Health Court program. You will not be allowed to withdraw your guilty plea if you are terminated or withdraw from the Mental Health Court program.

## *Program Rules*

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

1. Attend all ordered treatment sessions. This includes individual and group counseling, educational sessions, and other treatment as directed.
2. Be on time. If you are late for treatment, you may not be allowed to participate and may be considered non-compliant. Contact your counselor or probation officer if there is a possibility that you may be late. Permission to miss or be late can only be given by your probation officer.
3. Do not make threats towards other participants or staff or behave in a violent manner. Violent or inappropriate behavior will not be tolerated.
4. Attend all scheduled Mental Health Court sessions.
5. As a participant, you will be expected to dress appropriately for court. Clothing bearing violence, sexual, drug, or alcohol related themes are inappropriate. No shorts, sleeveless shirts, mini-skirts or other clothing that is provocative shall be allowed. It is preferred that noticeable body piercing should be removed for the court session.
6. Abstain from the use of alcohol and illicit drugs. This condition is fundamental to successful completion of the program. Any prescription medication must be reported to the Mental Health Court team for review before it may be taken. Abuse of prescription drugs will be dealt with just like other substance use or abuse.
7. Submit to oral, urinalysis and/or breath tests as requested. You will be tested throughout the entire program for substance abuse and/or medication compliance. The Mental Health Court judge will have access to all drug testing results including any "stalls," failure to test, and may order a test at any time. A "stall" is considered the inability to provide a urine specimen within 15 minutes of the request. A "stall" and failing to report, or appearing late to submit a urine test will be treated as a violation. Adulterated urine will be considered as a positive test. There is a zero tolerance policy for an adulterated, tampered, or the attempt thereof with your urine specimen that will automatically result in a substantial jail sanction of at least thirty days of incarceration.
8. One of the goals of the Mental Health Court is to help you achieve total abstinence from alcohol and illicit drugs; however, a positive breath or urine test will not automatically result in a sanction. The team truly wants to help you gain the skills you need to be in recovery in regards to your mental health disorder as well as your substance use disorder (if applicable). We encourage you to be honest and work with the team to progress and gain skills in your recovery. The judge will review your overall performance with the Mental Health Court staffing team to determine appropriate consequences. No new criminal charges will be filed against you as the result of a positive breath or urine test, unless a separate crime has been committed. The Team wants you to participate in treatment and receive the treatment you need to attain the skills that will lead you to long term Recovery and abstinence.
9. Maintain confidentiality of other Mental Health Court participants. Treatment cannot succeed unless all participants maintain the confidentiality of other participants and of information disclosed in treatment.

## **Program Fees**

As a participant, you agree to pay a maximum Mental Health Court program fee of \$35.00 per month (this may be adjusted on a case-by-case basis), in addition to Cost of Supervision fees. Payment will be made as directed by the coordinator. Payment records will be reported to the judge as part of your regular progress report. This fee may be adjusted by the treatment team if necessary and more appropriate to an individual client's treatment.

## **PHASES**

### **Phase I - 12 weeks (Minimum) - Orientation and Engagement Phase**

- 1. Report to probation officer in person at least once a week or as directed by the probation officer.**
- 2. Engage in Treatment with the Assertive Community Treatment (ACT) team and determine a treatment plan. Remain or become compliant with mental health treatment directives. This will include daily medication monitoring throughout phase I.**
3. Attend daily treatment groups as directed by the MH Court: Integrated Tx (Substance Abuse/Dual Diagnosis), Moral Reconciliation Therapy, Symptom Management groups as well as Dialectic Behavioral Therapy groups and/or any other treatments that may be essential to your individual recovery. You are expected to attend and participate in your treatment groups. Competencies in these groups must be met in order to complete Phase 1.
4. Submit to random oral, urinalysis or BAC tests as directed by probation officer or treatment provider.
5. Attend Mental Health Court at least once per week.
6. Pay a \$35.00 Mental Health Court fee per month, or an adjusted rate if approved.
7. You must complete Phase I competency checklist requirements to move to the next phase! (See end of the handbook for a copy.)
8. You must meet with the team and review your progress and checklist prior to moving to phase 2.

## **Phase II - 14 weeks (Minimum) - Intensive Treatment Phase**

1. Report to probation officer in person at least three (3) times per month or as directed by the probation officer.
2. Remain compliant with ALL mental health treatment directives. This includes strict compliance with medication recommendations.
3. Attend all treatment groups as required.
4. Submit to random oral, urinalysis or BAC as directed by the probation officer or treatment provider.
5. Attend Mental Health Court at least three (3) times per month; you may miss the 2nd week of the month if you desire, but must attend all other weeks.
6. Because the goal of the program is to help assist you in long-term Recovery. You need to develop a Support Person that will be available for you beyond your participation in the MHCT. You need to figure out who this person(s) can be for you and begin strengthening that support system for you.
7. Pay \$35.00 Mental Health Court fee per month, or an adjusted rate if approved.
8. You must complete the phase 2 competency checklist requirements to move to the next phase. (See end of the handbook for a copy.)
9. You must meet with the team and review your progress and checklist prior to moving to phase 3.

## **Phase III - 12 weeks (Minimum) - Transition/Community Engagement Phase**

1. Report to probation officer in person at least twice (2) per month or as directed by the probation officer.
2. Remain compliant with ALL mental health treatment directives.
3. Attend integrated treatment groups and other Dual Diagnosis treatment as required. You should be wrapping up certain treatment groups during this phase, including MRT.
4. Submit to random oral, urinalysis or BAC tests as directed by the probation officer or treatment provider.
5. Attend Mental Health Court at least twice (2) per month. You are allowed to miss the 2nd and 4th weeks of the month if you would like.
6. Pay a \$35.00 Mental Health Court fee per month, or an adjusted rate if approved.
7. You must complete the phase 3 competency checklist requirements to move to the phase. (See end of handbook for a copy.)

8. You must do a pre-exit support interview with the Treatment team to move to the next phase.

**Phase IV A and B (12 weeks Minimum) – A-Maintenance/ B- Continued Care Phase– No specific time limit to this phase. Participants must follow their ongoing Continued Care plan and demonstrate they have the skills to remain in Recovery.**

**Phase IV- A - Maintenance: (3-6 weeks min)**

1. Must have developed and be applying your approved Continued Care/WRAP plan that you are working to maintain long-term stability.
2. Report to probation officer in person once a month.
3. Attend treatment as instructed by the treatment provider.
4. Submit to oral, random urinalysis and/or BAC tests as requested by the probation officer.
5. Attend Mental Health Court once a month on the 1st week of the month.
6. Pay a \$35.00 Mental Health Court fee per month and be current with other fees and fines. (Other fees and fines may include, but are not limited to, court fines, treatment fees, and drug testing fees.)
7. Must have some support system in place that is adequate and approved for your specific needs; i.e.; /DRA/church group, specific hobbies or sporting activities, etc.
8. Complete a Final Exit Interview with the Team to share what you learned in the program, your plan for long-term Recovery, and to give feedback to the Court on what worked well for you as well as things that we could do better.

**Phase IV- B- Continued Care Phase (3-6 weeks minimum)**

1. You must continue to apply your Continued Care plan as you have developed it and whatever treatment and supports that entails.
2. You do not need to attend Court; however, you do need to meet with your Probation Officer as required by them.
3. You are subject to Random UA's as determined by PO and staffed with team.
4. Goal of this phase is for you to work your Continued Care Plan and follow through with your Recovery efforts.
5. You need to pay ½ of your previously determined MHCT fee monthly until graduation.

## **Incentives**

We are really glad you are here with us in the Mental Health Court program. We will be doing a Strengths Assessment with you to help us familiarize ourselves with your strengths, interests, and things that you do well. We would like to focus on these things and develop them further throughout the Court and treatment process. We will do our best to implement incentives and things that you see as strength-based and positive into the program as much as possible.

## **Sanctions**

At times sanctions may be necessary during participation in the MH Court. Sanctions for noncompliance with Mental Health Court program rules may include, but are not limited to, community service, assignment to the sheriff's work detail, jail time and ultimately termination from the Mental Health Court program. However, we will work with you to try and develop the skills needed to complete the program effectively and help you develop the skills you need to manage your mental health symptoms, develop and attain abstinence from drugs and alcohol, and to learn to follow rules and laws and remain free from criminal justice involvement in the future.

## **Termination from the Program**

You can ***voluntarily terminate*** from the program at any time, however, the original sentence may be imposed. The judge and staffing team can also ***involuntarily terminate*** you from the program for non-compliance, new criminal charges, bench warrants or other extenuating circumstances. The Mental Health Court judge and staffing team will jointly make all decisions regarding termination. The Mental Health Court judge makes the final determination as the Team Leader. If you are involuntarily terminated

from the program, the original sentence may be imposed, this will be determined at a Court hearing with your original sentencing judge.

### **Graduation Requirements**

Upon successful completion of the Mental Health Court program you will graduate from the program. In order to graduate from Mental Health Court you must accomplish the following:

1. Successful completion of all court ordered treatment.
2. Demonstrate that you have the skills to manage your mental health symptoms in an effective and appropriate way. You must also have a plan for ongoing treatment that you are following and that will meet your long-term mental health and substance abuse treatment needs.
3. You must be demonstrating skills to remain clean and sober from drugs and alcohol and to deal with any relapses in an appropriate way, should you need to do so.
4. Have learned the skills and gained the stability to ensure your risk for recidivism in the community is much lower than upon entrance into the program.
5. Maintain support persons contact as directed.
6. Completion of all specialized probation terms.
7. Payment of fines, restitution and treatment fees (unless another arrangement has been made).
8. A follow up LSI-R.
9. Utilizing your Continued Care/WRAP plan as a model for your long-term recovery.

### **Graduation**

At graduation, your family (and others you would like to attend) will be invited to join in as the judge congratulates you on successfully completing the program and achieving your goal of establishing stability in your life. Graduation from the program will be followed by monitored probation. Successful completion of the Mental Health court program may result, at the discretion of the Mental Health Court team, MH Court Judge, and your Sentencing Judge, in reduction or dismissal of the charges and reduction of fines. We also like to keep in touch with you. You are always invited to return to MH Court as a visitor, we appreciate you coming back and visiting us and sharing your success with us and new

participants. Your success will be an example and positive influence on current participants in the program.

## **DISTRICT 7 MENTAL HEALTH COURT GENERAL CONDITIONS OF PROBATION**

1. Obey all laws. Notify your Probation Officer of any law enforcement contact, including citations. **Immediately.** \_\_\_\_\_
  
2. If may be required by the mental health court team to obtain/maintain full or part-time employment. Do not change employment without prior approval from your Probation Officer. Do not change your residence without prior approval from your Probation Officer. \_\_\_\_\_
  
3. You are required to stay within the boundaries of the seventh judicial district unless permission is granted by your probation officer. You may also be confined to the residing county as directed by your Probation Officer. \_\_\_\_\_
  
4. Do not associate with anyone who is breaking the law. Do not associate with anyone on probation/parole including those in the mental health court program or other problem solving courts unless permission is given to you by your Probation Officer. Do not associate with anyone who uses drugs or who is consuming alcohol. \_\_\_\_\_
  
5. Do not use any prescription drugs without a valid prescription and permission from the ACT team for non-emergency situations. In the case of a medical emergency, you may follow medical advice and then contact the ACT team and your Probation Officer at the earliest convenience. You must inform the physician/medical agency that you are a participant in the mental health court program, your mental health diagnosis, your medications, and any addiction issues if applicable. You are required to sign a release of information for the ACT team with the treating physician/medical agency and to notify the ACT team by the next business day. \_\_\_\_\_
  
6. Do not use any non-prescription drugs, over the counter medications, dietary supplements, herbal products, or weight loss products that contain pseudoephedrine or alcohol; including cough syrup and/or mouthwash unless permission is preapproved by the ACT team. Do not consume non-alcoholic beer. Do not use any mood altering substances including inhalants, spice, salvia divinorium, energy drinks (like Red Bull, Rockstar), or any mind altering substances with the intent of inducing intoxication, excitement, or stupefaction of the central nervous system. Do not use Creatine. Coffee and pop are allowed. Do not eat foods containing poppy seeds. \_\_\_\_\_

7. You must check in regularly with your Probation Officer in accordance with the mental health court handbook. Report day is from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on \_\_\_\_\_. You will be required to provide a monthly report form, a most recent paystub, receipts for fine payments, and approved support group card(as applicable). \_\_\_\_\_
8. All dating and intimate relationships must be preapproved by the mental health court team and processed with your mental health court caseworker. \_\_\_\_\_
9. All participant cell phones are subject to search by probation officer at any time. Any information found will be subject to a response. Deleting messages and information is not allowed and will be treated as trying to “hide” information and can be subject to a sanction. \_\_\_\_\_.
10. In addition to the Cost of Supervision fee, participants are required to pay a mental health court fee per month as determined by the mental health court team. \_\_\_\_\_
11. Submit to random UA testing per the call in system. Failure to provide a sample for drug/alcohol testing will be considered a stall and will result in a sanction. UA specimens that are determined diluted by the lab or a positive creatinine will be considered a positive UA test and sanctions will be issued. \_\_\_\_\_
12. Participants are required to attend all treatment sessions per the recommendation of the mental health court team. A participant must have permission from their Probation Officer to be excused from a treatment session. Any unauthorized missed treatment sessions or late for treatment sessions may result in a sanction. \_\_\_\_\_
13. While in Mental Health Court program, you will be subject to the following curfew: Phase 1/ 8pm, Phase 2/ 9 pm, Phase 3/ 10 pm, and Phase 4/ 12 am. You must have your Probation Officer’s permission to be allowed out past the curfew with the exception of medical emergencies. Anytime you are out past curfew, whether you have permission or not, you must leave a voicemail with your Probation Officer and ACT team caseworker stating your location and the reason you are out past curfew. \_\_\_\_\_

I understand and agree to abide by these General Conditions and the specific condition of the Mental Health Court Program. I understand that failure to comply these conditions may result in a probation violation and/or revocation of my probation.



7-\_\_\_\_ - I will attend all treatment groups required of me, MRT, DBT, Overcoming Addictions, WRAP group and any others that I or the team feel would be beneficial to me. Please write briefly (on the back of this sheet) about what you have learned in each group to this point. (We realize you may not be in all groups at this time).

8-\_\_\_\_ - I will develop coping skills to deal with triggers and substance use risks that I will implement to attain and maintain sobriety. I will be able to describe and demonstrate these skills when asked by the end of phase I.

**9-\_\_\_\_ - I will identify 5 of my strengths that I will share with team members and others and use to promote my own Recovery!**

**10-\_\_\_\_ - I will work to establish stable housing during this phase.**

**11-\_\_\_\_ - I will work with the ACT team to secure financial stability. I will do a budget of all my income with the ACT Team and work to establish independence in this area.**

**12-\_\_\_\_ - I will take my medications as prescribed by doctor. I will coordinate with the ACT team before I take any other medications and I will learn skills to discuss my symptoms and medications with my doctor, nurses, and team members to establish independence and work towards Recovery.**

13-\_\_\_\_ - Any other treatment or personal goals needed to achieve in phase I will be placed here!

**14-\_\_\_\_ - I will have a Team meeting with Treatment, Probation, and any other supports I have to review my progress and identify any issues that need to be addressed moving forward into Phase 2 of the program. Team will also review with me my High Risk Areas for Recidivism per my LSI and Treatment Plan and as a group we will make sure we have treatment in place to help me reduce my risk for recidivism...**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## SEVEN DIMENSIONS OF WELLNESS

Please rate using the following scale:

Always (5), Very Frequently (4), Frequently (3), Occasionally (2), Almost Never (1), Never (0)

### Physical Wellness

1.	I exercise for 30 minutes or more most days of the week.	5	4	3	2	1	0
2.	My exercise program includes activities that build my heart, muscles, and flexibility.	5	4	3	2	1	0
3.	I select lean cuts of meat, poultry, or fish	5	4	3	2	1	0
4.	I eat a variety of foods from all the food groups.	5	4	3	2	1	0
5.	I eat breakfast.	5	4	3	2	1	0
6.	I get an adequate amount of sleep (7-8 hours per night).	5	4	3	2	1	0
7.	I examine my breasts or testes once a month.	5	4	3	2	1	0
8.	I participate in recommended periodic health screenings (blood pressure, etc.).	5	4	3	2	1	0
9.	I seek medical advice when needed.	5	4	3	2	1	0
10.	I drink less than 5 alcoholic drinks at a sitting.	5	4	3	2	1	0
11.	I avoid driving while under the influence of alcohol.	5	4	3	2	1	0
12.	I avoid using tobacco products.	5	4	3	2	1	0

### Environmental Wellness

1.	I minimize my exposure to second hand tobacco smoke.	5	4	3	2	1	0
2.	I keep my vehicle maintained to ensure safety.	5	4	3	2	1	0
3.	When I see a safety hazard, I take steps to correct the problem.	5	4	3	2	1	0
4.	I choose an environment that is free of excessive noise whenever possible.	5	4	3	2	1	0
5.	I make efforts to reduce, reuse, and recycle.	5	4	3	2	1	0
6.	I try to create an environment that minimizes my stress.	5	4	3	2	1	0

### Spiritual Wellness

1.	I make time for relaxation in my day.	5	4	3	2	1	0
2.	I make time in my day for prayer, meditation, or personal time.	5	4	3	2	1	0
3.	My values guide my actions and decisions.	5	4	3	2	1	0
4.	I am accepting of the views of others.	5	4	3	2	1	0

### Emotional / Psychological Wellness

1.	I am able to sleep soundly throughout the night and wake feeling refreshed.	5	4	3	2	1	0
2.	I am able to make decisions with a minimum of stress and worry.	5	4	3	2	1	0
3.	I am able to set priorities.	5	4	3	2	1	0
4.	I maintain a balance between school, work, and personal life.	5	4	3	2	1	0

### Intellectual Wellness

1.	It is easy for me to apply knowledge from one situation to another.	5	4	3	2	1	0
2.	I enjoy the amount and variety I read.	5	4	3	2	1	0
3.	I find life intellectually challenging and stimulating.	5	4	3	2	1	0
4.	I obtain health information from reputable sources.	5	4	3	2	1	0
5.	I spend money commensurate with my income, values, and goals.	5	4	3	2	1	0
6.	I pay my bills in full each month (including my credit card).	5	4	3	2	1	0

### Occupational Wellness

1.	I am able to plan a manageable workload.	5	4	3	2	1	0
2.	My career is consistent with my values and goals.	5	4	3	2	1	0
3.	I earn enough money to meet my needs to provide stability for me and/or my family.	5	4	3	2	1	0
4.	My work benefits individuals and/or society.	5	4	3	2	1	0

### Social Wellness

1.	I plan time to be with my family and friends.	5	4	3	2	1	0
2.	I enjoy my time with others.	5	4	3	2	1	0
3.	I am satisfied with the groups/organizations that I am part of.	5	4	3	2	1	0
4.	My relationships with others are positive and rewarding.	5	4	3	2	1	0
5.	I explore diversity by interacting with people of other cultures, backgrounds, and beliefs.	5	4	3	2	1	0

Adapted from North Dakota State University

## **RECOVERY WELLNESS PLAN**

This plan is written, maintained, and kept by the recoveree. This is the recoveree's plan.  
It can be helpful in guiding the conversations between you, the recoveree, and your recovery coach.

### What is my overall recovery wellness goal?

It is often helpful to break down recovery wellness into smaller parts; these will be listed below. Under each heading, you will find some questions to get you thinking. Some will strike you as more important than others. Pay attention to these. There is an opportunity to make a goal under each heading, yet you do not need to have a goal under each heading. Oftentimes it gets confusing to have more than a couple of goals at a time.

#### 1. Connection to the Recovery Community

- Do I have contact on a regular basis with people in recovery?
- Am I or do I want to be involved in a recovery support group?
- If involved in a support group, am I active in it and taking suggestions?
- Am I or do I want to be involved with a faith community?
- If involved in a faith community, am I active in that community?
- Do I spend social time with others in recovery?
- Other questions I should be asking myself?

#### Recovery Goal.

#### Steps I need to take to reach my goal.

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<b>Who else might be involved?</b>
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<b>When do I want to have this goal accomplished?</b>
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<b>2. Physical Health</b>
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|---|
| <ul style="list-style-type: none"><li>- Do I eat a balanced diet?</li><li>- Do I exercise regularly?</li><li>- Do I get enough sleep?</li><li>- Do I need to see a doctor or a dentist?</li><li>- Do my health care providers know that I am in recovery?</li><li>- If I have been prescribed medication for my physical health, am I taking it as prescribed?</li><li>- Other questions I should be asking myself?</li></ul> |
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<b>Recovery Goal.</b>
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<b>Steps I need to take to reach my goal.</b>
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<b>Who else might be involved?</b>
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<b>When do I want to have this goal accomplished?</b>
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<b>3. Emotional Health</b>
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|--|
| <ul style="list-style-type: none"><li>- Do I work at being in healthy relationships?</li><li>- Am I seeing a therapist/counselor or need to be seeing one?</li><li>- Do my health care providers know that I am in recovery?</li><li>- If I have been prescribed medication for my physical health, am I taking it as prescribed?</li><li>- Other questions I should be asking myself?</li></ul> |
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<b>Recovery Goal.</b>
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<b>Steps I need to take to reach my goal.</b>
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<b>Who else might be involved?</b>
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<b>When do I want to have this goal accomplished?</b>
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<b>4. Spiritual Health</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>- Am I comfortable with my spirituality?</li><li>- Do I need to develop a spiritual sense and spiritual practices?</li><li>- Am I disciplined about my spiritual practices?</li><li>- Do I take time each day for prayer, meditation, and/or personal reflection?</li><li>- Any other questions I should be asking myself?</li></ul> |
|--|

<b>Recovery Goal.</b>
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<b>Steps I need to take to each my goal.</b>
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<b>Who else might be involved?</b>
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<b>When do I want to have this goal accomplished?</b>
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<b>5. Living Accommodations</b>
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- |   |
|---|
| <ul style="list-style-type: none"><li>- Does where I live support my recovery?</li><li>- Does who I live with support my recovery?</li><li>- Do I need to make any changes in my living situation?</li><li>- Any other questions I should be asking myself?</li></ul> |
|---|

<b>Recovery Goal.</b>
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<b>Steps I need to take to reach my goal.</b>
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<b>Who else might be involved?</b>
<b>When do I want to have this goal accomplished?</b>

**6. Job/Education**

- Do I have or need a job?
- Does my job support my recovery goals?
- Am I satisfied with my education status?
- Do I need to return to some form of education?
- Do I need training on any area?
- Any other questions I should be asking myself?

<b>Recovery Goal.</b>

<b>Steps I need to take to reach my goal.</b>

<b>Who else might be involved?</b>

<b>When do I want to have this goal accomplished?</b>

**7. Personal Daily Living Management**

- Do I have a way to manage my money? Checking account?
- Do I know how to use and balance a checkbook?
- If I have credit, do I manage it appropriately?
- Do I pay all my bills on time?
- Do I save any money?
- Any other questions I should be asking myself?

<b>Recovery Goal.</b>

<b>Steps I need to take to reach my goal.</b>
<b>Who else might be involved?</b>
<b>When do I want to have this goal accomplished?</b>
<b>Other</b>
- Are there other areas I wish to explore?
<b>Recovery Goal.</b>
<b>Steps I need to take to reach my goal.</b>
<b>Who else might be involved?</b>
<b>When do I want to have this goal accomplished?</b>

**MENTAL HEALTH COURT**  
**PHASE 2 COMPETENCY CHECKLIST**

\*\* The following items are required of me in order to complete phase 2 and advance to phase 3 of the Mental Health Court program. When I accomplish each task, I will have the staff members acknowledging I have passed this step initial in the space next to each number. I acknowledge my understanding of this by my signature at the bottom of this form.

• Phase 2 participants must attend court on the 1st, 3rd and 4th weeks of the month. Phase 2 is a minimum of 14 weeks.

1- \_\_\_\_ - I have verified that I am current on my Mental Health Court fees of \$ \_\_\_\_ per month. (Please clarify with your treatment provider and probation officer if you have any question about this amount. You need to be paying it monthly, as you begin the program. Thanks)

2- \_\_\_\_ - I have verified that I am current on my MHCT fees. I pay \$ \_\_\_\_ on my fines each month and \$ \_\_\_\_ on my restitution. (Please clarify this amount also with your Probation officer, you need to be on a payment plan from the first month you begin the program. Thanks)

3- \_\_\_\_ - I will meet with my probation officer weekly, on the day required

4- \_\_\_\_ - I will be home to meet with the ACT team for my morning medication and treatment meetings. I will take medications in front of ACT team members, until treatment and I can agree to another arrangement that is acceptable to each of us and an increase in my independence and Recovery.

5- \_\_\_\_ - I will be in my home by 9pm every evening. I will not have guests at my home, only folks approved (by my PO) to live with me will be in my home after 9pm. I will welcome treatment team members and probation officers into my home when they come to visit.

**6- \_\_\_\_ - I will learn about my Mental Health and Substance Use Diagnosis and be able to describe the symptoms of my illness, list all of my medications, what symptoms they treat, and any side effects I may be experiencing and/or potential side effects.**

**7- \_\_\_\_ - I will describe what I am learning in my treatment groups; MRT, DBT, Overcoming Addictions, WRAP, or any others in at least half a page for each group I am attending...**

**8- \_\_\_\_ - I will contact and build a relationship with a support person to assist me in my Recovery.**

**9- \_\_\_\_ - I will develop coping skills to deal with triggers and substance use risks that I will implement to remain clean and sober. I will implement and review with treatment staff what skills I have learned in my treatment to help me with my Recovery...**

10- \_\_\_\_ - I am using my strengths to assist me in Recovery, let me tell you how I am doing so.....

11- \_\_\_\_ - I will describe my housing situation, is it stable, is it long-term, is it what I want? Is it affordable? Describe...

12- \_\_\_\_ - I am working to establish financial security and stability, here is a review of my budget.... My satisfaction level with my income and budget at this time is.... Describe....

13- \_\_\_\_ - Describe the importance of medications in your Recovery.....

**14- \_\_\_\_ - Describe important relationships in your life and what issues there are that apply to your recovery, positive or negative.....**

**15- \_\_\_\_ - Describe your relationships with your family and how they impact your Recovery....**

16- \_\_\_\_ - Any other treatment or personal goals needed to achieve in phase 2 will be placed here!

17- \_\_\_\_ - I will have a Team meeting with Treatment, Probation, and any other supports I have to review my progress and identify any issues that need to be addressed moving forward into Phase 3 of the program. Team will also review with me my High Risk Areas for Recidivism per my LSI and Treatment Plan and as a group we will make sure we have treatment in place to help me reduce my risk for recidivism...

Participant Signature

Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**MENTAL HEALTH COURT**  
**PHASE 3 COMPETENCY CHECKLIST**

\*\* The following items are required of me in order to complete phase 3 and advance to phase 4 of the Mental Health Court program. When I accomplish each task, I will have the staff members acknowledging I have passed this step initial in the space next to each number. I acknowledge my understanding of this by my signature at the bottom of this form.

• Phase 3 participants must attend the 1st and 3rd weeks of the month only. Phase 3 is a minimum of 12 weeks.

1- \_\_\_\_ - I have verified that I am current on my Mental Health Court fees of \$ \_\_\_\_ per month. (Please clarify with your treatment provider and probation officer if you have any question about this amount. You need to be paying it monthly, as you begin the program. Thanks)

2- \_\_\_\_ - I have verified that I am current on my MHCT fees. I pay \$ \_\_\_\_ on my fines each month and \$ \_\_\_\_ on my restitution. (Please clarify this amount also with your Probation officer, you need to be on a payment plan from the first month you begin the program. Thanks)

3- \_\_\_\_ - I will meet with my probation officer twice per month, on the day required

4- \_\_\_\_ - I will take my medications as prescribed and as agreed upon with the ACT Team. This should be in the most independent and Recovery-focused way possible; how do I problem solve medication issues when I have them?

5- \_\_\_\_ - I will be in my home by 10pm every evening. I will not have guests at my home, only folks approved (by my PO) to live with me will be in my home after 10pm. My curfew will be

midnight on the weekends, weekends are considered to be Friday and Saturday night. I will welcome treatment team members and probation officers into my home when they come to visit.

6- \_\_\_\_ - I will describe my Mental Health and Substance Use Diagnosis and be able to describe the symptoms of my illness, list all of my medications, what symptoms they treat, and any side effects I may be experiencing and/or potential side effects.

7- \_\_\_\_ - **I will describe what I am learning in my treatment groups; MRT, DBT, Overcoming Addictions, WRAP, or any others in at least half a page for each group I am attending...**

8- \_\_\_\_ - **I will contact my support person weekly assist me in my Recovery.**

9- \_\_\_\_ - I continue using coping skills to deal with triggers and substance use risks that I will implement to remain clean and sober. I will implement and review with treatment staff what I have learned in my Treatment classes.

10- \_\_\_\_ - I am using my strengths to assist me in Recovery, let me tell you how I am doing so.....

11- \_\_\_\_ - I will describe my housing situation, is it stable, is it long-term, is it what I want? Is it affordable? Describe...

12- \_\_\_\_ - I am working to establish financial security and stability, here is a review of my budget.... My satisfaction level with my income and budget at this time is.... Describe....

13- \_\_\_\_ - **Describe the importance of medications in your Recovery.....**

14- \_\_\_\_ - Describe important relationships in your life and what issues there are that apply to your recovery, positive or negative.....

15- \_\_\_\_ - Describe your relationships with your family and how they impact your Recovery....

16- \_\_\_\_ - **I will develop healthy pleasures during this phase, the healthy pleasures I have developed are.....**

17- \_\_\_\_ - Any other treatment or personal goals needed to achieve in phase 3 will be placed here!

18- \_\_\_\_ - I will have a Team meeting with Treatment, Probation, and any other supports I have to review my progress and identify any issues that need to be addressed moving forward into Phase 4 of the program. Team will also review with me my High Risk Areas for Recidivism per my LSI and Treatment Plan and as a group we will make sure we have treatment in place to help me reduce my risk for recidivism...

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**MENTAL HEALTH COURT**  
**PHASE 4A COMPETENCY CHECKLIST**

\*\* The following items are required of me in order to complete phase 4 and graduate from the Mental Health Court program. When I accomplish each task, I will have the staff members acknowledging I have passed this step initial in the space next to each number. I acknowledge my understanding of this by my signature at the bottom of this form.

• Phase 4A participants must attend the 1st week of the month for court only. Phase 4A does not have a minimum number of weeks.

1- \_\_\_\_ - I have verified that I am current on my Mental Health Court fees of \$ \_\_\_\_ per month. (Please clarify with your treatment provider and probation officer if you have any question about this amount. You need to be paying it monthly, as you begin the program. Thanks)

2- \_\_\_\_ - I have verified that I am current on my MHCT fees. I pay \$ \_\_\_\_ on my fines each month and \$ \_\_\_\_ on my restitution. (Please clarify this amount also with your Probation officer, you need to be on a payment plan from the first month you begin the program. Thanks)

3- \_\_\_\_ - I need to have an approved plan (by my PO and Team) for paying off my fines/restitution before I graduate from the MH court program. (you need to have an approved plan to graduate, not necessarily have them entirely paid off, though that would be desirable)

4 \_\_\_\_ - I will meet with my probation officer once per month, on the day required

5-\_\_\_\_ - I will do a pre-exit interview at the beginning of this phase that will involve my MH Court team as well as family and support persons to finalize needs and concerns for Continued Care following the MH CT program.

6-\_\_\_\_ - I have no curfew or call-ins on phase 4, but will demonstrate the skills I have learned in the previous 3 phases to have a stable lifestyle and environment.

7-\_\_\_\_ - **I will develop a Continued Care plan ( based upon my treatment and WRAP plan) that is very detailed so I remain stable and continue to utilize the skills and supports I've developed. My Continued Care plan is attached.....**

8-\_\_\_\_ - **I will continue to contact my support person weekly assist me in my Recovery.**

9-\_\_\_\_ - **My long term housing situation is.....**

10-\_\_\_\_ - **My long-term financial stability is .....**

11-\_\_\_\_ - **My family supports are.....**

12-\_\_\_\_ - **My support persons are.....**

13-\_\_\_\_ - **I will have an exit interview with the Judge and MH Court team. During this meeting the team will review my Continued Care plan, LSI risk levels and how it applies to recidivism, feedback to improve the program, etc...**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**MENTAL HEALTH COURT**  
**PHASE 4B COMPETENCY CHECKLIST**

Participants do not need to attend any Court hearings, unless a request is made by team, during phase 4B.

- 1- You must continue to apply your Continued Care plan as you have developed it and whatever treatment and supports that entails.
- 2- You do not need to attend Court; however, you do need to meet with your Probation Officer as required by them.
- 3- You are subject to Random UA's as determined by PO and staffed with team.
- 4- Goal of this phase is for you to work your Continued Care Plan and follow through with your Recovery efforts.
- 5- If, after 12 weeks, you have demonstrated you have been able to work your Continued Care Plan, comply with probation requirements, and demonstrate you have the skills to remain in the community, participating the appropriate level of MH treatment, and using the skills to you from re-offending, it will be our pleasure to congratulate you and Graduate you from the MH Court program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

### **Conclusion**

The Mental Health Court program has been developed to help you achieve stability in your life. The program is designed to promote self-sufficiency and to return you to the community as a productive and responsible citizen. The judge, probation officer, treatment provider, and community resources are present to guide and assist you, but the final responsibility is yours.

We hope this handbook has been helpful and answered most of your questions. If you have any additional questions or concerns about the Mental Health Court program, please feel free to contact the Mental Health Court probation officer, the Mental Health Court coordinator, your public defender or private attorney.

GOOD LUCK TO YOU, WE'RE GLAD YOU'RE HERE WITH US!!!!