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Mental Health Court Advisory
Committee



Adult Mental Health Court Standards, Best Practices, and Promising Practices

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Michigan Mental Health Courts: Standards, Best Practices, and Promising Practices

PURPOSE

This manual is designed to assist Michigan’s adult mental health courts in adhering to the model promulgated by statute, research, and the *Essential Elements of a Mental Health Court*. The manual was written by staff from the State Court Administrative Office and members of the Mental Health Court Advisory Committee. Though the research and writing in this manual come from many sources, it leans heavily on the National Association of Drug Court Professionals’ Adult Drug Court Best Practice Standards, Volumes I and II because mental health courts were modeled after drug courts. When “drug court” is referenced in this mental health court manual, it is because the research was conducted on drug courts and not mental health courts. Unless or until mental health court research suggests different practices are appropriate for mental health courts, the assumption is that drug court research is applicable to this population. This document is dynamic in nature and as new research and evidence regarding mental health courts emerge, so will the information in this document.

Outlined in this document are topics of importance to the operations of a mental health court. Each topic has a standard, a best practice, and/or a promising practice. Because mental health court research is limited, there may not be a standard, best practice, or promising practice that aligns with a particular topic.

It is important to note that this manual is not intended to replace the Michigan Mental Health Court Statute. The statute is the primary, guiding authority for all mental health courts in the state. The excerpts of the statute included in this manual have not been altered or interpreted.

DEFINITIONS

The chapters in this manual include three types of information:

- **Standard:** Courts must adhere to the standards presented in this manual. Standards are pulled directly from the mental health court statute, the *Essential Elements of a Mental Health Court*, or case law and precedent that are binding on Michigan courts. Standards are requirements. State grant funds are tied to a court’s adherence to standards.
- **Best Practice:** Courts should adhere to the best practices presented in this manual. Best practices are supported by scientific research and data or nonbinding case law, and are proven methods to follow. Although best practices are not required by law, they have been shown by empirical research to produce better outcomes than other practices and their use results in higher-quality programs. Therefore, state grant funds are tied to the implementation of best practices in addition to standards. Best practices are strong suggestions.
- **Promising Practice:** Courts should consider the promising practices presented in this manual. Promising practices are not yet supported by scientific research or data, but anecdotal evidence and experience suggests they are helpful in adhering to the model. Promising practices are suggestions to the courts that will aid in building higher-quality programs.

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Chapter 1: Roles & Responsibilities of the Mental Health Court Judge

This chapter discusses the judge's role on a mental health court team. The judge, who serves as the leader of the team, plays an important part in guiding participants through the program. Specific topics include term as the mental health court judge, staffing meetings, and review hearings. Confidentiality is mentioned, but discussed in further detail in Chapter 3. The judge's role is also very important in ensuring participants' due process rights are protected; best practices regarding due process are discussed in Chapter 4.

GENERAL

a. Standards

- i. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - A team of criminal justice and mental health staff and treatment providers receives special, ongoing training and assists mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process. (MCL 600.1090(e)(ii)(H)).
- ii. An independent and honorable judiciary is indispensable to justice in our society. A judge should participate in establishing, maintaining, and enforcing, and should personally observe, high standards of conduct so that the integrity and independence of the judiciary may be preserved. A judge should always be aware that the judicial system is for the benefit of the litigant and the public, not the judiciary. (Michigan Code of Judicial Conduct, Canon 1)

b. Best Practices

- i. The judge presides over the drug court for no less than two consecutive years.
 - When judges preside over drug courts for at least two years, those programs have significant cost savings and significantly lower recidivism. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008) (Carey, Mackin, & Finigan, 2012)
 - Even greater reductions in recidivism were found in courts where the judges oversaw the drug court on a voluntary basis and the term was indefinite. (Carey, Mackin, & Finigan, 2012)
- ii. Participants ordinarily appear before the same judge throughout their enrollment in the drug court.
 - Drug courts that rotated the judicial assignment or where participants appeared before alternating judges had the poorest outcomes in several research studies. (Finigan, Carey, & Cox, 2007) (National Institute of Justice, 2006)

- iii. The drug court judge attends current training events on legal and constitutional issues in drug courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. Attendance at annual training conferences and workshops ensures contemporary knowledge about advances in the drug court field.
 - Because judges have such a substantial impact on outcomes in drug court, continued training is especially important. (Carey, Mackin, & Finigan, 2012)
- iv. The judge bases interaction with drug court participants on the four principles of procedural fairness: voice, neutrality, respectful treatment, and trustworthy authorities.
 - Drug use, probation violations, and recidivism rates were all reduced in drug courts that applied the four principles of procedural fairness. (MacKenzie, 2016)

STAFFING MEETINGS AND REVIEW HEARINGS

a. Standards

- i. The judge is the final arbiter of factual controversies and makes the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty.
 - In order to continue to participate in and successfully complete a mental health court program, an individual shall comply with all court orders, violations of which may be sanctioned at the court's discretion. (MCL 600.1097(1))
 - If the participant is accused of a new crime, the judge shall have the discretion to terminate the participant's participation in the mental health court program. (MCL 600.1097(2)).
- ii. In the performance of judicial duties, the following standards apply:
 - A judge should be faithful to the law and maintain professional competence in it. A judge should be unswayed by partisan interests, public clamor, or fear of criticism. (Michigan Code of Judicial Conduct, Canon 3(A)(1))
 - A judge should be patient, dignified, and courteous to litigants, jurors, witnesses, lawyers, and others with whom the judge deals in an official capacity, and should require similar conduct of lawyers and of staff, court officials, and others subject to the judge's direction and control. (Michigan Code of Judicial Conduct, Canon 3(A)(3))
 - Without regard to a person's race, gender, or other protected personal characteristic, a judge should treat every person fairly, with courtesy, and respect. (Michigan Code of Judicial Conduct, Canon 3(A)(10))

b. Best Practices

- i. The judge regularly attends staffing meetings during which the mental health court team reviews each participant's progress and discusses potential consequences for performance.
 - Research has consistently shown that when the drug court judge regularly attends staffing meetings, cost savings increase and recidivism is reduced. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008) (Carey, Mackin, & Finigan, 2012)
- ii. The judge considers the perspectives of all team members before making final decisions that affect participants' welfare or liberty interests. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions.
 - The collaborative nature of drug courts brings together experts from various disciplines. Their expertise and shared information allows the judge to make better-informed decisions. (National Association of Drug Court Professionals, 2013) (Hora & Stalcup, 2008)
- iii. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. The frequency of status review hearings may be reduced gradually after participants have initiated abstinence from alcohol and illicit drugs and are regularly engaged in treatment. Status review hearings are scheduled no less frequently than every four weeks until participants are in the last phase of the program.
 - A substantial body of research demonstrates the importance of scheduling status hearings no less frequently than every two weeks during the first phase of a drug court. Participants had significantly better treatment attendance, substance use abstinence, and graduation rates when they were required to appear for the judge every two weeks. (National Association of Drug Court Professionals, 2013) (Festinger, Marlowe, Lee, Kirby, Bovasso, & McLellan, 2002)
- iv. The judge spends sufficient time during status review hearings to review each participant's progress in the program. Evidence suggests judges should spend a minimum of three minutes interacting with each participant in court.
 - Recidivism is significantly reduced, by as much as 153 percent, in drug courts where the judge spent at least three minutes interacting with each participant. The same study showed that cost savings were also improved when the judge spent the minimum three minutes with each participant. (Carey, Mackin, & Finigan, 2012)
- v. The judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other program requirements, and expresses optimism about their abilities to improve their health and behavior. The judge does not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.

- Research has consistently shown that the perceived quality of interactions between participants and the drug court judge are among the most influential factors for success in the program. (National Association of Drug Court Professionals, 2013, p. 23)
- Significantly greater reductions in crime and substance abuse resulted when the judges were independently rated as being more fair, attentive, caring, and enthusiastic. (Zweig, Lindquist, Downey, Roman, & Rossman, 2012)

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Chapter 2: Participant Supervision and Compliance

This chapter discusses participant supervision and compliance with program requirements – often the role of probation officers or case managers. Specific topics include the mental health court supervision caseload, frequency of monitoring events, services provided to participants, incentives and sanctions, phase promotion, graduation from mental health court, and termination from mental health court. Several topics are addressed in more detail in other chapters.

CASELOAD

a. Best Practices

- i. Specialized probation caseloads should not exceed 45 active participants per supervision officer.
 - Probationers on 45:1 caseloads received significantly more mental health services, were less likely to be arrested, and were less likely to have their probation revoked. (Prins, 2009)
- ii. The number of individuals participating in the program as a cohort or a track should be fewer than 125.
 - Programs that have fewer than 125 individual participants at one time have statistically significant reductions in recidivism. (Carey, Mackin, & Finigan, 2012).
 - Drug courts can serve more than 125 participants with effective results if the programs have sufficient personnel and resources to accommodate larger numbers of individuals. (Carey, Mackin, & Finigan, 2012) (Shaffer, 2010)

b. Promising Practices

- i. Case managers should have caseloads that are sufficiently manageable to perform core functions and monitor the overall conditions of participation.
 - Case managers should serve as conduits of information for the court about the status of treatment and support services. (Thompson, 2007)
- ii. Case managers also help participants prepare for their transition out of the court program by ensuring that all needed treatment and services will remain available and accessible after their court supervision concludes. (Thompson, 2007)
- iii. The caseload for a treatment provider administering individual therapy should not exceed a 40:1 ratio.
 - Treatment providers serve principally as treatment providers, administering individual therapy or counseling and perhaps facilitating or co-facilitating group interventions. They may also refer participants for ancillary services such as mental health treatment or vocational training. The caseload census guideline is derived from expert

consensus. (Case Management Society of America & National Association of Social Workers, 2008) (National Association of Drug Court Professionals, 2015)

- State rules on mental health and substance abuse services say that the equivalent of one or more full-time counselors shall be available for approximately 40 clients. (Michigan Mental Health and Substance Abuse Services Rules, Part 7, R 325.14701)

FREQUENCY

a. Standards

- i. A mental health court shall provide a mental health court participant with all of the following:
 - Consistent and close monitoring of the participant, and interaction among the court, treatment providers, probation, and the participant. (MCL 600.1096(1)(a))
 - Periodic evaluation assessments of the participant's circumstances and progress in the program. (MCL 600.1096(1)(c))

b. Best Practices

- i. Participants meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of drug court.
 - Studies consistently find that drug courts reduce recidivism and are more cost-effective when participants meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of the program. (Carey, Mackin, & Finigan, 2012) (Cissner, et al., 2013)
- ii. Participants appear before the judge for status hearings at least once every two weeks during the first phase of the program. The frequency of status review hearings may be reduced gradually after participants have initiated abstinence from alcohol and illicit drugs and are regularly engaged in treatment. Status review hearings are scheduled at least once every four weeks until participants are in the last phase of the program.
 - A substantial body of research demonstrates the importance of scheduling status hearings no less frequently than every two weeks during the first phase of a drug court. Participants had significantly better treatment attendance, substance use abstinence, and graduation rates when they were required to appear before the judge every two weeks. (National Association of Drug Court Professionals, 2013) (Festinger, Marlowe, Lee, Kirby, Bovasso, & McLellan, 2002)
- iii. The judge spends sufficient time during status review hearings to review each participant's progress in the program. Evidence suggests judges should spend a minimum of three minutes interacting with each participant in court.
 - Recidivism is significantly reduced, by as much as 153 percent, in drug courts where the judge spent at least three minutes interacting

with each participant. The same study showed that cost savings were also improved when the judge spent the minimum three minutes with each participant. (Carey, Mackin, & Finigan, 2012)

SERVICES TO PARTICIPANTS

a. Standards

- i. A mental health court shall provide a mental health court participant with all of the following:
 - Mental health services, substance use disorder services, education, and vocational opportunities as appropriate and practicable. (MCL 600.1096(1)(e))
- ii. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - Connect participants to comprehensive and individualized treatment supports and services in the community and strive to use, and increase the availability of, treatment and services that are evidence based. (MCL 600.1090(e)(ii)(F))

b. Best Practices

- i. Participants receive psychiatric medication to treat serious mental health symptoms.
 - Psychiatric medication decreased the odds of negative termination. (Linhorst, 2015)
 - Participants who were prescribed psychiatric medications were seven times more likely to graduate successfully from drug court than participants with mental health symptoms who did not receive psychiatric medication. (Marlowe, 2016)
- ii. Mental health courts provided specialized classes and treatment options.
 - Courts that prioritized intensive monitoring, tailored treatment options, and provided additional program supports saw a decrease in jurisdictional crime rates. (Bullard, 2014)
- iii. In the first phase of drug court, participants receive services designed primarily to address responsiveness needs such as deficient housing, mental health symptoms; and substance-related cravings, withdrawal, or anhedonia. In the interim phases of drug court, participants receive services designed to resolve criminogenic needs that co-occur frequently with substance abuse, such as criminal thinking patterns, delinquent peer interactions, and family conflict. In the later phases of drug court, participants receive services designed to maintain treatment gains by enhancing their long-term adaptive functioning, such as vocational or educational counseling.
 - Outcomes, including graduation rates, recidivism rates, and engagement in treatment, are improved when rehabilitation programs

address ancillary needs in this specific sequence. (National Association of Drug Court Professionals, 2015)

- iv. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of drug court.
 - At least two studies of drug courts have reported improved program retention, graduation rates, and treatment retention when unemployed or underemployed participants received a manualized, cognitive-behavioral vocational intervention. (Deschenes, Ireland, & Kleinpeter, 2009) (Leukefeld, Webster, Staton-Tindall, & Duvall, 2007)
- v. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of drug court and continuing as necessary throughout their enrollment in the program.
 - Participants are unlikely to succeed in treatment if they do not have a safe, stable, and drug-free place to live. (Quirouette, Hannah-Moffat, & Maurutto, 2015)

INCENTIVES AND SANCTIONS

a. Standards

- i. A mental health court shall provide a mental health court participant with all of the following:
 - A regimen or strategy of appropriate and graduated but immediate rewards for compliance and sanctions for noncompliance, including, but not limited to, the possibility of incarceration or confinement. (MCL 600.1096(1)(d))
- ii. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - 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. (MCL 600.1090(e)(ii)(I))

b. Best Practices

- i. Give out tangible symbolic incentives that are personalized to the participant.
 - Courts that gave out certificates of completion as incentives after each client moved up to the next level of the tiered-program structure, gave tangible symbolic incentives (coins and certificates of recognition) that were personalized to the individuals, and brought snacks for "honor roll" and/or used a progress chart/honor roll board that notified clients before court that they were to be rewarded for good behavior saw a decrease in jurisdictional crime rate. (Bullard, 2014)

- ii. Use jail sparingly as a sanction.
 - Successful mental health courts averaged 15.61 fewer jail days than less successful courts for a typical maximum jail sentence during the court program. (Bullard, 2014)
- iii. Divide compliant and noncompliant clients/defendants in the courtroom.
 - Mental health courts that visibly divided compliant and noncompliant clients/defendants saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- iv. The drug court has a range of sanctions of varying magnitudes that may be administered in response to program infractions. For goals that are difficult for participants to accomplish, such as abstaining from substance use or obtaining employment, the sanctions increase progressively in magnitude of successive infractions. For goals that are relatively easy for participants to accomplish, such as being truthful or attending counseling sessions, higher magnitude sanctions may be administered after only a few infractions.
 - Drug courts are able to reduce substance use and recidivism when the sanctions for failing to meet difficult goals increase progressively in magnitude over successive infractions. This gives treatment a chance to take effect, and prepares participants to meet steadily increasing responsibilities in the program. (National Association of Drug Court Professionals, 2013)
 - Sanctions that are weak in magnitude can cause habituation in which the individual becomes accustomed, and thus less responsive to, punishment. Imposing high-magnitude sanctions when a participant fails to meet an easy goal helps to avoid habituation. (National Association of Drug Court Professionals, 2013)
- v. Sanctions are imposed as quickly as possible after noncompliant behavior. Drug courts do not wait for the next review hearing to impose a sanction if the behavior can be addressed more immediately.
 - The value of having sanctions imposed immediately after noncompliant behavior is a central tenet of behavior modification. Study results show that recidivism and cost-savings do not improve when drug courts wait until the next scheduled court appearance for noncompliant participants instead of bringing them in earlier. (Carey, Mackin, & Finigan, 2012)
- vi. Jail sanctions are definite in duration and typically last no more than five days. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed as a liberty interest is at stake.
 - Drug courts significantly lower recidivism and improve cost-savings when they use jail sanctions sparingly. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008)
 - Research indicates that jail sanctions produce diminishing returns after approximately three to five days. (Carey, Mackin, & Finigan, 2012)

- vii. Participants do not receive punitive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to the treatment interventions. The appropriate course of action may be to reassess the individual and adjust the treatment plan accordingly.
 - If a drug court imposes substantial sanctions for substance use early in treatment, the team is likely to run out of sanctions and reach a ceiling effect before treatment has taken effect. Therefore, drug courts should ordinarily adjust participants' treatment requirements in response to positive drug tests early in the program. (Chandler, Fletcher, & Volkow, 2009)
- viii. Programs have a written schedule of sanctions for infractions that is shared with participants, but the team retains discretion to overrule the sanctions if there is good reason to do so.
 - Multistate research showed the most effective programs with regard to recidivism included greater predictability of sanctions. (Rossman & Zweig, 2012)

PHASE PROMOTION AND GRADUATION

a. Standards

- i. In order to continue to participate in and successfully complete a mental health court program, an individual shall comply with all court orders, violations of which may be sanctioned at the court's discretion. (MCL 600.1097(1))
- ii. If the participant is accused of a new crime, the judge shall have the discretion to terminate the participant's participation in the mental health court program. (MCL 600.1097(2))
- iii. The court shall require that a participant pay all court fines, court costs, court fees, restitution, and assessments, and pay all, or make substantial contribution toward payment of, the costs of the treatment and the mental health court program services provided to the participant, including, but not limited to, the costs of drug or alcohol testing or counseling. However, except as otherwise provided by law, if the court determines that the payment of court fines, court fees, or drug or alcohol testing expenses under this subsection would be a substantial hardship for the individual or would interfere with the individual's treatment, the court may waive all or part of those court fines, court fees, or drug or alcohol testing expenses. The cost of treatment shall be governed by chapter 8 of the mental health code, 1974 PA 258, MCL 330.1800 to 330.1842, if applicable. (MCL 600.1097(3))
- iv. The court shall not sentence a defendant to a term of incarceration, nor revoke probation, for failure to comply with an order to pay money unless the court finds, on the record, that the defendant is able to comply with the order without manifest hardship and that the defendant has not made a good-faith effort to comply with the order. (MCR 6.425(E)(3)(a))
- v. If the court finds that the defendant is unable to comply with an order to pay money without manifest hardship, the court may impose a payment

alternative, such as a payment plan, modification of any existing payment plan, or waiver of part or all of the amount of money owed to the extent permitted by law. (MCR 6.425(E)(3)(b))

b. Best Practices

- i. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specific period of time.
 - Drug courts have significantly better outcomes when they have a clearly defined phase structure and concrete behavioral requirements for advancement through the phases. (Carey, Mackin, & Finigan, 2012)
 - Phase advancement should not be based simply on the amount of time that participants have been enrolled in the program. (National Association of Drug Court Professionals, 2013)
- ii. A period of greater than 90 continuous days of negative drug test results should be required before a participant is eligible to graduate.
 - Drug courts where participants were expected to have greater than 90 days clean (demonstrated by negative drug tests) before graduation had 164 percent greater reductions in recidivism compared with programs that expected less clean time . (Carey, Mackin, & Finigan, 2012)

TERMINATION

a. Standards

- i. If the participant is accused of a new crime, the judge shall have the discretion to terminate the participant's participation in the mental health court program. (MCL 600.1097(2))

b. Best Practice

- i. Mental health courts frequently acknowledged fear of graduation and adapted portions of the program to foster self-confidence.
 - Mental health courts that use program adaptations like mentor programs, alumni programs, or extension of the final program phase saw a decrease in jurisdictional crime rate. (Bullard)

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Chapter 3: Confidentiality

This chapter addresses confidentiality issues in mental health court. Some information in this chapter can be found Chapter 4 (Due Process). Readers should read and consider Chapters 3 and 4 together. Specific information in this chapter includes Health Information Portability and Accountability Act (HIPAA), 42 CFR Part 2, the Michigan Mental Health Code, redisclosure, records management, and staff training.

CONFIDENTIALITY

a. Standards

- i. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - Health and legal information are shared in a manner 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 are safeguarded from public disclosure in the event that participants are returned to traditional court processing. (MCL 600.1090(e)(ii)(G))
- ii. The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects confidentiality and the security of protected health information. While it does not specifically apply to mental health courts, HIPAA does apply to the treatment agencies partnering with mental health courts, so mental health courts should also comply with HIPAA. Full text of the HIPAA privacy law is available [here](#).
- iii. Title 42 of the United States Code, Section 290dd-2 is the federal law that protects the confidentiality of the identity, diagnosis, prognosis, or treatment of any patient records which are maintained in connection with the performance of any federally assisted program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research. 42 CFR, Part 2, contains the regulations implementing the alcohol and substance abuse confidentiality law. Full text of the law is available [here](#).
 - A mental health court's performance of, or request for, an assessment of chemical dependency of a mental health court participant, or a referral to treatment, or any progress report regarding that treatment, places the mental health court within the parameters of 42 CFR Part 2, section 2.11
- iv. Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and shall not be open to public inspection. The information may be disclosed outside the department, community mental health services program, licensed facility, or contract provider, whichever is the holder of the record, only in the circumstances and under the conditions set forth in this section or section 748a. MCL 330.1748(1). Full text is available [here](#).

- v. Except as otherwise permitted in Michigan Mental Health Court Statute, any statement or other information obtained as a result of participating in a preadmission screening and evaluation assessment under subsection (3) is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal drug use. (MCL 600.1093(4)).
- vi. Confidential treatment court information and records may not be used to initiate or to substantiate any criminal charges against a participant or to conduct any investigation of a participant. (42 CFR, Section 2.35(d))
- vii. State law may neither authorize nor compel any disclosure prohibited by the federal regulations, but where state law prohibits disclosure that would be permissible under the federal regulations, the stricter standard applies. (42 CFR, Section 2.20)
- viii. Treatment courts may receive or release information or records of participants only with the specific knowing, voluntary, and written consent of the participant or under certain very limited exceptions. (42 CFR, Sections 2.22 and 2.31(a))
 - Waiver is the “voluntary relinquishment of a known right.” (Kelly v Allegan Circuit Judge, 1969)
 - Consents must include (42 CFR, Sections 2.14-2.35):
 - The specific name or general designation of the program or person permitted to make the disclosure
 - The name of the participant permitting disclosure
 - The name or title of the individual(s), or the name of the organization, to which (re)disclosure is to be made
 - The purpose of the (re)disclosure
 - How much and what kind of information is to be disclosed
 - The participant’s signature; and the signature of a person authorized to give consent for a minor
 - The date on which consent is signed
 - A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer. (Note: this element, concerning the revocation of consent, should not be included in consent forms in criminal mental health courts.)
 - Date, event, or condition upon which the consent will expire. The date, event, or condition must insure that the consent will

last no longer than reasonably necessary to serve the purpose for which it is given.

- Federal regulations require that the scope of the disclosures be limited to the information necessary to carry out the purpose of the disclosures. (42 CFR, 2.13(a))
- ix. The participant must be advised, orally and in writing, that federal law protects the confidentiality of treatment records. The notice must cite Section 290dd-2 and the implementing regulations (Sections 2.1 through 2.67 of Title 42 of the code of Federal Regulations), and must state the following:
- Treatment information is ordinarily kept confidential;
 - It is a crime to violate this confidentiality requirement, which the participant may report to appropriate authorities;
 - Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances (which should be listed for the participant); and
 - Federal law does not protect information relating to crimes committed on the premises of the program, crimes against program personnel, or the abuse or neglect of a child.
- x. Any documented treatment information distributed on the basis of the treatment participant's consent should be accompanied by a Notice of Prohibition Against Rediscovery. (42 CFR, Section 2.32)
- xi. Treatment courts may not disclose protected health information in response to a subpoena or a search warrant or any other form of request, even if signed by a judge, unless that client signs a consent form authorizing such disclosure or a court of competent jurisdiction enters an authorizing order under the standards set forth in the Federal regulations. (42 CFR, Section 2.61)
- xii. Confidential records should be kept in a secure room and locked container. Access to confidential records must be limited to authorized individuals. (42 CFR, Section 2.16)

b. Best Practices

- i. Drug court planning teams should be familiar with relevant federal and state laws and regulations in order to develop appropriate policies and procedures.
- Because drug court programs are integrally involved with supervising the participation of drug offenders in substance abuse treatment, the programs must take into account federal requirements as well as applicable state laws. (Holland, 1999)
- ii. Treatment courts should receive training on federal confidentiality requirements and how they affect treatment court practitioners and contractors. (Meyer, 2011)

- iii. Confidential records must be protected after consent expires or is revoked.
 - All file storage systems should include procedures for limiting access to records after the participant's consent expires or is revoked. Thus, paper records that can be accessed by all drug court personnel during the duration of the participant's consent should be transferred to a more restricted storage facility as soon as the consent is terminated. Records on computers can be sealed by changing the password or other access. (Tauber, Weinstein, & Taube, 1999)
 - iv. Treatment courts should adopt written procedures and/or policies, which regulate and control access to and use of written and electronic confidential records. Written procedures should include requests for access to confidential information by the public, attorneys, or any interested party outside the treatment court team. (Meyer, 2011)
 - v. Treatment courts should establish a memorandum of understanding (MOU) on confidentiality and have all team members and replacement team members sign and agree to follow confidentiality procedures. (Tauber, Weinstein, & Taube, 1999)
 - vi. Electronic data that is subject to confidentiality standards must be protected by security walls and password-protected. Access shall be limited and disclosure/re-disclosure should be subject to approval by the treatment court judge and team. (Tauber, Weinstein, & Taube, 1999)
 - vii. Pre-court staffing meetings may be closed to participants and the public. (State of Washington v. Sykes, 2014) If open, compliance with consent requirements must be obtained.
 - viii. Each treatment court should designate a team member as their confidentiality compliance officer. The confidentiality compliance officer should be aware of, and consulted about, all third-party inquiries pertaining to mandated disclosures and permitted redisclosures of the federal regulations. (Meyer, 2011)
- c. Promising Practices
- i. Each team should consider instituting video permission for consent.
 - ii. Treatment courts should receive training on federal confidentiality requirements and how they affect treatment court practitioners and contractors.
 - iii. Review hearings should be indicated on dockets as judicial review hearings and not as mental health court hearings. This should apply to all printed versions of the docket.
 - iv. Treatment courts should require a written consent and notice form for treatment court visitors and observers.
 - v. Non-treatment court staff should be advised as to treatment court confidentiality requirements.

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Chapter 4: Due Process

This chapter addresses procedural due process in mental health court. Some information in this chapter can also be found in Chapter 3 (Confidentiality). Readers should read and consider Chapters 3 and 4 together. Specific information in this chapter includes the participant waiver of rights, the 1st Amendment, 4th Amendment, and 14th Amendment, as well as sanctions and termination. Additionally, links to individual sections of the Michigan Mental Health Court Statute (MCL 600.1090 – 600.1099a) can be found [here](#). Please also see the [Michigan Court Rules](#) and [Code of Judicial Conduct](#).

GENERAL

- a. Standards
 - i. The mental health court may require an individual admitted into the court to pay a reasonable mental health court fee that is reasonably related to the cost to the court for administering the mental health court program as provided in the memorandum of understanding. The clerk of the mental health court shall transmit the fees collected to the treasurer of the local funding unit at the end of each month. (MCL 600.1095(3))
 - Courts can use the [SCAO Problem-Solving Court Fee Calculator](#) to help determine what a reasonable fee would be.
- b. Promising Practice
 - i. The mental health court should have an understanding of how imposing a requirement to work may impact a participant's Social Security Income or Social Security Disability Income benefits.

WAIVER OF RIGHTS

- a. Standards
 - i. If the individual is charged in a criminal case . . . his or her admission to mental health court is subject to all of the following conditions:
 - The individual waives, in writing, the right to a speedy trial and, with the agreement of the prosecutor, the right to a preliminary examination. (MCL 600.1094(1)(b))
 - The individual signs a written agreement to participate in the mental health court. If the individual is a juvenile or an individual who has been assigned a guardian, the parent or legal guardian is required to sign all documents for the individual's admission in the mental health court. (MCL 600.1094(1)(c))
 - ii. The surrendering of any rights by the participant must be done knowingly, voluntarily, and intelligently. (Kelly v Allegan Circuit Judge, 1969)

1ST AMENDMENT

- a. Standards
 - i. Mental health court review hearings must be held open to the public.

- Although the Sixth Amendment right “is the right of the accused,” a member of the public can invoke the right to a public trial under the First Amendment. (United States Constitution, 1st Amendment and 6th Amendment)
 - The sittings of every court within this state shall be public except that a court may, for good cause shown, exclude from the courtroom other witnesses in the case when they are not testifying and may, in actions involving scandal or immorality, exclude all minors from the courtroom unless the minor is a party or witness. This section shall not apply to cases involving national security. (MCL 600.1420)
 - The party seeking to close the hearing must advance an overriding interest that is likely to be prejudiced, the closure must be no broader than necessary to protect that interest, the trial court must consider reasonable alternatives to closing the proceeding, and it must make findings adequate to support the closure. (People v Vaughn, 2012)
- ii. Mental health court conditions of participation, such as area and association restrictions, must be reasonable and must be narrowly drawn.
- Analogizing to probation conditions in MCL 771.3(3)) “...a sentencing court must be guided by factors that are lawfully and logically related to the defendant’s rehabilitation.” (People v Johnson (Larry), 1995)
- iii. The mandating of an individual to attend Alcoholics Anonymous/Narcotics Anonymous (AA/NA) is a violation of the First Amendment Establishment Clause prohibitions. The First Amendment applies to the states via the 14th Amendment of the U.S. Constitution. (Hanas v Inner City Christian Outreach, 2008)
- b. Best Practices
- i. It is appropriate and beneficial to order 12-step self-help programs. Offenders who object to the deity-based 12-step programs cannot be ordered to attend them. In those instances, secular alternatives should be made available. (Meyer, 2011)

4TH AMENDMENT

a. Best Practices

- i. The mental health court conducts home visits on participants, without reasonable suspicion, as part of a standard monitoring program.
- Home visits are a critical function of community supervision. (Harberts, 2011)
 - Home visits as a condition of probation in the absence of reasonable suspicion are justified. (United States vs Reyes, 2002)

- “[A] home visit is not a search, even though a visit may result in seizure of contraband in plain view.” (United States v Newton, 2002)¹
- ii. A waiver against unreasonable searches and seizures may be made as a condition of probation.
- Analogizing to probation law, “a waiver of one’s constitutional protections against unreasonable searches and seizures may properly be made a condition of a probation order where the waiver is reasonably tailored to a defendant’s rehabilitation.” (People v Hellenthal, 1990) (MCL 791.236(19))
 - A warrantless search of a probationer’s home by a probation officer who had reasonable suspicion was upheld based on a ‘special needs’ balancing test. (Griffin v Wisconsin, 1987)

14TH AMENDMENT

a. Standards

- i. There are objective standards that require recusal when “the probability of actual bias on the part of the judge or decision maker is too high to be constitutionally tolerable.” (Withrow v Larkin, 1975)
- ii. Disqualification of a judge is warranted for reasons that include, but are not limited to, the following:
- The judge is biased or prejudiced for or against a party or attorney. (MCR 2.003(C)(1)(a))
 - The judge, based on objective and reasonable perceptions, has either (i) a serious risk of actual bias impacting the due process rights of a party as enunciated in *Caperton v Massey*, [556 US 868]; 129 S Ct 2252; 173 L Ed 2d 1208 (2009), or (ii) has failed to adhere to the appearance of impropriety standard set forth in Canon 2 of the Michigan Code of Judicial Conduct. (MCR 2.003(C)(1)(b))
 - The judge has personal knowledge of disputed evidentiary facts concerning the proceeding. (MCR 2.003(C)(1)(c))
- iii. Each mental health court shall determine whether an individual may be admitted to the mental health court. No individual has a right to be admitted into a mental health court. Admission into a mental health court program is at the discretion of the court based on the individual’s legal or clinical eligibility. An individual may be admitted to mental health court regardless of prior participation or prior completion status. However, in no case shall a violent offender be admitted into mental health court. (MCL 600.1093(1))

¹ See also *United States v Tessier*, U.S. Court of Appeals, Sixth Circuit (02/18/16) citing with favor *Reyes*, supra; *United States v LeBlanc*, 490 F3d 361, 370 (5th Cir. 2007) cases upholding less invasive “home visits” where there was no reasonable suspicion.

SANCTIONS AND TERMINATION

a. Best Practices

- i. By analogy to due process requirements in termination from probation, as supported by several state supreme courts that have ruled on drug court terminations, and in compliance with the probation violation rulings of Gagnon v Scarpelli, 411 U.S. 778, 93 S.Ct. 1756, 36 L.Ed.2d 656 (1973); and People v Belanger, 227 Mich App 637 (1998), a mental health court termination should be conducted in a fundamentally fair manner and meet the requirements under MCR 6.445 Probation Revocation.
- ii. A sanction that implicates a liberty interest requires procedural protections under due process. This complies with Michigan law that indicates a jail sentence affects a participant's liberty interest (People v Jackson, 168 Mich App 280 (1988)) to Michigan probation case law which holds that an ex parte order that adds a condition of probation that implicates a liberty interest requires, at the least, certain procedural protections under the due process clause (People v Jackson, supra; Vitek v Jones, 445 U.S. 480 (1980)).
- iii. By analogy to Michigan probation case law, treatment court termination hearings and sanction hearings involving a 'liberty interest' may be summary and informal (MCL 771.4; People v Pillar, 233 Mich App 267 (1998)).
- iv. Therefore due process would require that, like a probation violation, rudimentary due process rights be provided:
 - Written copy of charges.
 - Appointment of interpreters.
 - A hearing equivalent to an arraignment to advise of the allegations.
 - An opportunity to admit or deny the allegations.
 - Admission (plea) meets the due process requirements for termination from the program as long as the respondent was advised of termination from the program as a consequence.
- v. In the absence of an admission, a hearing with the following procedural rights:
 - The moving party has the burden to prove by a preponderance of evidence that one or more allegations in the charging document are true.
 - A record of the hearing should be made.
 - Like probation revocation, the respondent shall be afforded the opportunity to have an attorney.
 - The respondent shall have a right to be heard, present evidence, and cross examine.

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Chapter 5: The Mental Health Court Team

This chapter discusses the various members on a mental health court team and the importance of collaboration among those members. Specific topics include team composition, roles of team members, participation in staffing meetings and review hearings, and communication and decision-making. The role of the judge, specifically, is the topic of Chapter 1 of this manual. Confidentiality is mentioned briefly here, but discussed in detail in Chapter 4. Various members of the team work to ensure participants' due process rights are protected; best practices regarding due process are discussed in Chapter 4. Teams should also engage in training as a team; training and education are discussed in Chapter 9.

TEAM COMPOSITION

a. Standards

- i. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - A team of criminal justice and mental health staff and treatment providers receives special, ongoing training and assists mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process. (MCL 600.1090(e)(ii)(H))
- ii. The circuit court or the district court in any judicial circuit or a district court in any judicial district may adopt or institute a mental health court pursuant to statute or court rules. However, if the mental health court will include in its program individuals who may be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the circuit or district court shall not adopt or institute the mental health court unless the circuit or district court enters into a memorandum of understanding with each participating prosecuting attorney in the circuit or district court district, a representative or representatives of the community mental health services programs, a representative of the criminal defense bar, and a representative or representatives of community treatment providers. The memorandum of understanding also may include other parties considered necessary, including, but not limited to, a representative or representatives of the local court funding unit or a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board. The memorandum of understanding shall describe the role of each party. (MCL 600.1091(1))

b. Best Practices

- i. A variety of professionals attend staffing and court review hearings.
 - Mental health courts that included a variety of positions in the staffing and court docket saw a decrease in jurisdictional rate. (Bullard, 2014)

- ii. All court team members attend staffing and court review hearings.
 - Mental health courts that mandated all court team members attend staffing and dockets, even if not directly involved with any clients/defendants, saw a decrease in jurisdictional crime rate. (Bullard, 2014)
 - iii. Include probation officers in the mental health court team.
 - Mental health courts that utilized probation officers, frequent home visits, ankle monitors, and frequent but random drug tests saw a decrease in jurisdictional crime rate. (Bullard, 2014)
 - iv. A dedicated multidisciplinary team of professionals manages the day-to-day operations of the drug court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within the team members' respective areas of expertise, and overseeing the delivery of legal, treatment, and supervision services. (National Association of Drug Court Professionals, 2015)
 - v. The drug court team comprises representatives from all partner agencies involved in creating the program, including, but not limited to, a judge or judicial officer, program coordinator, prosecutor, defense counsel representative, treatment representative, community supervision officer, and law enforcement officer.
 - Drug courts enjoy significantly greater reductions in recidivism and significantly higher cost savings when all of the above-mentioned team members regularly participate in staffing meetings and review hearings. (Carey, Mackin, & Finigan, 2012) (Cissner, et al., 2013)
 - When law enforcement is a member of the drug court team, drug courts can reduce recidivism by 87 percent and increase cost savings by 44 percent. (Carey, Mackin, & Finigan, 2012)
- c. Promising Practices
- i. An independent evaluator serves as a member of the drug court team.
 - The evaluator is responsible for developing reliable and valid methodologies to study the effectiveness of the drug court. It is necessary for all drug courts to regularly evaluate program effectiveness. This is primarily done through three evaluations: process, outcome, and cost-benefit. While an evaluator is an essential team member of any drug court, is not necessarily a position for a full-time employee in every program. Instead the role can be filled at the regional or local level. The evaluator, while generally considered a part of the drug court team, does not participate in drug court team reviews as it compromises the objectivity of the evaluator and the integrity of the evaluation process. (Minnesota Supreme Court, 2006)
 - Courts should consider partnering with local colleges or universities to find a qualified evaluator.

- ii. Communication with a psychiatrist is recommended, especially for those mental health courts whose participants are prescribed psychotropic medications.
- iii. Coordinating services with local advocacy group (National Alliance on Mental Illness) can assist in providing services and enhance connection with treatment and other ancillary services.

STAFFING MEETINGS AND REVIEW HEARINGS

a. Standards

- i. A mental health court shall provide a mental health court participant with all of the following:
 - Consistent and close monitoring of the participant and interaction among the court, treatment providers, probation, and the participant. (MCL 600.1096(1)(a))
 - Periodic evaluation assessments of the participant’s circumstances and progress in the program. (MCL 600.1096(1)(c))

b. Best Practices

- i. A variety of professionals attend staffing and court review hearings.
 - Mental health courts that included a variety of positions in the staffing and court docket saw a decrease in jurisdictional rate. (Bullard, 2014)
- ii. All court team members attend staffing and court review hearings.
 - Mental health courts that mandated all court team members attend staffing and dockets, even if not directly involved with any clients/defendants, saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- iii. Pre-court staffing meetings should be closed to participants and the public.
 - Drug court staffing meetings are analogous to pre-court conferences between attorneys and judges where the parties discuss practical matters, such as discovery orders or scheduling witnesses. (State of Washington v. Sykes, 2014)
- iv. Team members consistently attend pre-court staff meetings to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court.
 - When all team members consistently attend staffing meetings, drug courts can lower recidivism by 50 percent and are nearly twice as cost-effective as those programs where not all team members attend. (Carey, Mackin, & Finigan, 2012)
 - When a representative from treatment attends staffing meetings, recidivism was reduced by 105 percent. (Carey, Mackin, & Finigan, 2012)

- v. Team members attend status hearings on a consistent basis. During the status hearings, team members contribute relevant information or recommendations when requested by the judge or as necessary to improve outcomes or protect participants' legal rights.
 - Mental health courts that included a variety of positions in the staffing and court docket saw a decrease in jurisdictional rate. (Bullard, 2014)
 - Mental health courts that mandated all court team members attend staffing and dockets, even if not directly involved with any clients/defendants, saw a decrease in jurisdictional crime rate. (Bullard, 2014)
 - Drug courts were able to significantly reduce recidivism and improve cost-savings when the judge, attorneys, treatment, probation, and coordinator all attended status review hearings. (Carey, Mackin, & Finigan, 2012)
 - When a representative from treatment attended status review hearings, recidivism was reduced 100 percent over drug courts that did not have a treatment representative attend. (Carey, Mackin, & Finigan, 2012)
 - When a law enforcement officer attended status review hearings, recidivism was reduced 83 percent over drug courts that did not have a law enforcement officer attend. (Carey, Mackin, & Finigan, 2012)
- c. Promising Practices
- i. When pre-court staffing meetings are closed to the participant and the public, the participant should be notified in the mental health court agreement and waiver.

COMMUNICATION AND DECISION MAKING

- a. Standards
 - i. The judge is the final arbiter of factual controversies and makes the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty.
 - The judicial power of the state is vested exclusively in one court of justice, which shall be divided into one supreme court, one court of appeals, one trial court of general jurisdiction known as the circuit court, one probate court, and courts of limited jurisdiction. (Michigan Constitution, Article VI, Section 1)
 - In order to continue to participate in and successfully complete a mental health court program, an individual shall comply with all court orders, violations of which may be sanctioned at the court's discretion. (MCL 600.1097(1))
 - If the participant is accused of a new crime, the judge shall have the discretion to terminate the participant's participation in the mental health court program. (MCL 600.1097(2))

b. Best Practices

- i. Team members share information as necessary to appraise participants' progress in treatment and compliance with the conditions of drug court. Partner agencies execute memoranda of understanding specifying what information will be shared among team members.
 - Several studies have indicated that participants and staff alike rate communication among team members as one of the most important factors for success in drug court. (National Association of Drug Court Professionals, 2015)
 - Please also see Chapter 3, Confidentiality for information on appropriate scope for information sharing.
- ii. Team members contribute relevant insights, observations, and recommendations based on their professional knowledge, training, and experience. The judge should consider all team members' perspectives before making decisions that affect participants' welfare or liberty interests and explain the rationale for such decisions to team members and participants.
 - Studies in more than 10 drug courts found that implementing a model designed to improve team communication skills increased job satisfaction and improved program measures such as admission rates, wait times for treatment, and no-show rates.² (National Association of Drug Court Professionals, 2015)

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² For more information on the suggested model, the Network for the Improvement of Addiction Treatment's Organizational Improvement Model, please see page 45 of *Adult Drug Court Best Practice Standards Volume 2*, published by the National Association of Drug Court Professionals. The model seeks to create an environment where all team members are able to share differing views in a way that is likely to be heeded by others on the team.

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Chapter 6: Mental Health Court Population and Admission

This chapter discusses screening and eligibility criteria for mental health courts. It can be used to ensure that programs are targeting the proper population among offenders. Specific topics include screening, eligible offenses, assessments, admission to the program and legal outcomes, and transferring supervision. Mental health courts can use this chapter to address their target population, screening and assessment practices, program eligibility requirements, and admission practices.

SCREENING

a. Standards

- i. To be admitted to a mental health court, an individual shall cooperate with and complete a preadmissions screening and evaluation assessment and shall submit to any future evaluation assessment as directed by the mental health court. A preadmission screening and evaluation assessment shall include all of the following:
 - A review of the individual's criminal history. A review of the law enforcement information network may be considered sufficient for purposes of this subdivision unless a further review is warranted. The court may accept other verifiable and reliable information from the prosecution or defense to complete its review and may require the individual to submit a statement as to whether or not he or she has previously been admitted to a mental health court and the results of his or her participation in the prior program or programs. (MCL 600.1093(3)(a))
 - An assessment of the risk of danger or harm to the individual, others, or the community. (MCL 600.1093(3)(b))
 - A mental health assessment, clinical in nature, and using standardized instruments that have acceptable reliability and validity, meeting diagnostic criteria for serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability. (MCL 600.1093(3)(c))
- ii. The court may request that the department of state police provide to the court information contained in the law enforcement information network pertaining to an individual applicant's criminal history for the purposes of determining an individual's eligibility for admission into the mental health court and general criminal history review. (MCL 600.1093(5)).

b. Best Practices

- i. Assess clients for the correct program through the use of both mental health and addiction assessment tools.

- Courts that had multiple specially tailored treatment options were more successful in reducing jurisdictional recidivism. (Bullard, 2014)
- c. Promising Practices
- i. A community’s treatment capacity for the individual’s needs should be taken into account when determining eligibility (Thompson, 2007)

ELIGIBLE OFFENSES

- a. Standards
- i. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - Eligibility criteria that address public safety and a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses, and that take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered. (MCL 600.1090(e)(ii)(B))
 - ii. “Violent offender” means an individual who is currently charged with, or has or has been convicted of, an offense involving the death of, or a serious bodily injury to, any individual, whether or not any of these circumstances are an element of the offense, or with criminal sexual conduct of any degree. (MCL 600.1090(i))
 - iii. Each mental health court shall determine whether an individual may be admitted to the mental health court. No individual has a right to be admitted into a mental health court. Admission into a mental health court program is at the discretion of the court, based on the individual’s legal or clinical eligibility. An individual may be admitted to mental health court regardless of prior participation or prior completion status. However, in no case shall a violent offender be admitted into a mental health court. (MCL 600.1093(1))
 - iv. In addition to admission to a mental health court under this chapter, an individual who is eligible for admission under this chapter may also be admitted to a mental health court under any of the following circumstances:
 - The individual has been assigned the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11. (MCL 600.1093(2)(a))
 - The individual has had criminal proceedings against him or her deferred and has been placed on probation under any of the following:
 - a. Section 7411 of the public health code, 1978 PA 368, MCL 333.7411. (MCL 600.1093(2)(b)(i))
 - b. Section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a. (MCL 600.1093(2)(b)(ii))
 - c. Section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430. (MCL 600.1063(2)(b)(iii))

CLINICAL MENTAL HEALTH AND SUBSTANCE USE ASSESSMENTS

a. Standards

- i. A mental health court may hire or contract with licensed or accredited treatment providers, in consultation with the local community health service provider, and other such appropriate persons to assist the mental health court in fulfilling its requirements under this chapter. (MCL 600.1092)
- ii. To be admitted to a mental health court, an individual shall cooperate with and complete a preadmission screening and evaluation assessment and shall submit to any future evaluation assessment as directed by the mental health court. A preadmission screening and evaluation assessment shall include all of the following:
 - A mental health assessment, clinical in nature, and using standardized instruments that have acceptable reliability and validity, meeting diagnostic criteria for serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability. (MCL 600.1093(3)(c))
 - A review of any special needs or circumstances of the individual that may potentially affect the individual's ability to receive mental health or substance abuse treatment and follow the court's orders. (MCL 600.1093(3)(d))

b. Best Practices

- i. Assess participants for appropriate program placement.
 - Mental health courts that assessed clients for the correct program through the use of both mental health and addiction assessment tools saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- ii. Clinical assessments use standardized tools.
 - The predictive criterion validity of actuarial assessments of major risk and/or need factors greatly exceeds the validity of unstructured clinical judgment. (Andrews, Bonta, & Wormith, 2006)
 - Drug courts that use better assessment practices have better outcomes. (Shaffer, 2010)

RISK AND NEED ASSESSMENT

a. Best Practices

- i. The drug court program accepts participants that are both high-risk and high-need.
 - Drug courts that focus on high-risk and high-need participants reduce crime nearly twice as much as those focusing on less serious participants. (Lowenkamp, Holsinger, & Latessa, 2005)
- ii. Use a standardized risk and needs assessment to identify the expected likelihood of a particular outcome (e.g., recidivism) over a specified period of time (e.g., one year) for an individual.

- Standardized assessment tools are reliable and valid with regard to identifying those who are likely to succeed on probation. (Miller & Shutt, 2001)
 - Providing substance abuse treatment to low-risk offenders can lead to higher rates of recidivism. (Lowenkamp & Latessa, 2004)
 - Exposing low-risk or low-need participants to high-risk or high-need offenders in residential facilities or treatment groups can make their outcomes worse by introducing them to antisocial peers and disrupting their prosocial activities, such as work. (Lowenkamp & Latessa, 2004)
- iii. Ensure that the validation sample of the risk and needs assessment is similar to the drug court’s population.
- Different racial or ethnic groups interpret the same assessment questions differently. (Carle, 2009)
 - Males and females show differences in the prediction of substance use dependence. (Perez & Wish, 2011)
 - DWI offenders require different assessments than drug court offenders. (Vlavianos, Floerke, Harrison, & Carey, 2015)
- iv. Re-examine dynamic risk factors after program admission.
- Assessments completed within the month preceding the participant’s failure have greater accuracy than ones done much earlier. (Lloyd, Hanson, & Serin, 2015)
- b. Promising Practice
- i. Identify both clinical and criminogenic risk factors for each individual so these factors may be addressed in the treatment provided. (Luskin, 2015)

LEGAL OUTCOME

- a. Standards
- i. The circuit court or the district court in any judicial circuit or a district court in any judicial district may adopt or institute a mental health court pursuant to statute or court rules. However, if the mental health court will include in its program individuals who may be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the circuit or district court shall not adopt or institute the mental health court unless the circuit or district court enters into a memorandum of understanding with each participating prosecuting attorney in the circuit or district court district, a representative or representatives of the community mental health services programs, a representative of the criminal defense bar, and a representative or representatives of community treatment providers. The memorandum of understanding also may include other parties considered necessary, including, but not limited to, a representative or representatives of the local court funding unit or a domestic violence service provider program that receives funding from the state domestic violence prevention and

treatment board. The memorandum of understanding shall describe the role of each party. (MCL 600.1091(1))

- ii. Pursuant to the agreement with the individual and prosecutor, the court may either delay further proceedings as provided in section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, or proceed to sentencing, as applicable, and place the individual on probation or other court supervision in the mental health court program with terms and conditions according to the agreement and as considered necessary by the court. (MCL 600.1095(1)(b)(iii))

ADMISSION FACTORS

a. Standards

- i. If the individual is charged in a criminal case . . . his or her admission to mental health court is subject to all of the following conditions:
 - The individual, if an adult, pleads guilty, no contest, or be convicted of any criminal charge on the record (MCL 600.1094(1)(a))
 - The individual waives, in writing, the right to a speedy trial and, with the agreement of the prosecutor, the right to a preliminary examination. (MCL 600.1094(1)(b))
 - The individual signs a written agreement to participate in the mental health court. (MCL 600.1094(1)(c))
- ii. In addition to rights accorded a victim under the William Van Regenmorter crime victim's rights act, 1985 PA 87, MCL 780.751 to 780.834, the mental health court shall permit any victim of the offense or offenses of which the individual is charged . . . as well as any victim of a prior offense of which that individual was convicted . . . to submit a written statement to the court regarding the advisability of admitting the individual into the mental health court. (MCL 600.1094(4))
- iii. An individual who has waived his or her right to a preliminary examination, who has pled guilty or no contest . . . as part of his or her referral process to a mental health court, and who is subsequently not admitted to a mental health court may withdraw his or her plea and is entitled to a preliminary examination (MCL 600.1094(3))

b. Best Practices

- i. Avoid subjective screenings for motivation to change or preparedness for treatment when determining suitability for drug court.
 - Subjective screenings after determining legal and clinical eligibility for the drug court program have no beneficial impact on drug court graduation rates or post-program recidivism. (Carey & Perkins, 2008)
 - Eliminating subjective screening results in cost savings. (Bhati, Roman, & Chalfin, 2008)

INFORMED CHOICE

- a. Best Practices
 - i. Inform clients of weekly requirements during each court date.
 - Mental health court team members that give out information on the next upcoming court date, drug testing schedule, homework assignments, and other meeting times to clients in paper form each week in every program phase saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- b. Promising Practices
 - i. Program should develop guidelines for the identification and expeditious resolution of competency concerns. (Thompson, 2007)

PROGRAM ENTRY

- a. Standard
 - i. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible. (MCL 600.1090(e)(ii)(C))
- b. Best Practices
 - i. Expedite the court process to quickly accept participants into the drug court.
 - When the time between arrest and program entry is 50 days or less, programs see reductions in recidivism. (Carey, Mackin, & Finigan, 2012)

TRANSFERRING SUPERVISION

- a. Standards
 - i. A court that has adopted a mental health court under this section may accept participants from any other jurisdiction in this state based upon the residence of the participant in the receiving jurisdiction, the nonavailability of a mental health court in the jurisdiction where the participant is charged, and the availability of financial resources for both operations of the mental health court program and treatment services. A mental health court may refuse to accept participants from other jurisdictions. (MCL 600.1091(3))
- b. Promising Practices
 - i. Use the State Court Administrative Office's recommended procedure to transfer supervision.
 - [Administrative memorandum 2015-01](#) identifies step-by-step procedures for transferring supervision to a problem-solving court. (Administrative Memoranda, 2015)

- The SCAO provides a [Frequently Asked Questions](#) document to assist courts in dealing with transfers.

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Chapter 7: Drug and Alcohol Testing

This chapter discusses the standards, best practices, and promising practices involved in operating a strong drug and alcohol testing program in mental health court. Specific topics include randomization, frequency, methods for collection and testing, the use of scientific information, and chain of custody.

In addition to following these standards and best practices, courts should consult the *Ten Principles of a Good Testing Program* promulgated by the National Drug Court Institute and available in Appendix A of this manual.

The Michigan Association of Treatment Court Professionals published [*Drug Testing For Criminal Justice Involved Individuals in Michigan*](#) as a reference. This manual was developed and authored by a statewide Committee on Drug Testing Standards.

GENERAL

a. Standards

- i. A mental health court shall provide a mental health court participant with all of the following:
 - Consistent and close monitoring of the participant and interaction among the court, treatment providers, probation, and the participant. (MCL 600.1096(1)(a))
 - If determined by the mental health court to be necessary or appropriate, periodic and random testing for the presence of any nonprescribed controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods. (MCL 600.1096(1)(b))
 - Periodic evaluation assessments of the participant's circumstances and progress in the program. (MCL 600.1096(1)(c))
- ii. Any statement or other information obtained as a result of participating in assessment, treatment, or testing while in a mental health court is confidential and exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal controlled substance use. (MCL 600.1096(3))

RANDOMIZATION

a. Standards

- i. If determined by the mental health court to be necessary or appropriate, periodic and *random* testing for the presence of any nonprescribed controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods (emphasis added). (MCL 600.1096(1)(b))

b. Best Practices

- i. The probability of being tested on weekends and holidays is the same as other days. (National Association of Drug Court Professionals, 2015)
 - Weekends and holidays are high-risk times for drug and alcohol use. Providing a respite from detection during these high-risk times reduces the randomness of testing and undermines the central aims of a drug-testing program. (Kirby, Lamb, Iguchi, Husband, & Platt, 1995) (Marlatt & Gordon, 1985) (American Society of Addiction Medicine, 2013)
- ii. Urine tests are delivered no more than eight hours after a participant is notified that a test has been scheduled. (National Association of Drug Court Professionals, 2015) (Auerbach, 2007)
- iii. Tests with short detection window such as oral fluid tests should be delivered no more than four hours after being notified that a test was scheduled. (National Association of Drug Court Professionals, 2015)

FREQUENCY & BREADTH OF TESTING

a. Standards

- i. If determined by the mental health court to be necessary or appropriate, *periodic* and random testing for the presence of any nonprescribed controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods (emphasis added). (MCL 600.1096(1)(b))

b. Best Practices

- i. Drug and alcohol test are conducted at least once per week.
 - Mental health courts that tested new clients at least once a week, if not more, saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- ii. Provide multiple testing locations for mental health court participants to drug and alcohol test.
 - Mental health courts that had multiple drug testing sites that included testing on weekends and holidays, saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- iii. Identify triggers and circumstances of potential use.
 - Mental health courts that had team members who made sure to point out any days noted for probable drug use at staffing and drug tested clients relative to that probable date saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- iv. Test specimens are examined for all unauthorized substances of abuse that are suspected to be used by drug court participants. Randomly selected specimens are tested periodically for a broader range of substances to detect new substances of abuse that might be emerging in the drug court population.

- Participants can easily evade detection of their substance use by switching to drugs that have similar effects but are not detected by the test. (American Society of Addiction Medicine, 2013)
 - Because new drugs of abuse are constantly being sought out by offenders to cheat drug tests, drug courts should frequently and randomly examine samples for a wide range of potential substances of abuse. (American Society of Addiction Medicine, 2013)
- v. In a multisite study of approximately 70 drug courts, programs performing urine testing at least twice per week in the first phase lowered recidivism by 38 percent and were 61 percent more cost-effective than programs testing less frequently. (Carey, Mackin, & Finigan, 2012)
- The most effective drug courts perform urine drug testing at least twice per week for the first several months of the program. (Carey & Perkins, 2008)
- vi. Tests that measure substance use over extended periods of time, such as ankle monitors, are applied for at least 90 consecutive days, followed by urine or other intermittent test methods.
- Research indicates that use of an alcohol tether device may deter alcohol consumption and alcohol-impaired drivers among recidivist DWI offenders if it is worn for at least 90 days. (Flango & Cheeseman, 2009) (Tison, Nichols, Casanova-Powell, & Chaudhary, 2015)
 - Mental health courts that used ankle monitors to monitor difficult clients saw a decrease in jurisdictional crime rate. Ankle monitors included global positioning system (GPS) trackers and/or alcohol monitors. (Bullard, 2014)
- c. Promising Practices
- i. Drug and alcohol testing continues uninterrupted to determine whether relapse occurs as other treatment and supervision services are adjusted.
- Although research has not occurred on this issue, logic dictates that continued testing provides the greatest assurance that participants remain abstinent. (National Association of Drug Court Professionals, 2015)
- ii. Mental health courts take into account participants' medication side effects and symptomology of the mental illness when drug testing.

SCIENTIFICALLY VALID DRUG TESTING METHODS

a. Standards

- i. A mental health court shall provide a mental health court participant with all of the following:
- If determined by the mental health court to be necessary or appropriate, periodic and random testing for the presence of any

nonprescribed controlled substance or alcohol in a participant's blood, urine, or breath, *using to the extent practicable the best available, accepted, and scientifically valid methods* (emphasis added). (MCL 600.1096(1)(c))

- ii. If the court determines that scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education may testify thereto in the form of an opinion or otherwise if (1) the testimony is based on sufficient facts or data, (2) the testimony is the product of reliable principles and methods, and (3) the witness has applied the principles and methods reliably to the facts of the case. (Michigan Rules of Evidence, Rule 702. Adopted from the Federal Rules of Evidence, Rule 702. Based on *Daubert v. Merrell Dow Pharmaceuticals*)

b. Best Practices

- i. A drug court uses scientifically valid and reliable testing procedures.
 - To be admissible as evidence in a legal proceeding, drug and alcohol test results must be derived from scientifically valid and reliable methods. (Meyer, 2011)
 - Appellate courts have recognized the scientific validity of several commonly used methods for analyzing urine, including gas chromatography/mass spectrometry (GC/MS); liquid chromatography/tandem mass spectrometry (LC/MS/MS); the enzyme multiple immunoassay technique (EMIT); and some sweat, oral fluid, hair, and ankle-monitor tests. (Meyer, 2011)
 - Appellate courts have recognized the scientific validity of ethyl glucuronide (ETG) testing. (Lawrence)
- ii. If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis using an instrumented test, such as GC/MS or LC/MS. Unless a participant admits to using the drug identified by the screening procedure, confirmation of presumptive positive tests should be mandatory.
 - Gas chromatography-mass spectrometry (GC-MS) provides chemical fingerprint identification of drugs and is recognized as the definitive confirmation technology. (Cary, 2011)
 - Confirmation with an instrumented test virtually eliminates the odds of a false positive result, assuming the sample was collected and stored properly. (Auerbach, 2007)
 - It is necessary to validate positive screening results in order to rule out the potential of a false positive by performing a confirmation procedure. (Cary, 2011)

- iii. Confirmatory tests are not withheld due to the participant's inability to pay.
 - Drug courts commonly require participants to pay the cost of confirmation tests if the initial screening result is confirmed. (Cary, 2011) (Meyer, 2011)
- iv. Cutoff levels are not interpreted as evidence of new substance use or changes in participants' substance use patterns.
 - Quantitative metabolite levels can vary considerably based on a number of factors, including the total fluid content in urine or blood. (Cary, 2004)
 - Numeric results do not accurately discriminate between whether a participant's overall drug level is increasing or decreasing, even if compared to previous urine drug concentrations from the same client and for the same drug. (Cary, 2004)
 - The routine use of urine drug levels by court personnel in an effort to define substance abuse behavior and formulate appropriately measured sanctions is a practice that can result in inappropriate, factually unsupportable conclusions, and a decision-making process that lacks a sound scientific foundation. (Cary, 2011)
- v. Test specimens are examined routinely for evidence of dilution and adulteration.
 - The temperature of each urine specimen should be examined immediately upon collection. An unusual temperature might suggest adulteration or tampering. (National Association of Drug Court Professionals, 2015)
 - Under normal conditions, urine specimens should be between 90 and 100 degrees Fahrenheit within four minutes of collection; a lower or higher temperature likely indicates a deliberate attempt at deception. (American Society of Addiction Medicine, 2013)
 - Specimens should be tested for creatinine and specific gravity. A creatinine level below 20 mg/dL is rare and is a reliable indicator of an intentional effort at dilution or excessive fluid consumption. (American Society of Addiction Medicine, 2013)

WITNESSED COLLECTION

- a. Standards
 - i. The person taking the sample shall be of the same sex as the offender providing the sample, unless an emergency condition requires otherwise. (Michigan Department of Corrections Policy Directive 03.03.115)
 - ii. Breathalyzers must be calibrated according to certification standards established by the U.S. Departments of Transportation (DOT) and Health and Human Services (HHS) and/or the State toxicologist. The test must be administered by breath alcohol technicians who are trained in the use and

interpretation of breath alcohol results. (U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office & American University, 2000)

b. Best Practices

- i. Collection of test specimens is witnessed directly by a staff person who has been trained to prevent tampering and substitution of fraudulent specimens.
 - The most effective way to ensure that the sample collection is valid and to avoid tampering is to ensure the collection is witnessed directly by someone who has been properly trained. (American Society of Addiction Medicine, 2013) (Cary, 2011)

c. Promising Practices

- i. Barring exigent circumstances, participants are not permitted to undergo independent drug or alcohol testing in lieu of being tested by trained personnel assigned to or authorized by the drug court.
 - In an effort to refute court-mandated drug-testing results, on occasion, clients may attempt to obtain testing from alternative sources not under the court's control or supervision. (Cary, 2011)
 - The success of any drug court will depend, in part, on the reliable monitoring of substance use. (National Association of Drug Court Professionals, 2015)

CHAIN OF CUSTODY AND RESULTS

a. Standards

- i. If the court determines that scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education may testify thereto in the form of an opinion or otherwise if (1) the testimony is based on sufficient facts or data, (2) the testimony is the product of reliable principles and methods, and (3) the witness has applied the principles and methods reliably to the facts of the case. (Michigan Rules of Evidence, Rule 702. Adopted from the Federal Rules of Evidence, Rule 702. Based on *Daubert v. Merrell Dow Pharmaceuticals*)
- ii. Under Rule 702, drug courts are required to follow generally accepted chain-of-custody procedures when handling test specimens. (Meyer, 2011)

b. Best Practices

- i. A chain of custody form is completed once a urine sample has been collected. This form ensures the identity and integrity of the sample through transport, testing and reporting of results. (Kadehjian, 2010)
- ii. Test results, including the results of confirmation testing, are available to the drug court within 48 hours of sample collection.
 - A study of approximately 70 drug courts reported significantly greater reductions in criminal recidivism and significantly greater cost benefits

when the teams received drug and alcohol test results within 48 hours of sample collection. (Carey, Mackin, & Finigan, 2012)

c. Promising Practices

- i. In order to comply with the 48-hour results best practice, mental courts that use alcohol tethers or in-home units should require download at least three times per week.

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Chapter 8: Treatment

This chapter discusses the standards, best practices, and promising practices regarding treatment in mental health court. Specific topics include treatment entry, services, and treatment duration. Some of the topics in this chapter are also addressed in the chapters on Population and Supervision and Compliance. However, this chapter focuses most closely on the standards and best practices a mental health court should follow with regard to mental health and substance abuse treatment.

GENERAL AND DEFINITION OF MENTAL HEALTH COURTS

a. Standards

- i. “Mental health court” means any of the following:
 - A court-supervised treatment program for individuals who are diagnosed by a mental health professional with having a serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability. (MCL 600.1090(e)(i))
 - Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - a. Eligibility criteria that address public safety and a community’s treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses, and *that take into account the relationship between mental illness and a defendant’s offenses, while allowing for individual circumstances of each case to be considered* (emphasis added). (MCL 600.1090(e)(ii)(B))

b. Best Practices

- i. Use multiple treatment facilities that allow for tailored treatment options for individual clients.
 - Mental health courts that were able to create extremely specialized classes and treatment saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- ii. Treatment should address major criminogenic needs. Eight major criminogenic needs have been identified that contribute to the risk for recidivism among offenders and that are dynamic, or changeable via programmatic interventions.
 - Reductions in recidivism are proportional to the number of criminogenic needs addressed within offender treatment programs. (Peters, 2011)
- iii. Clinically trained representatives from these agencies are core members of the drug court team and regularly attend team meetings and status hearings.

- Recidivism may be reduced twofold when representatives from the drug court’s primary treatment agencies regularly attend staffing meetings and status review hearings. (Carey, Mackin, & Finigan, 2012)

TREATMENT ENTRY

a. Standard

- Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible. (MCL 600.1090(e)(ii)(C))
- Nothing in this chapter shall be construed to preclude a court from providing mental health services to an individual before he or she enters a plea and is accepted into the mental health court. (MCL 600.1094(2))

b. Best Practices

- Mental health courts link participants to treatment as soon as possible.
 - The initial placement of offenders with mental illness into the mental health court program, despite co-occurring substance abuse and alcohol issues, lead to a rapid connection of clients to needed treatment and a decrease in jurisdictional crime rate. (Bullard, 2014)
 - People mandated to treatment by the criminal justice system experience similar outcomes related to substance abuse and recidivism as those seeking treatment voluntarily. Retention in treatment is often higher among those coerced into treatment. Such participants perform as well as voluntary participants across a range of in-treatment indicators of progress (e.g., self-efficacy, coping skills, clinical symptoms, 12-step involvement, motivation for change). (Peters, 2011)
 - Participants who enter drug court quickly tend to enter treatment more quickly. (Worcel, Furrer, Green, & Rhodes, 2006)
- Assess participants for appropriate program placement.
 - Mental health courts that assessed clients for the correct program through the use of both mental health and addiction assessment tools saw a decrease in jurisdictional crime rate. (Bullard, 2014)
- Drug courts should consider using the Risk Needs Responsivity (RNR) Model.
 - The RNR model has led to better risk assessment instruments to predict criminal behavior and better treatment programs that match services to the level of risk and needs. As a result, the RNR model,

when properly applied, has led to a reduction in recidivism. (Bonta & Andrews, 2007)

TREATMENT SERVICES AND MODELS

a. Standards

- i. A mental health court shall provide a mental health court participant with all of the following:
 - Periodic evaluation assessments of the participant's circumstances and progress in the program. (MCL 600.1096(1)(c))
 - Mental health services, substance use disorder services, education, and vocational opportunities as appropriate and practicable. (MCL 600.1096(1)(e))
- ii. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - Connect participants to comprehensive and individualized treatment supports and services in the community and strive to use, and increase the availability of, treatment and services that are evidence based. (MCL 600.1090(e)(ii)(F))

b. Best Practices

- i. Participants receive psychiatric medication to treat serious mental health symptoms.
 - Psychiatric medication decreased the odds of negative termination. (Linhorst, 2015)
 - Participants who were prescribed psychiatric medications were seven times more likely to graduate successfully from drug court than participants with mental health symptoms who did not receive psychiatric medication. (Marlowe, 2016)
- ii. Mental health courts provided specialized classes and treatment options.
 - Courts that prioritized intensive monitoring, tailored treatment options, and additional program supports saw a decrease in jurisdictional crime rates. (Bullard, 2014)
- iii. The drug court offers a continuum of care for substance abuse treatment, including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.
 - Outcomes, including graduation rates and recidivism, are significantly better in drug courts that offer a continuum of care for substance abuse treatment that includes residential treatment and recovery housing in addition to outpatient treatment. (Carey, Mackin, & Finigan, 2012) (Koob, Brocato, & Kleinpeter, 2011)
 - Community aftercare treatment for offenders can significantly reduce rates of substance use and recidivism. (Peters, 2011)

- iv. The drug court offers trauma-informed services.
 - Please see Section F of Chapter VI in the [National Association of Drug Court Professionals Adult Drug Court Best Practice Standards, Volume II](#). (National Association of Drug Court Professionals, 2015)
 - v. The drug court offers gender-specific substance abuse treatment groups.
 - A study of approximately 70 drug courts found that programs offering gender-specific services reduced criminal recidivism significantly more than those that did not. (Carey, Mackin, & Finigan, 2012)
 - vi. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.
 - Relying on in-custody substance abuse treatment can reduce the cost-effectiveness of a drug court by as much as 45 percent. (Carey, Mackin, & Finigan, 2012)
 - Some drug courts may place participants in jail as a means of providing detoxification services or to keep them “off the streets” when adequate treatment is unavailable in the community. This practice is inconsistent with best practices, unduly costly, and unlikely to produce lasting benefits. (National Association of Drug Court Professionals, 2013, p. 42)
- c. Promising Practices
- i. Treatment utilizes practices to address the criminal justice offender:
 - Cognitive Behavioral Treatment Targeted to Criminogenic Risks (e.g., Reasoning and Rehabilitation or Thinking for a Change)
 - Forensic Peer Specialists
 - Person Centered Planning
 - ii. Treatment offers integrated treatment to address mental health issues with co-occurring substance abuse issues when possible.

EVIDENCE-BASED MODELS OF TREATMENT

- a. Best Practices
 - i. Participants receive psychiatric medication to treat serious mental health symptoms.
 - Participants who were prescribed psychiatric medication decreased the odds of negative termination. (Linhorst, 2015)
 - Participants who were prescribed psychiatric medications were seven times more likely to graduate successfully from drug court than participants with mental health symptoms who did not receive psychiatric medication. (Marlowe, 2016)
 - ii. Treatment providers use evidence-based models and administer treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.

- Outcomes from correctional rehabilitation are significantly better when evidence-based models are used, and fidelity to the model is maintained through continuous supervision of the treatment providers. (National Association of Drug Court Professionals, 2013)
- Examples of manualized CBT curricula that have been proven to reduce criminal recidivism among offenders include Moral Reconciliation Therapy (MRT), Reasoning and Rehabilitation (R&R), Thinking for a Change (T4C), relapse prevention therapy (RPT), and the Matrix Model. (National Association of Drug Court Professionals, 2013)

TREATMENT DURATION

a. Best Practices

- i. Participants remain in treatment to address their needs.
 - Remaining in treatment for one year successfully engaged people with mental illness. (Denckla, 2001)
- ii. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction.
 - Providing continuous treatment for at least one year is associated with reduced recidivism. (Warren, 2007)
 - The longer participants remain in treatment and the more sessions they attend, the better their outcomes. (National Association of Drug Court Professionals, 2013)
- iii. Participants ordinarily receive 6 to 10 hours of counseling per week during the initial phase of treatment and approximately 200 hours of counseling over 9 to 12 months; however, the drug court allows for flexibility to accommodate individual differences in each participant's response to treatment.
 - The best outcomes are achieved when addicted offenders complete a course of treatment extending over approximately 9 to 12 months. (Peters, 2011) (Cobbina & Huebner, 2007)
 - Assuming drug courts are treating individuals who are addicted to drugs or alcohol, and are at a high risk for criminal recidivism or treatment failure; studies show that on average, participants will require 6 to 10 hours of counseling per week in the first phase and 200 hours over the course of treatment. (National Association of Drug Court Professionals, 2013)

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Chapter 9: Education

Education and training are important components in any mental health court. This chapter discusses standards, best practices, and promising practices regarding education of the mental health court team.

GENERAL

a. Standards

- i. Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - A team of criminal justice and mental health staff and treatment providers receives special, ongoing training and assists mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process. (MCL 600.1090(e)(ii)(H))

b. Best Practices

- i. Before starting a drug court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in drug courts and develop fair and effective policies and procedures for the program.
 - In drug courts where the teams participated in formal training prior to implementation, cost savings increased by two and a half times, and the programs were 50 percent more effective at reducing recidivism. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008) (Carey, Mackin, & Finigan, 2012)
 - Drug courts that did not receive pre-implementation training had outcomes that were only negligibly different from traditional criminal justice programming. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008)
- ii. Team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on drug court topics.
 - A multisite study involving more than 60 drug courts found that participation in annual training conferences was the single greatest predictor of program effectiveness. (Shaffer, 2006) (Shaffer, 2010)
- iii. All new hires to the drug court complete a formal training or orientation as soon as practical after assuming their position.
 - Drug courts where new hires complete a formal training or orientation program were able to reduce recidivism by 54 percent over those who did not engage in such practices. (Carey, Mackin, & Finigan, 2012)
- iv. The drug court judge attends current training events on legal and constitutional issues in drug courts, judicial ethics, evidence-based substance

abuse and mental health treatment, behavior modification, and community supervision. Attendance at annual training conferences and workshops ensures contemporary knowledge about advances in the drug court field.

- Because judges have such a substantial impact on outcomes in drug court, continued training is especially important. (Carey, Mackin, & Finigan, 2012)
- v. Mental health court team members should participate in cross training before the court is launched and during its operation.
- Mental health court professionals must familiarize themselves with legal terminology and the workings of the criminal justice system, just as criminal justice personnel must learn about treatment practices and protocols. (Thompson, 2007)
- c. Promising Practices
- i. Mental health court team members should attend the annual Michigan Association of Treatment Court Professionals conference.
 - ii. Mental health court team members should attend appropriate trainings offered by the State Court Administrative Office, Michigan Association of Community Mental Health Boards, or trainings offered on co-occurring disorders by Michigan Certification Board for Addictions Professionals.

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Chapter 10: Program Evaluation

This chapter discusses the standards, best practices, and promising practices regarding program evaluation of a mental health court. Specific topics include collection and maintenance of information, evaluation, and program modification.

COLLECTION AND MAINTENANCE OF INFORMATION

a. Standards

- i. Each mental health court shall collect and provide data on each individual applicant and participant and the entire program as required by the state court administrative office. The state court administrative office shall provide appropriate training to all courts entering data, as directed by the supreme court. (MCL 600.1099(1))
- ii. Each mental health court shall maintain files or databases on each individual participant in the program for review and evaluation as well as treatment, as directed by the state court administrative office. The information collected for evaluation purposes must include a minimum standard data set³ developed and specified by the state court administrative office. (MCL 600.1099(2))

b. Best Practices

- i. Drug courts should maintain program data for evaluation purposes in an electronic database rather than paper files.
 - Drug courts are 65 percent more cost effective when they enter data for evaluations into an electronic database rather than storing it in paper files. (Carey, Mackin, & Finigan, 2012)
 - Michigan's Drug Court Case Management Information System can be accessed at <https://dccmis.micourt.org/default.aspx>.

EVALUATION AND PROGRAM MODIFICATION

a. Best Practices

- i. Use data to monitor program operations on a consistent basis and make program changes where necessary.
 - In programs where staff monitor the internal operations of their program on a consistent basis and make necessary program modifications, the programs reduced recidivism 105 percent and were 131 percent more cost effective than programs that did not. (Carey, Mackin, & Finigan, 2012)
- ii. Enlist the services of independent evaluators and implement appropriate recommended changes.

³ The minimum standard data set for Michigan mental health courts is available at <http://courts.mi.gov/Administration/SCAO/OfficesPrograms/Documents/SpecialtyCourts/MentalHealthCourtDataStandards.pdf> and as Appendix B of this manual.

- Programs that had external independent evaluators review their program and suggest changes and then implemented those changes were 100 percent more effective at reducing cost and 85 percent more effective in reducing recidivism than programs that did not. (Carey, Mackin, & Finigan, 2012)
- b. Promising Practices
- i. Evaluate short-term outcomes frequently while participants are enrolled in the program.
 - The National Center for State Courts developed a list of performance measures ([Mental Health Court Performance Measures Implementation and User's Guide](#)) that mental health courts can use to measure their efficiency, efficacy, and achievement of program goals.
 - ii. Independent evaluators should examine your program's three to five year performance outcomes at least once every five years.
 - External evaluators should examine recidivism three years to five years after participants' program admission. Program admission should be the latest start date for the evaluation because that is when the drug court becomes capable of influencing participant behavior. (National Association of Drug Court Professionals, 2015)
 - While no specific research exists with regard to how frequently a program should be evaluated, a new evaluation is warranted when a program significantly changes its operations or has staff turnover. (National Association of Drug Court Professionals, 2015)

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Appendix A

The Ten Principles of a Good Testing Program

The ten most important principles of a successful drug-testing program can be summarized as follows:

1. Design an effective drug detection program, place the policies and procedures of that program into written form (drug court manual), and communicate the details of the drug detection program to the court staff and clients alike.
2. Develop a client contract that clearly enumerates the responsibilities and expectations associated with of the court's drug detection program.
3. Select a drug-testing specimen and testing methodology that provides results that are scientifically valid, forensically defensible, and therapeutically beneficial.
4. Ensure that the sample-collection process supports effective abstinence monitoring practices including random, unannounced selection of clients for sample collection and the use of witnessed/direct observation sample-collection procedures.
5. Confirm all positive screening results using alternative testing methods unless participant acknowledges use.
6. Determine the creatinine concentrations of all urine samples and sanction for creatinine levels that indicate tampering.
7. Eliminate the use of urine levels for the interpretation of client drug-use behavior.
8. Establish drug-testing result interpretation guidelines that have a sound scientific foundation and that meet a strong evidentiary standard.
9. In response to drug-testing results, develop therapeutic intervention strategies that promote behavioral change and support recovery.
10. Understand that drug detection represents only a single supervision strategy in an overall abstinence-monitoring program.

Source

National Drug Court Institute. (2011). *The Fundamentals of Drug Testing*. In P. Cary, *The Drug Court Judicial Benchbook* (p. 137). Alexandria: National Drug Court Institute.

Appendix B

Minimum Standard Data

Set 1: Screening

Minimum standard data set for all screened individuals, whether accepted or rejected.

Variable	Valid Values	Location in DCCMIS
1. Referral Source	<ul style="list-style-type: none"> • CMH • Court/Judicial • Defense Attorney • DHS • Family Member • Law Enforcement • Pretrial Services Staff • Probation/Parole • Prosecutor • Self • Other 	<ul style="list-style-type: none"> • Screening Page 1.
2. Referral Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Screening Page 1
3. Screening Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Screening Page 1
4. Name	<ul style="list-style-type: none"> • Alpha 	<ul style="list-style-type: none"> • Screening Page 1
5. Address	<ul style="list-style-type: none"> • Alpha 	<ul style="list-style-type: none"> • Screening Page 1
6. Race	<ul style="list-style-type: none"> • African American • Alaska Native • Asian/Pacific Islander • Caucasian • Hispanic/Latino • Multiracial • Native American • Other 	<ul style="list-style-type: none"> • Screening Page 1
7. Ethnicity	<ul style="list-style-type: none"> • Hispanic • Non-Hispanic • Unknown/Unreported 	<ul style="list-style-type: none"> • Screening Page 1
8. Gender	<ul style="list-style-type: none"> • Male/Female 	<ul style="list-style-type: none"> • Screening Page 1
9. DOB	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Screening Page 1
10. Marital Status	<ul style="list-style-type: none"> • Single • Married • Separated • Divorced • Widowed 	<ul style="list-style-type: none"> • Screening Page 1
11. SSN	<ul style="list-style-type: none"> • Numeric 	<ul style="list-style-type: none"> • Screening Page 1

12. SID	<ul style="list-style-type: none"> • Alpha/Numeric 	<ul style="list-style-type: none"> • Screening Page 1
13. Mental Health Court Eligible Charge	<ul style="list-style-type: none"> • PACC Code 	<ul style="list-style-type: none"> • Screening Page 2
14. Case/Docket Number	<ul style="list-style-type: none"> • Alpha/Numeric 	<ul style="list-style-type: none"> • Screening Page 2
15. Offense Category	<ul style="list-style-type: none"> • Crime Against a Person • Crime Against Property • Crime Against Public Order • Crime Against Public Safety • Crime Against Public Trust • Crime Involving a Controlled Substance 	<ul style="list-style-type: none"> • Screening Page 2
16. Incident Offense	<ul style="list-style-type: none"> • New Criminal Offense • New Petition • Parole Violation New Criminal Offense • Parole Violation Technical • Probation Violation New Criminal Offense • Probation Violation Technical 	<ul style="list-style-type: none"> • Screening Page 2
17. Charge Type	<ul style="list-style-type: none"> • Civil/Petition • Felony • Misdemeanor • Other 	<ul style="list-style-type: none"> • Screening Page 2
18. Arrest Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Screening Page 2
19. Offense Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Screening Page 2
20. Mental Health Court Approach	<ul style="list-style-type: none"> • Deferred/Delayed Sentence • Post-Sentence 	<ul style="list-style-type: none"> • Screening Page 2
21. Cell Type	<ul style="list-style-type: none"> • Intermediate • Not Applicable • Presumptive/Prison • Straddle 	<ul style="list-style-type: none"> • Screening Page 2
22. PRV	<ul style="list-style-type: none"> • Numeric 	<ul style="list-style-type: none"> • Screening Page 2
23. Prior Convictions	<ul style="list-style-type: none"> • Yes/No 	<ul style="list-style-type: none"> • Screening Page 2
24. Primary Mental Illness Diagnosis	<ul style="list-style-type: none"> • DSM Diagnosis 	<ul style="list-style-type: none"> • Screening Page 3
25. Level of Care	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Case Management • Community Support Services • Crisis • Integrated Dual Disorders Treatment (IDDT) • Outpatient • Residential 	<ul style="list-style-type: none"> • Screening Page 3
26. Substance Use Diagnosis	<ul style="list-style-type: none"> • DSM Diagnosis and Drug of Choice 	<ul style="list-style-type: none"> • Screening Page 3

27. Current Medication	<ul style="list-style-type: none"> • None • Physical and Psychological Condition • Physical Condition • Psychological Condition 	• Screening Page 4
28. Competent to Stand Trial	<ul style="list-style-type: none"> • Yes/No 	• Screening Page 4
29. Medical Insurance Status	<ul style="list-style-type: none"> • Medicaid • Medicare • None • Private Insurance • Other 	• Screening Page 4
30. Highest Education Completed	<ul style="list-style-type: none"> • < Or = 11th Grade • GED • HS Graduate • Some Trade School • Trade School Graduate • Some College • College Graduate 2 year program • College Graduate 4 year program • Some Post Graduate • Advanced Degree • Community College • Not in School 	• Screening Page 5
31. Current Employment Status	<ul style="list-style-type: none"> • Unemployed • Employed Part-Time (less than 35 hours/week) • Employed Full-Time (more than 35 hours/week) • Not in the Labor Force • Retired • Student Full-Time • Volunteer • Disabled 	• Screening Page 5
32. Residential History-number of times moved	<ul style="list-style-type: none"> • Numeric 	• Screening Page 5
33. Length at Current Address	<ul style="list-style-type: none"> • Numeric 	• Screening Page 5
34. Living Situation at Entry	<ul style="list-style-type: none"> • Dependent/Residing with Others • Homeless • Independent 	• Screening Page 5
35. Substance Use Diagnosis	<ul style="list-style-type: none"> • DSM Diagnosis and Drug of Choice 	• Screening Page 3

36. Current Medication	<ul style="list-style-type: none"> • None • Physical and Psychological Condition • Physical Condition • Psychological Condition 	• Screening Page 4
37. Competent to Stand Trial	<ul style="list-style-type: none"> • Yes/No 	• Screening Page 4
38. Medical Insurance Status	<ul style="list-style-type: none"> • Medicaid • Medicare • None • Private Insurance • Other 	• Screening Page 4
39. Highest Education Completed	<ul style="list-style-type: none"> • < Or = 11th Grade • GED • HS Graduate • Some Trade School • Trade School Graduate • Some College • College Graduate 2 year program • College Graduate 4 year program • Some Post Graduate • Advanced Degree • Community College • Not in School 	• Screening Page 5
40. Current Employment Status	<ul style="list-style-type: none"> • Unemployed • Employed Part-Time (less than 35 hours/week) • Employed Full-Time (more than 35 hours/week) • Not in the Labor Force • Retired • Student Full-Time • Volunteer • Disabled 	• Screening Page 5
41. Residential History-number of times moved	<ul style="list-style-type: none"> • Numeric 	• Screening Page 5
42. Length at Current Address	<ul style="list-style-type: none"> • Numeric 	• Screening Page 5
43. Living Situation at Entry	<ul style="list-style-type: none"> • Dependent/Residing with Others • Homeless • Independent 	• Screening Page 5
44. Mental Health Court Acceptance or Rejection	<ul style="list-style-type: none"> • Accepted • Rejected • Mistaken Screening 	• Take Action on Pending Person

If Accepted into Mental Health Court		
45. Acceptance Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Take Action on Pending Person
46. Judge	<ul style="list-style-type: none"> • Name 	<ul style="list-style-type: none"> • Take Action on Person
47. Case Manager	<ul style="list-style-type: none"> • Name 	<ul style="list-style-type: none"> • Take Action on Person
48. Jail Status of Defendant	<ul style="list-style-type: none"> • Yes • No ○ If yes, include admission date and end date 	<ul style="list-style-type: none"> • Take Action on Pending Person
If Rejected from Mental Health Court		
49. Date Rejected	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Take Action on Pending Person
50. Mental Illness	<ul style="list-style-type: none"> • Yes • No • Unknown 	<ul style="list-style-type: none"> • Client Menu-Treatment
51. Rejection Reason	<ul style="list-style-type: none"> • Police Object • Prior Record • Program at Capacity • Prosecuting Attorney • Statutory Ineligibility • Pending Another Case • Unable to Locate • No SA diagnosis • Refusal • Mental Health • Medical Issues • History of Violent Offenses • Geographic/Transportation Issues • Judicial Denial • Non-target Population • Death • Eligible, but Randomized • Not US Citizen • Ineligible Mental Health Diagnosis • Transferred to Another Jurisdiction • Other 	<ul style="list-style-type: none"> • Take Action on Pending Person

Set 2: Case Management

Minimum Standard Data Set for participants accepted into mental health court.

52. Consent Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Client Menu-Personal Demographics
53. Judge	<ul style="list-style-type: none"> • Alpha 	<ul style="list-style-type: none"> • Client Menu-Personal Demographics
54. Case Manager	<ul style="list-style-type: none"> • Alpha 	<ul style="list-style-type: none"> • Client Menu-Personal Demographics
55. Treatment Provider	<ul style="list-style-type: none"> • Alpha 	<ul style="list-style-type: none"> • Client Menu-Treatment
56. Admit Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Client Menu-Treatment
57. Treatment Modality/Service Category	<ul style="list-style-type: none"> • ACT • Case Management/Support Coordination • Co-occurring Treatment • Community Based Services • Crisis Residential/Intensive Crisis Stabilization • Doctor/Medical Review • Employment Services • Inpatient Hospitalization/Partial Day Hospitalization • Residential • Therapy Services • SA Outpatient Detox • SA Sub Acute Detox • SA Residential • SA Intensive Outpatient • SA Outpatient • SA Early Intervention/Education • Mental Health • Other Residential • Other Outpatient 	<ul style="list-style-type: none"> • Client Menu-Treatment
58. Assessment Date	<ul style="list-style-type: none"> • Date 	<ul style="list-style-type: none"> • Client Menu-Local Assessment
59. Assessment Tool	<ul style="list-style-type: none"> • Other • Enter type of assessment 	<ul style="list-style-type: none"> • Client Menu-Local Assessment
60. SA Test	<ul style="list-style-type: none"> • Indicate type, date, and result 	<ul style="list-style-type: none"> • Client Menu-Substance Abuse Testing
61. Court Review Dates	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Client Menu-Journal
62. Current Medication	<ul style="list-style-type: none"> • Indicate type and dosage, if applicable 	<ul style="list-style-type: none"> • Client Menu-Medical History

63. Medication Compliance	<ul style="list-style-type: none"> • Compliant • Noncompliant • Marginal 	<ul style="list-style-type: none"> • Client Menu-Medical History
64. Medical Insurance Status	<ul style="list-style-type: none"> • Medicaid • Medicare • None • Private Insurance • Other 	<ul style="list-style-type: none"> • Client Menu-Medical History
65. History of Mental Health Conditions	<ul style="list-style-type: none"> • Yes • No <p>If yes, describe</p>	<ul style="list-style-type: none"> • Client Menu-Medical History
66. Employment Assistance	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Ancillary Services Page
67. Educational Assistance	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Ancillary Services Page
68. Housing Assistance	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Ancillary Services Page
69. Incentives	<ul style="list-style-type: none"> • Yes/No-if yes, indicate the type, date ordered (mm/dd/yyyy) and reason 	<ul style="list-style-type: none"> • Client Menu-Incentives and Sanctions
70. Sanctions	<ul style="list-style-type: none"> • Yes/No-if yes, indicate the type, date ordered (mm/dd/yyyy) and reason 	<ul style="list-style-type: none"> • Client Menu-Incentives and Sanctions
71. Phase Change	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) and reason 	<ul style="list-style-type: none"> • Client Menu-Incentives and Sanctions
72. Victimizations	<ul style="list-style-type: none"> • Numeric 	<ul style="list-style-type: none"> • Client Menu-Journal
73. In-Program Offense	<ul style="list-style-type: none"> • Yes/No-if yes, indicate the date of the offense (mm/dd/yyyy), type of offense, charge type (felony, misdemeanor, civil) 	<ul style="list-style-type: none"> • Client Menu-Criminal History
74. In-Program Jail	<ul style="list-style-type: none"> • Days-enter by calendar icons 	<ul style="list-style-type: none"> • Client Menu-Criminal History or Client Menu-Incentives and Sanctions
75. Bench Warrants	<ul style="list-style-type: none"> • Numeric 	<ul style="list-style-type: none"> • Client Menu-Criminal History

Set 3: Discharge Data

Minimum Standard Data set for participants discharged from mental health court.

76. Discharge Date	<ul style="list-style-type: none"> • Date (mm/dd/yyyy) 	<ul style="list-style-type: none"> • Client Menu-Discharge
77. Discharge Reason	<ul style="list-style-type: none"> • Successfully Completed • Unsuccessful/New Offense • Unsuccessful/Noncompliant • Unsuccessful/Absconded • Voluntarily Withdrew • Medical Discharge • Transferred to Another Jurisdiction • Death • Other 	<ul style="list-style-type: none"> • Client Menu-Discharge
78. Offer Related to Court Participant	<ul style="list-style-type: none"> • Charge Reduction • Case Dismissal • Sentence Reduction • Both Charge and Sentence Reduction • None 	<ul style="list-style-type: none"> • Client Menu-Discharge
79. Outcome of Charge	<ul style="list-style-type: none"> • Both Charge and Sentence Reduced • Case Dismissed • Charge/Sentence Did Not Change • Charge Reduced • Sentence Disposition Reduced • Other 	<ul style="list-style-type: none"> • Client Menu-Discharge
80. Supervision Status	<ul style="list-style-type: none"> • Continued on Probation • Discharged from the Court's Jurisdiction • Other 	<ul style="list-style-type: none"> • Client Menu-Discharge
81. Sentence / Disposition	<ul style="list-style-type: none"> • Yes/No 	<ul style="list-style-type: none"> • Client Menu-Discharged
82. Improved Mental Health	<ul style="list-style-type: none"> • Yes/No 	<ul style="list-style-type: none"> • Client Menu-Discharge
83. Improved Quality of Life	<ul style="list-style-type: none"> • Yes/No 	<ul style="list-style-type: none"> • Client Menu-Discharge
84. Improved Employment	<ul style="list-style-type: none"> • Yes/No 	<ul style="list-style-type: none"> • Client Menu-Discharge
85. Improved Housing	<ul style="list-style-type: none"> • Yes/No 	<ul style="list-style-type: none"> • Client Menu-Discharge
86. Improved Education	<ul style="list-style-type: none"> • Yes/No 	<ul style="list-style-type: none"> • Client Menu-Discharge

Appendix C

Michigan Mental Health Court Statute

600.1090 Definitions.

Sec. 1090.

As used in this chapter:

- (a) "Co-occurring disorder" means having 1 or more disorders relating to the use of alcohol or other controlled substances of abuse as well as any serious mental illness, serious emotional disturbance, or developmental disability. A diagnosis of co-occurring disorders occurs when at least 1 disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from 1 disorder.
- (b) "Court funding unit" means that term as defined in section 151e of the revised judiciary act of 1961, 1961 PA 236, MCL 600.151e.
- (c) "Developmental disability" means that term as defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.
- (d) "Domestic violence offense" means any crime alleged to have been committed by an individual against his or her spouse or former spouse, an individual with whom he or she has a child in common, an individual with whom he or she has had a dating relationship, or an individual who resides or has resided in the same household.
- (e) "Mental health court" means any of the following:
 - (i) A court-supervised treatment program for individuals who are diagnosed by a mental health professional with having a serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability.
 - (ii) Programs designed to adhere to the 10 essential elements of a mental health court promulgated by the bureau of justice assistance that include all of the following characteristics:
 - (A) A broad-based group of stakeholders representing the criminal justice system, mental health system, substance abuse treatment system, any related systems, and the community guide the planning and administration of the court.
 - (B) Eligibility criteria that address public safety and a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses, and that take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.
 - (C) Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.
 - (D) 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 each defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.
 - (E) In accordance with the Michigan indigent defense commission act, 2013 PA 93, MCL 780.981 to 780.1003, provide legal counsel to indigent defendants to explain program

requirements, including voluntary participation, and guides defendants in 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.

(F) Connect participants to comprehensive and individualized treatment supports and services in the community and strive to use, and increase the availability of, treatment and services that are evidence based.

(G) Health and legal information are shared in a manner 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 are safeguarded from public disclosure in the event that participants are returned to traditional court processing.

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

(I) 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.

(J) 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.

(f) "Participant" means an individual who is admitted into a mental health court.

(g) "Serious emotional disturbance" means that term as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.

(h) "Serious mental illness" means that term as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.

(i) "Violent offender" means an individual who is currently charged with, or has been convicted of, an offense involving the death of, or a serious bodily injury to, any individual, whether or not any of these circumstances are an element of the offense, or with criminal sexual conduct in any degree.

600.1091 Mental health court; juvenile mental health court; memorandum of understanding; participants from other jurisdictions.

Sec. 1091.

(1) The circuit court or the district court in any judicial circuit or a district court in any judicial district may adopt or institute a mental health court pursuant to statute or court rules. However, if the mental health court will include in its program individuals who may be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the circuit or district court shall not adopt or institute the mental health court unless the circuit or district court enters into a memorandum of understanding with each participating prosecuting attorney in the circuit or district court district, a representative or representatives of the community mental health services programs, a representative of the criminal defense bar, and a representative or representatives of community treatment providers. The memorandum of understanding

also may include other parties considered necessary, including, but not limited to, a representative or representatives of the local court funding unit or a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board. The memorandum of understanding shall describe the role of each party.

(2) A family division of circuit court in any judicial circuit may adopt or institute a juvenile mental health court pursuant to statute or court rules. The creation or existence of a mental health court does not change the statutes or court rules concerning discharge or dismissal of an offense, or a delayed sentence or deferred entry of judgment. A family division of circuit court adopting or instituting a juvenile mental health court shall enter into a memorandum of understanding with all participating prosecuting authorities in the circuit or district court, a representative or representatives of the community mental health services program, a representative of the criminal defense bar specializing in juvenile law, and a representative or representatives of community treatment providers that describes the roles and responsibilities of each party to the memorandum of understanding. The memorandum of understanding also may include other parties considered necessary, including, but not limited to, a representative or representatives of the local court funding unit or a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board. The memorandum of understanding shall describe the role of each party. A juvenile mental health court is subject to the same procedures and requirements provided in this chapter for a mental health court created under subsection (1), except as specifically provided otherwise in this chapter.

(3) A court that has adopted a mental health court under this section may accept participants from any other jurisdiction in this state based upon the residence of the participant in the receiving jurisdiction, the nonavailability of a mental health court in the jurisdiction where the participant is charged, and the availability of financial resources for both operations of the mental health court program and treatment services. A mental health court may refuse to accept participants from other jurisdictions.

600.1092 Hiring or contracting with treatment providers.

Sec. 1092.

A mental health court may hire or contract with licensed or accredited treatment providers, in consultation with the local community mental health service provider, and other such appropriate persons to assist the mental health court in fulfilling its requirements under this chapter.

600.1093 Admission to mental health court.

Sec. 1093.

(1) Each mental health court shall determine whether an individual may be admitted to the mental health court. No individual has a right to be admitted into a mental health court. Admission into a mental health court program is at the discretion of the court based on the individual's legal or clinical eligibility. An individual may be admitted to mental

health court regardless of prior participation or prior completion status. However, in no case shall a violent offender be admitted into mental health court.

(2) In addition to admission to a mental health court under this chapter, an individual who is eligible for admission under this chapter may also be admitted to a mental health court under any of the following circumstances:

(a) The individual has been assigned the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11.

(b) The individual has had criminal proceedings against him or her deferred and has been placed on probation under any of the following:

(i) Section 7411 of the public health code, 1978 PA 368, MCL 333.7411.

(ii) Section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(iii) Section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430.

(3) To be admitted to a mental health court, an individual shall cooperate with and complete a preadmission screening and evaluation assessment and shall submit to any future evaluation assessment as directed by the mental health court. A preadmission screening and evaluation assessment shall include all of the following:

(a) A review of the individual's criminal history. A review of the law enforcement information network may be considered sufficient for purposes of this subdivision unless a further review is warranted. The court may accept other verifiable and reliable information from the prosecution or defense to complete its review and may require the individual to submit a statement as to whether or not he or she has previously been admitted to a mental health court and the results of his or her participation in the prior program or programs.

(b) An assessment of the risk of danger or harm to the individual, others, or the community.

(c) A mental health assessment, clinical in nature, and using standardized instruments that have acceptable reliability and validity, meeting diagnostic criteria for a serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability.

(d) A review of any special needs or circumstances of the individual that may potentially affect the individual's ability to receive mental health or substance abuse treatment and follow the court's orders.

(e) For a juvenile, an assessment of the juvenile's family situation, including, to the extent practicable, a comparable review of any guardians or parents.

(4) Except as otherwise permitted in this chapter, any statement or other information obtained as a result of participating in a preadmission screening and evaluation assessment under subsection (3) is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal drug use.

(5) The court may request that the department of state police provide to the court information contained in the law enforcement information network pertaining to an

individual applicant's criminal history for the purposes of determining an individual's eligibility for admission into the mental health court and general criminal history review.

600.1094 Admission to mental health court of individual charged in criminal case; conditions; mental health services before entry of plea; withdrawal of plea; additional rights of victim under William Van Regenmorter crime victim's rights act.

Sec. 1094.

(1) If the individual is charged in a criminal case or, in the case of a juvenile, is alleged to have engaged in activity that would constitute a criminal act if committed by an adult, his or her admission to mental health court is subject to all of the following conditions:

(a) The individual, if an adult, pleads guilty, no contest, or be convicted of any criminal charge on the record. The individual, if a juvenile, admits responsibility for the violation or violations that he or she is accused of having committed.

(b) The individual waives, in writing, the right to a speedy trial and, with the agreement of the prosecutor, the right to a preliminary examination.

(c) The individual signs a written agreement to participate in the mental health court. If the individual is a juvenile or an individual who has been assigned a guardian, the parent or legal guardian is required to sign all documents for the individual's admission in the mental health court.

(2) Nothing in this chapter shall be construed to preclude a court from providing mental health services to an individual before he or she enters a plea and is accepted into the mental health court.

(3) An individual who has waived his or her right to a preliminary examination, who has pled guilty or no contest or, in the case of a juvenile, has admitted responsibility, as part of his or her referral process to a mental health court, and who is subsequently not admitted to a mental health court may withdraw his or her plea and is entitled to a preliminary examination or, in the case of a juvenile, may withdraw his or her admission of responsibility.

(4) In addition to rights accorded a victim under the William Van Regenmorter crime victim's rights act, 1985 PA 87, MCL 780.751 to 780.834, the mental health court shall permit any victim of the offense or offenses of which the individual is charged or, in the case of a juvenile, any victim of the activity that the individual is alleged to have committed and that would constitute a criminal act if committed by an adult, as well as any victim of a prior offense of which that individual was convicted or, in the case of a juvenile, a prior offense for which the individual has been found responsible, to submit a written statement to the court regarding the advisability of admitting the individual into the mental health court.

600.1095 Admission to mental health court; requirements; jurisdiction; fee.

Sec. 1095.

(1) Upon admitting an individual into a mental health court, all of the following apply:

(a) For an individual who is admitted to a mental health court based upon having criminal charges currently filed against him or her and who has not already pled guilty or no

contest or, in the case of a juvenile, has not admitted responsibility, the court shall accept the plea of guilty or no contest or, in the case of a juvenile, the admission of responsibility.

(b) For an individual who pled guilty or no contest to, or admitted responsibility for, criminal charges for which he or she was admitted into the mental health court, the court shall do either of the following:

(i) In the case of an individual who pled guilty or no contest to criminal offenses that are not traffic offenses and who may be eligible for discharge and dismissal under the agreement for which he or she was admitted into mental health court upon successful completion of the mental health court program, the court shall not enter a judgment of guilt or, in the case of a juvenile, shall not enter an adjudication of responsibility.

(ii) In the case of an individual who pled guilty to a traffic offense or who pled guilty to an offense but may not be eligible for discharge and dismissal pursuant to the agreement with the court and prosecutor upon successful completion of the mental health court program, the court shall enter a judgment of guilt or, in the case of a juvenile, shall enter an adjudication of responsibility.

(iii) Pursuant to the agreement with the individual and the prosecutor, the court may either delay further proceedings as provided in section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, or proceed to sentencing, as applicable, and place the individual on probation or other court supervision in the mental health court program with terms and conditions according to the agreement and as considered necessary by the court.

(2) The court shall maintain jurisdiction over the mental health court participant as provided in this chapter until final disposition of the case, but not longer than the probation period fixed under section 2 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.2. In the case of a juvenile participant, the court may obtain jurisdiction over the juvenile's parents or guardians in order to assist in ensuring the juvenile's continued participation and successful completion of the mental health court and may issue and enforce any appropriate and necessary order regarding the parent or guardian.

(3) The mental health court may require an individual admitted into the court to pay a reasonable mental health court fee that is reasonably related to the cost to the court for administering the mental health court program as provided in the memorandum of understanding. The clerk of the mental health court shall transmit the fees collected to the treasurer of the local funding unit at the end of each month.

600.1096 Services provided by mental health court; exit evaluation; confidentiality of information obtained from assessment, treatment, or testing.

Sec. 1096.

(1) A mental health court shall provide a mental health court participant with all of the following:

(a) Consistent and close monitoring of the participant and interaction among the court, treatment providers, probation, and the participant.

- (b) If determined by the mental health court to be necessary or appropriate, periodic and random testing for the presence of any nonprescribed controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods.
 - (c) Periodic evaluation assessments of the participant's circumstances and progress in the program.
 - (d) A regimen or strategy of appropriate and graduated but immediate rewards for compliance and sanctions for noncompliance, including, but not limited to, the possibility of incarceration or confinement.
 - (e) Mental health services, substance use disorder services, education, and vocational opportunities as appropriate and practicable.
- (2) Upon an individual's completion of the required mental health court program participation, an exit evaluation should be conducted in order to assess the individual's continuing need for mental health, developmental disability, or substance abuse services.
- (3) Any statement or other information obtained as a result of participating in assessment, treatment, or testing while in a mental health court is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal controlled substance use.

600.1097 Participation in and completion of mental health court program; compliance with court orders; accusation of new crime; judge discretion to terminate; payment of costs; objection to written individual plan of services; notice.
Sec. 1097.

- (1) In order to continue to participate in and successfully complete a mental health court program, an individual shall comply with all court orders, violations of which may be sanctioned at the court's discretion.
- (2) If the participant is accused of a new crime, the judge shall have the discretion to terminate the participant's participation in the mental health court program.
- (3) The court shall require that a participant pay all court fines, court costs, court fees, restitution, and assessments and pay all, or make substantial contributions toward payment of, the costs of the treatment and the mental health court program services provided to the participant, including, but not limited to, the costs of drug or alcohol testing or counseling. However, except as otherwise provided by law, if the court determines that the payment of court fines, court fees, or drug or alcohol testing expenses under this subsection would be a substantial hardship for the individual or would interfere with the individual's treatment, the court may waive all or part of those court fines, court fees, or drug or alcohol testing expenses. The cost of treatment shall be governed by chapter 8 of the mental health code, 1974 PA 258, MCL 330.1800 to 330.1842, if applicable.
- (4) The responsible mental health agency shall notify the court of a participant's formal objection to his or her written individual plan of services developed under section 712(2) of the mental health code, 1974 PA 258, MCL 330.1712. However, the court is not obligated to take any action in response to a notice received under this subsection.

600.1098 Successful completion or termination; findings on the record or statement in court file; applicable law; discharge and dismissal of proceedings; criteria; discharge and dismissal of domestic violence offense; circumstances; discharge and dismissal under subsection (3); duties of court upon successful completion of probation or court supervision; termination or failure of participant to complete program; duties of court; records closed to public inspection and exempt from disclosure.

Sec. 1098.

(1) Upon completion or termination of the mental health court program, the court shall find on the record or place a written statement in the court file indicating whether the participant completed the program successfully or whether the individual's participation in the program was terminated and, if it was terminated, the reason for the termination.

(2) If an individual is participating in a mental health court under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, or section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430, the court shall proceed under the applicable section of law. There may only be 1 discharge or dismissal under this subsection.

(3) Except as provided in subsection (4), the court, with the agreement of the prosecutor and in conformity with the terms and conditions of the memorandum of understanding under section 1091, may discharge and dismiss the proceedings against an individual who meets all of the following criteria:

(a) The individual has participated in a mental health court for the first time.

(b) The individual has successfully completed the terms and conditions of the mental health court program.

(c) The individual is not required by law to be sentenced to a correctional facility for the crimes to which he or she has pled guilty.

(d) The individual has not previously been subject to more than 1 of the following:

(i) Assignment to the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11.

(ii) The dismissal of criminal proceedings against the individual under section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, or section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430.

(4) The court may order a discharge and dismissal of a domestic violence offense only if all of the following circumstances apply:

(a) The individual has not previously had proceedings dismissed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(b) The domestic violence offense is eligible to be dismissed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(c) The individual fulfills the terms and conditions imposed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, and the discharge and

dismissal of proceedings are processed and reported under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(5) A discharge and dismissal under subsection (3) shall be without adjudication of guilt or, for a juvenile, without adjudication of responsibility and are not a conviction or a finding of responsibility for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime or, for a juvenile, a finding of responsibility. There may only be 1 discharge and dismissal under subsection (3) for an individual. The court shall send a record of the discharge and dismissal to the criminal justice information center of the department of state police, and the department of state police shall enter that information into the law enforcement information network with an indication of participation by the individual in a mental health court. All records of the proceedings regarding the participation of the individual in the mental health court under subsection (3) are closed to public inspection from the date of deferral and are exempt from public disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, but shall be open to the courts of this state, another state, or the United States, the department of corrections, law enforcement personnel, and prosecutors only for use in the performance of their duties or to determine whether an employee of the court, department, law enforcement agency, or prosecutor's office has violated his or her conditions of employment or whether an applicant meets criteria for employment with the court, department, law enforcement agency, or prosecutor's office. The records and identifications division of the department of state police shall retain a nonpublic record of an arrest, court proceedings, and the discharge and dismissal under this subsection.

(6) Except as provided in subsection (2), (3), or (4), if an individual has successfully completed probation or other court supervision, the court shall do the following:

(a) If the court has not already entered an adjudication of guilt or responsibility, enter an adjudication of guilt or, in the case of a juvenile, enter a finding or adjudication of responsibility.

(b) If the court has not already sentenced the individual, proceed to sentencing or, in the case of a juvenile, disposition pursuant to the agreement.

(c) Send a record of the conviction and sentence or the finding or adjudication of responsibility and disposition to the criminal justice information center of the department of state police.

(7) For a participant whose participation is terminated or who fails to successfully complete the mental health court program, the court shall enter an adjudication of guilt, or, in the case of a juvenile, a finding of responsibility, if the entry of guilt or adjudication of responsibility was delayed or deferred under section 1094, and shall then proceed to sentencing or disposition of the individual for the original charges to which the individual pled guilty or, in the case of a juvenile, to which the juvenile admitted responsibility prior to admission to the mental health court. Except for program termination due to the commission of a new crime, failure to complete a mental health court program shall not be a prejudicial factor in sentencing. All records of the proceedings regarding the participation of the individual in the mental health court shall remain closed to public inspection and exempt from public disclosure as provided in subsection (5).

600.1099 Mental health court; collection of data; maintenance of files or databases; standards; disclosure.

Sec. 1099.

(1) Each mental health court shall collect and provide data on each individual applicant and participant and the entire program as required by the state court administrative office. The state court administrative office shall provide appropriate training to all courts entering data, as directed by the supreme court.

(2) Each mental health court shall maintain files or databases on each individual participant in the program for review and evaluation as well as treatment, as directed by the state court administrative office. The information collected for evaluation purposes must include a minimum standard data set developed and specified by the state court administrative office.

(3) As directed by the supreme court, the state court administrative office shall provide standards for mental health courts in this state, including, but not limited to, developing a list of approved measurement instruments and indicators for data collection and evaluation. These standards must provide comparability between programs and their outcomes.

(4) The information collected under this section regarding individual applicants to mental health court programs for the purpose of application to that program and participants who have successfully completed mental health courts is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

600.1099a Mental health court; expenditure of funds by supreme court; quarterly reports; advisory committee; technical and training assistance.

Sec. 1099a.

(1) The supreme court is responsible for the expenditure of state funds for the establishment and operation of mental health courts.

(2) Each mental health court shall report quarterly to the state court administrative office in a manner prescribed by the state court administrative office on the state funds received and expended by that mental health court.

(3) The state court administrative office may establish an advisory committee. If established, this committee shall be separate from and independent of the state's drug treatment court advisory committee.

(4) As directed by the supreme court, the state court administrative office shall, in conjunction with the department of community health, assure that training and technical assistance are available and provided to all mental health courts.

