

## **Yolo County Mental Health Court Guidelines**

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### **Introduction**

The Yolo County Mental Health Court (MHC) was established in February 2013 to address the increasing number of mentally ill defendants cycling through the courts and jails. MHC has provided a forum for effective collaboration between multiple impacted agencies, including the Superior Court, Public Defender's Office (PD), Conflict Counsel's Office, District Attorney's Office (DA), Health & Human Services Agency (HHSA), the Probation Department, and the Sheriff's Office.

### **Purpose**

The overall purpose of the Yolo County MHC is to enhance public safety and reduce recidivism of mentally ill criminal defendants through supporting their participation in Specialty Court services, including frequent court appearances, engagement in community treatment, and maintaining stable housing.

### **Performance Measurement**

The program strives to achieve positive outcomes in the following areas of participants' lives, both during and following graduation from MHC:

- Treatment engagement
- Number of arrests
- Number of jail bed days
- Number of acute hospital bed days
- Number of Long-term or State Hospital bed days

Probation and HHSA collect the following data to measure progress on the above outcomes for all YCMHC participants:

- Mental Health service utilization by participants prior to, during, and in the one year following participation in MHC,
- Number of arrests in the participant group prior to, during, and in the one year following participation in MHC,
- Number of jail bed days utilized by the participants prior to, during, and in the one year following participation in MHC, and
- Number of (local and state) hospitalization days utilized by the participants prior to, during, and in the one year following participation in MHC.

## **MHC Program Eligibility**

A participant in Yolo County MHC must be a United States citizen and a current resident of Yolo County. In order for a participant to receive their mental health services through HHSA they must meet Medi-Cal's definition of residency, which is as follows: "someone who is physically present and living with the intent to remain permanently or for an indefinite amount of time." The MHC team will consider participants who do not meet this definition of residency or otherwise are not eligible for Yolo County Medi-Cal on a case-by-case basis

The participant must meet the criteria for a Serious Mental Illness (SMI) as assessed by a HHSA Clinician and defined by the Diagnostic and Statistical Manual of Mental Disorders, Edition 5 (DSM-5). A Serious Mental Illness (SMI) is defined as a diagnosis that includes severe, persistent and chronic mood and/or thought symptoms causing daily functional impairment. Eligible diagnoses include, but are not limited to:

- Bipolar Disorder,
- Major Depressive Disorder, and
- Schizophrenia and other psychotic disorders.

Individuals with a co-occurring substance use disorder are also eligible for MHC.

The participant must have the following criminal system involvement:

- Charged with one or more misdemeanor or felony offenses, and/or
- Convicted of one or more misdemeanor or felony offenses, and/or
- Placed on formal probation, sentenced to county prison, found in violation of probation, placed on Post Release Community Supervision (PRCS) or found to be at risk for violating his or her probation or PRCS.

The participant's mental illness must be the cause or aggravating factor in the commission of their crime(s). A HHSA Clinician will assess the participant's Mental Status at time of Offense (MSO) as part of the eligibility process.

In addition, the participant's prior criminal history and community treatment engagement are considerations in determining eligibility. The participant must express interest in MHC involvement because he or she wants the assistance and support of the MHC team, not because he or she has any expectation of leniency.

The participant must be willing to enter an Arbuckle waiver, which means they waive their right to have their sentence imposed by the same judge who took the plea/and or verdict. Their case will be

transferred to the MHC Judge who will then have jurisdiction and may modify the participant's sentence, if warranted.

Participation in MHC is voluntary, although the participant must be willing to participate in community treatment. The participant must also be willing to sign Releases of Information (ROI) for details pertaining to his/her mental health treatment, substance use, legal status, and other relevant history to be shared with the MHC team.

Finally, all agency representatives serving on the MHC Team must agree upon a participant's acceptance into MHC.

### **Deferred Entry of Judgment and Other Legal Considerations**

Both pre and post-plea defendants may be assessed for participation in MHC. The minimum requirement for acceptance is that participants have resolved their case(s) and can be released on Supervised Own Recognizance (SOR). In some cases, the DA's Office and the defense attorney can agree to a Deferred Entry of Judgment (DEJ) case disposition. The DEJ agreement is separate from the MHC contract.

In DEJ cases, the defense attorney, DA and Court must agree to the DEJ prior to the participant's entry into MHC. The same MHC eligibility criteria for a post-conviction defendant will be applied to a DEJ defendant. The DA will evaluate the facts of the current offense(s), the defendant's criminal history and any other relevant factors when making the determination that a DEJ resolution is appropriate. Emphasis will be placed on defendants who do not have any prior felony convictions. The home court judge must accept the DEJ plea agreement and the MHC judge must agree to accept a MHC participant on a DEJ basis.

Participants must be willing to enter an Arbuckle waiver, which means they waive their right to have their sentence imposed by the same judge who took the plea/and or verdict. Their case will be transferred to the MHC Judge who will then have jurisdiction and may modify the participant's SOR, if warranted. The team will have input into any such modification, with the goal being a consensus. All participants that are accepted into MHC will sign a MHC contract. Once accepted into MHC, DEJ defendants are supervised by the MHC Probation Officer under the Terms and Conditions of SOR, generally mirroring the requirements of formal probation.

If the defendant subsequently fails to successfully complete MHC, the DEJ will be entered by the MHC Judge prior to returning the defendant's case(s) to the home court for sentencing.

### **Initial Case Processing**

### *Identification*

Cases may be identified in criminal court by Superior Court Judges, the DA's Office, the PD's office/Defense Counsel, California Forensic Medical Group (CFMG) in-custody services, the Sheriff's Office in-custody staff, local law enforcement agencies, HHSa and/or Adult Probation Department.

### *Referral*

Typically, the PD will refer the potential participant to MHC. However, any team member may submit a referral.

The MHC referral packet includes:

- Specialty Court Pre-Referral Questionnaire
- Specialty Court ROI
- Specialty Court Referral Cover Letter
- Police reports
- Minute Order

The complete referral packet must be sent to both HHSa and Probation. HHSa will conduct an assessment to determine eligibility for MHC based upon a SMI diagnosis. In addition, HHSa will assess the potential participant's MSO. If HHSa believes the potential participant is eligible, the Probation Officer will conduct his or her own assessment of the potential participant's suitability for community supervision. HHSa will strive to complete all assessments within 2 weeks of receiving the complete referral packet, subject to volume of referrals at any given time. Probation will strive to complete their assessment within 4 weeks of receiving the complete referral packet.

HHSa and Probation will share their recommendations with the other team members for further discussion and final disposition. The MHC team will review the facts of the case, including victim input and impact (if appropriate), past compliance on probation/parole (if applicable), treatment history, medical history, and possibility of placement and appropriate treatment. Acceptance into MHC is made on a case-by-case basis considering the factors mentioned above and any other relevant factors. The Probation Officer will write a memo to the Court with the team's final decision.

In complex cases, Probation and HHSa may be asked by the DA's Office to attend a committee which may include the DA assigned to the criminal case, the DA assigned to MHC, and Supervising DA(s) to discuss a case before the DA's Office offers their final recommendation.

### **The MHC Team**

### *Judge*

The MHC Judge heads the collaborative treatment team. In this capacity, the Judge regularly reviews case status reports detailing each participant's compliance with the treatment plan. During regular court appearances, the Judge administers graduated sanctions and incentives to increase each participant's accountability and to enhance the likelihood of long-term treatment compliance.

### *District Attorney (DA)/Prosecutor*

The role of the DA/Prosecutor in MHC differs from traditional adjudication processes. In MHC, all parties and counsel share the common goal of helping participants successfully comply with treatment in a community setting. The DA/Prosecutor reviews new cases concerning eligibility pursuant to these guidelines. The eligibility assessment includes a review of the defendant's criminal history, consultation with victims when appropriate, legal eligibility, and appropriate dispositions on legal status upon the defendant's entry into MHC. The DA is the primary point of contact for private defense attorneys in order to explain the referral process and assist with obtaining needed forms.

As part of a collaborative team with the Judge, Public Defender/Defense Counsel, Probation and HHSA, the DA/Prosecutor monitors participant progress and can make recommendations regarding sanctions. If a participant is re-arrested, the DA/Prosecutor investigates the new case and assesses the appropriateness of continued participation.

### *Public Defender (PD)/Defense Counsel*

The PD/Defense Counsel represents and advises the defendant in all court proceedings and is mindful of the defendant's constitutional rights as a criminal defendant and the defendant's civil rights as a mental health consumer. The PD/Defense Counsel uses a non-adversarial approach with a focus on protecting defendants' constitutional rights, as well as promoting and assisting with their success in treatment to promote health and well-being. The PD/Defense Counsel seeks to find treatment solutions for the defendant that minimize the defendant's exposure to incarceration, reduce the risk of re-arrest or new charges, and mitigate the consequence of a criminal conviction.

### *Adult Probation Department (Probation)*

A specialized Probation Officer oversees a predominantly or exclusively MHC caseload. The Officer develops monitoring recommendations for rewards and sanctions. The Officer works closely with participants and provides updates to the team regarding compliance with terms and conditions of probation. The Officer focuses on community involvement, including meeting with clients in the field, interacting with community-based organizations, overseeing restitution, and networking with treatment providers. The Officer also provides client progress reports to all team members at each hearing.

### *Health & Human Services Agency (Clinician)*

The HHSA Clinician assesses referrals and makes recommendations regarding eligibility. The Clinician then works with MHC participants ongoing to assure their engagement in mental health services and linkage to other practical and social supports. The focus for this role is to connect the participant with appropriate community resources, provide treatment goals and foster meeting those goals through individualized interventions specific to the needs of each participant. The Clinician also provides referrals to community treatment providers to address the participants individualized special needs. The Clinician monitors the participant's progress and reports to the MHC team, and tracks MHC participants' outcomes data.

### *Community Treatment Providers*

MHC maintains a network of community-based mental health and substance abuse treatment providers. Services include residential facilities, hospital-based and outpatient detoxification, short and long-term residential treatment, outpatient treatment, psychiatric emergency services, intensive outpatient case management services and others. The MHC team refers participants to specific programs based on their clinical need and medical necessity, the program's ability to comply with the Court's reporting requirements, and the program's capacity to provide culturally appropriate services (e.g., mental/physical health, language, etc.). For outpatient services, the MHC clinical staff refers participants whenever possible, to a provider located near their community. Treatment providers, with whom the MHC Clinician maintains close communication, may also appear in bi-weekly staffing meetings to provide input to the Court on participants' progress in treatment.

### **Clinical Conference and Court Proceedings**

The MHC Team holds a bi-weekly clinical conference for all cases on the calendar, typically on the second and fourth Monday of each month. The team reviews a clinical report from the service provider for each participant. The clinical case conference is also used to assess the status of difficult or complex cases in which current treatment and supervision may not be moving the participant's goals adequately forward. Decisions are typically made by consensus.

Though not a member of the standing MHC team, any attorney representing a client in MHC, or any community-based treatment provider with a client in MHC, may attend the bi-weekly clinical conferences, provided appropriate ROIs have been signed for all parties involved.

If a participant is taken into custody on a warrant, the case will be heard on the next-scheduled Monday at 1:30 p.m., whether or not that is a regularly scheduled MHC hearing date. Defense counsel or the Probation Officer will advise the MHC team of the participant's custody status and the requested

hearing date. In these situations, the team may convene for an additional clinical pre-court hearing conference.

To the greatest degree possible, participating agency representatives agree to share decision-making responsibility and authority for all decisions regarding treatment of individual MHC participants. If there is a disagreement that cannot be resolved at the MHC team level, additional representatives such as Department Heads from those agencies involved in the disagreement will meet to secure a resolution.

### *Confidentiality*

The MHC program is governed by Federal, State and local laws pertaining to confidentiality. Disclosure of information received in the course of treatment is strictly prohibited unless a court order “for good cause” is issued. Defendants must authorize the disclosure of information regarding their “diagnosis, attendance, scope of treatment, treatment progress and quality of participation, and termination or completion of treatment.” All parties and counsel attending clinical conferences must sign a pledge to maintain the confidentiality of all client information and discussions.

No Court order is required for any party to disclose to the appropriate authorities any information revealed in MHC which is subject to mandatory reporting by any statute.

### *Review Hearings*

Review hearings are a central feature of MHC. Participants appear regularly before the Judge who reviews progress. During the review hearing, the Court is provided with any additional treatment review reports and other information from a variety of sources. The participant is expected to bring his/her treatment group check-in sheets or other proof of treatment compliance. Participants interact directly with the Judge during the review hearings.

## **Treatment and Supervision**

### *Treatment*

Participants who are eligible for Yolo County Medi-Cal will receive their mental health treatment through HHSA. A HHSA Clinician and Behavioral Health Case Manager who are specifically assigned to MHC will provide assessment, treatment planning, intensive case management, monitoring, accountability, and coordination. The Clinician will also provide information to the Court at bi-weekly staffing and Court reviews.

The MHC team will consider accepting participants into MHC who are not/will not be eligible to receive mental health services through HHSA on a case-by-case basis. In these circumstances, the participant would be required to sign ROIs for all of their treatment providers including, but not limited to: psychiatrist, therapist, case manager, SUD provider (residential and outpatient), and any other mental

health provider (residential or outpatient). The participant's mental health providers would need to be willing to provide updates to the court on a bi-weekly basis and would need to agree to work collaboratively with the rest of the MHC team members regarding all aspects of the participant's mental health treatment.

Treatment plans are flexible and adjusted based on a participant's individual needs and goals. The plan takes into account the participant's baseline functioning, individual capabilities, and holistic needs including physical, mental, and spiritual interests. Treatment plans will be modified when needed to reflect the participant's progress. The focus of services and supports provided to each participant will focus on allowing him/her every opportunity to successfully complete of all MHC/legal requirements, in addition to improving ongoing safety and life stability following participation in MHC.

Treatment services available to MHC participants, as determined appropriate on an individually assessed basis, include:

- Psychiatric Medication prescribing and monitoring,
- Outpatient psychotherapy,
- Linkage to needed resources, such as financial, housing, medical, vocational, etc.,
- Benefits advocacy and linkage assistance,
- Mental health residential treatment, board and care, supported independent living, and other housing options as available,
- Residential, and outpatient substance use treatment programs,
- Psychiatric health facility and acute psychiatric unit treatment,
- Crisis residential treatment, and
- Transition Age Youth, Adult, Forensic, or Older Adult Full Service Partnerships, as appropriate to ongoing support needs, and initiated during participant time of transition from MHC to ongoing services.

To the extent feasible, defendants will be given choices and options as to what services and support will be incorporated into their plans.

### *Supervision*

The assigned Probation Officer will be responsible for monitoring the participant's progress, according to each participant's terms and conditions of supervision and treatment plan. Intensity of probation supervision will vary individually depending on each participant's charges and progress (i.e., probation will likely be more intensively involved with probationers/violators, felony cases, misdemeanors with violence, defendants not progressing well, etc.)

## **Incentives and Sanctions**

Incentives and sanctions are used by the Court to motivate each participant's compliance with the recommended treatment plan. If he/she is treatment compliant, the participant receives encouragement and incentives for continuing to do well. If the participant is not compliant, sanctions may include a reprimand or increased intensity of treatment. To support attendance at every bi-weekly court hearing, the participant receives a copy of the Minute Order, which includes the next court date at the end of each hearing.

### *Incentives*

Incentives are used to assist the participant in achieving treatment goals. The Judge determines incentives based upon the recommendations from the MHC team. Examples of incentives include, but are not limited to:

- Verbal Reinforcement from the Court,
- Tokens (e.g. gift cards),
- Applause,
- Certificates of Achievement,
- Treatment Group Completion,
- Reduced Frequency of Court Appearances,
- Successful Transition from MHC
- MHC Commencement

### *Sanctions*

Sanctions are used to assist the participant in achieving treatment goals. At any time, with or without a sanction, a participant may be assessed for a higher level of treatment, hospitalization, additional support meetings, or more intensive case management. The Judge imposes sanctions after hearing from the participant, counsel, and the MHC team. Examples of sanctions include, but are not limited to:

- Admonishment or Reprimand from the Court,
- Volunteer Community Service Work,
- Assignments/Written Essays,
- Increased Frequency of Court Appearances,
- Drug Testing,
- Bench Warrant,
- Flash Incarceration, and/or
- Termination of MHC and Return to Criminal Court for Adjudication.

If the treatment plan is inadequate to meet the participant's needs (e.g., the participant exhibits symptoms of psychosis, suicidal ideation, self-injurious behavior, or continues to not adhere to requirements associated with use of substances), the Court may order additional assessments and the level of treatment may be intensified. The participant may move from a community setting into a residential treatment program or other higher level of care. The Court may order a psychiatric examination, money management, more AA/NA meetings, drug testing, or more intensive monitoring.

Incarceration is not typically used as a sanction in MHC. As much as feasible, rewards will be favored over sanctions, and jail will be used as a sanction only with discretion. In addition to primary community safety considerations, the MHC team will consider such factors as the likely impact on the individual participant's treatment and the seriousness of the charges or violation of supervision conditions in deciding whether to use jail as a sanction. A participant may be remanded into custody if he/she is engaging in extremely high-risk behaviors and represents a threat to public safety.

In addition to the above-listed sanctions, the DA and Probation retain discretion to file a Violation Of Probation (VOP) declaration based on an alleged VOP, including a VOP based on a positive drug test. Any VOP filed against the participant, either while he or she is a current participant in MHC or based on conduct occurring while she or she was formerly a participant in MHC, will be heard and decided by the MHC Judge. If an alleged VOP is based solely on a positive drug test: (1) the Court will hold the alleged VOP in abeyance unless the Court, with input from the MHC team, decides otherwise; (2) the alleged VOP may be considered as a reason for termination from MHC, but it will not result in any punishment beyond unless the MHC team agrees otherwise; and (3) if the participant successfully completes MHC, or is terminated unsuccessfully from MHC, any pending VOP will be dismissed.

### **Termination**

Termination of a participant from MHC may occur when he/she re-offends, stops coming to Court appearances, or has left a treatment program and refuses to return. In these circumstances, the case is returned to the original criminal department for adjudication. If a participant re-offends or is re-arrested, his/her continued participation in the program is subject to the express consent of all members of the MHC team, both as to the new case and the pre-existing case.

If a participant fails to appear in Court, the MHC judge may issue and hold a bench warrant for his/her arrest. The MHC team has the right to drop the participant from the program to free up their slot. Should the participant return they can be re-referred to the program and the team will determine their suitability to return the program, pending availability in the program. If a participant is in MHC as a condition of probation and he/she stops coming to court, leaves a treatment program, or refuses to return to treatment, he/she is in violation of probation and may have his/her probation revoked, and his/her jail or state prison sentence imposed. Upon a violation of the terms of probation, a participant may only continue in MHC with the express consent of all MHC team members.

The participant may opt out of MHC at any time and be returned to their home court for adjudication.

## **Successful Completion of MHC**

### *Commencement*

A ceremony and reception is held to commemorate participants who have fully met the MHC participation minimum requirements, maintained satisfactory progress, and remained engaged in treatment and services. The participant will receive a certificate of completion upon their commencement.

### *Successful Transition*

For those participants who due to the severity of their mental illness, co-occurring substance use disorder, and/or functional impairments are unable to fully meet the requirements of MHC, but have otherwise made significant progress and met as many requirements as possible, the team can decide to successfully transition them out of MHC. A ceremony and reception will be held, however, the participant will not receive a certificate of completion.

## **MHC Program Requirements**

- MHC is a minimum of 18 months and consists of 4 phases,
- Participants will progress through phases based upon their participation and successful completion of tasks,
- Participants will be required to write an essay before advancing to each subsequent phase,
- Participants will be required to actively engage with a Behavioral Health Case Manager, meet with a Psychiatrist and take medications as prescribed,
- Participants will be expected to abstain from all substances, however a harm reduction model will be used in determining sanctions and commencements,
- Participants will be expected to abstain from alcohol and marijuana, unless otherwise approved by the MHC team,
- Participants will be expected to abstain from prescription medication that has the potential for abuse such as opiates and benzodiazepines, unless their treating physician provides evidence that no other alternative treatment is available,
- Participants will be required to meet with their Probation Officer as directed,
- Participants will be required to complete a Restorative Justice component and complete an aftercare plan before successful completion of MHC,
- HHSA and Probation will present progress reports to the other MHC team members at bi-weekly staffing meetings held prior to MHC,

- Decisions related to the participant's advancement, commencement, or termination will be made at progress reviews, with final approval by the Court and are all subject to discretionary modification by the MHC team.
- In exceptional circumstances and with unanimous approval the team can decide to advance a participant to the next Phase if not all requirements have been met.

*PHASE 1 – Orientation and Treatment Plan Development:*

The participant will:

- Be assigned a primary Mental Health Case Manager and Probation Officer,
- Be evaluated by a psychiatrist for medication management, as indicated,
- Receive orientation by the team as to expectations, requirements, and goals,
- Be in Phase 1 for a minimum of 60 days, and
- Be in Phase 1 until all phase requirements are met.

Phase I Requirements:

- Attend all required court appearances,
- Report to the Probation Officer as required,
- Maintain contact with the primary Mental Health Case Manager at the frequency defined in the current Treatment Plan,
- Apply for, or reinstate, Social Security benefits and any other applicable social/medical benefits programs,
- Meet with a psychiatrist, as indicated, and consistently take medications as prescribed,
- Maintain consistent attendance at all appointments for psychiatric treatment, case management, and substance abuse counseling,
- If substance abuse is identified in the treatment plan, report for drug and alcohol testing as specified by the team, with testing through the Probation Department &/or the mental health provider,
- If substance abuse is identified in the treatment plan, attend a minimum number of self-help meetings (including sponsor meetings) per week, as directed in the treatment plan, and bring proof of attendance each court appearance,
- Maintain mandatory attendance and participation at any additional meetings and activities as assigned in the treatment plan,
- Develop and maintain a calendar with scheduled appointments, meetings, and other commitments, to be shown at each mental health, probation, and court appearance,
- Seek employment or vocational rehabilitation services if included in the treatment plan, and provide evidence at each court appearance,
- Register as a drug offender if ordered to do so by the Court, and

- Maintain curfew from 10:00 p.m. to 5:00 a.m., or as ordered by the MHC team.

In order to advance to Phase II participants must:

- Have no positive drug test results (including missed, diluted, or tampered tests) for a minimum of 30 consecutive days prior to submission of the request to advance,
- Have been medication compliant for a minimum of 45 consecutive days prior to submission of the request to advance,
- Have no unexcused appointments (including mental health and substance abuse treatment, probation visits, and court appearances) for a minimum of 30 consecutive days prior to submission of the request to advance,
- If substance abuse is identified in the treatment plan, provide proof of required attendance at self-help meetings at the assigned level for a minimum of 30 days prior to submission of the request to advance,
- If substance abuse is identified in the treatment plan, acknowledge a substance abuse problem and a commitment to live an alcohol-free and drug-free lifestyle, demonstrated for a minimum of 30 consecutive days prior to submission of the request to advance,
- Complete all treatment plan activities,
- Maintain active employment or consistent participation in vocation training, education services, or other approved, gainful activity, if included in the treatment plan,
- Prepare a written Phase 2 Advancement Essay, outlining targeted goals and objectives to be addressed in the next phase, submitted to the Probation Officer and Mental Health Case Manager prior to the participant's court date, and then to be presented by the participant at a designated court appearance, and
- Obtain unanimous approval for advancement by the MHC team.

### *Phase 2 – Early Recovery*

Phase II Requirements:

- Begin to progress toward completing the requirements of his/her treatment plan/long-term goals,
- Develop habits of self-recovery,
- Maintain sobriety and medication compliance,
- Be in Phase 2 for a minimum of 90 days,
- Be in Phase 2 until all phase requirements are met,
- Comply with all requirements set forth in Phase 1 Requirements, unless directed otherwise,

- Continue to develop additional community-based recovery services and supports, such as employment training, mental health services, life skills advancement, and educational advancement, and
- Develop long-term goals, which outline self-help recovery habits and changes, a plan for maintaining recovery, a plan for sustaining mental health treatment engagement, and individualized life goals, which is then approved by the MHC team and presented to the Court.

In order to advance to Phase III the participant must:

- Have no positive drug test results (including missed, diluted, or tampered tests) for a minimum of 90 consecutive days prior to submission of the request to advance,
- Have been medication compliant for a minimum of 90 consecutive days prior to submission of the request to advance,
- Have no unexcused appointments (including mental health and substance abuse treatment, scheduled services, probation visits, and court appearances) for a minimum of 90 consecutive days prior to submission of the request to advance,
- Demonstrate engagement in productive use of his/her time, through employment, vocational or educational classes, volunteer work, or other activities as determined appropriate by the MHC team,
- Demonstrate positive adjustment and engagement in treatment,
- Prepare a written Phase 3 Advancement Essay, outlining targeted goals and objectives to be addressed in the next phase, submitted to the Probation Officer and Mental Health Case Manager prior to the participant's court date, and then presented by the participant at the designated court appearance, and
- Obtain unanimous approval for advancement by the MHC team.

### *Phase III – Active Recovery*

Phase III requirements:

- Continue to address his or her ongoing recovery needs, including maintaining total abstinence from drugs and alcohol, in addition to a strong focus on improving and maintaining daily living skills,
- In counseling and meetings, focus on areas that are challenging for the participant and identifying ways of coping with stressful situations,
- Be in Phase 3 for a minimum of 180 days,
- Be in Phase 3 until all phase requirements are met,
- Comply with all requirements set forth in Phases 1 and 2 Requirements, unless directed otherwise,

- Continue to develop additional community-based recovery services and supports, such as employment training, mental health services, life skills advancement, and educational advancement,
- Work toward developing a pro-social network of healthy supports within the community,
- Work toward achievement of long-term goals, as directed by the team, and
- Develop and implement a volunteer plan.

In order to advance to Phase IV the participant must:

- Have no positive drug test results (including missed, diluted, or tampered tests) for a minimum of 180 consecutive days prior to submission of the application to advance,
- Have been medication compliant for a minimum of 180 consecutive days prior to submission of the application to advance,
- Have no unexcused appointments (including mental health and substance abuse treatment, scheduled services, probation visits, and court appearances) for a minimum of 180 consecutive days prior to submission of the application to advance,
- Find and maintain a safe and stable living environment for a minimum of 90 consecutive days prior to submission of the request to advance,
- Work with the team on progress toward achievement of the participant's long-term goals,
- Demonstrate an ability to verbally express and understand all self-help concepts identified in the treatment plan or by the team,
- Have completed 120 verified volunteer hours,
- Make reasonable, consistent restitution as directed by the team or required by the Court,
- Prepare a written Phase 4 Advancement Essay, outlining targeted goals and objectives to be addressed in the next phase, submitted to the Probation Officer and Mental Health Case Manager prior to the participant's court date, and then to be presented by the participant at the designated court appearance, and
- Obtain unanimous approval for advancement by the MHC team.

#### *Phase IV – Sustained Recovery*

Phase IV Requirements:

- Comply with all requirements set forth in Phases 1, 2, and 3 Requirements, unless directed otherwise,
- Achieve participant's treatment plan/long-term goals, as developed in collaboration with the MHC team,
- Maintain clean and sober recreational and community fellowship, including sober and pro-social peer support,

- Complete all service or training targets as included in the treatment plan, with updated review of the plan, as indicated, and
- Develop and present to the MHC team an ongoing plan that provides the participant with individualized recovery guidelines for use within the community after the structure and support of the team have been removed at graduation.

In order to advance to commencement the participant must:

- Have successfully maintained all program requirements as set forth in the participant's treatment plan, and have participated in MHC for a minimum of 18 months,
- Have no positive drug test results (including missed, diluted, or tampered tests) for a minimum of 270 consecutive days prior to submission of the request to graduate,
- Have been medication compliant for a minimum of 180 consecutive days prior to submission of the application to graduate,
- Have no unexcused appointments (including mental health and substance abuse treatment, scheduled services, probation visits, and court appearances) for a minimum of 180 consecutive days prior to submission of the application to advance,
- Have obtained gainful, consistent employment, sufficiently participated in vocational training, sufficiently participated in educational training, or engaged in other productive use of time as approved by the team,
- Have maintained a safe and stable living environment for a minimum of 90 consecutive days prior to submission of the application to graduate,
- Have developed healthy interpersonal relationships, as determined by the team,
- Have worked with the team on progress toward achievement of the participant's long-term goals,
- Have developed a definitive aftercare plan, which may include continued self-help meetings, mental health and/or substance use services, and/or other appropriate supportive engagement as recommended by the team,
- Participate in a Restorative Justice process with HHSA staff and write an essay to the Court describing what was learned during the process,
- Prepare and submit a commencement essay to the Probation Officer and Mental Health Case Manager prior to the participant's court date, followed by presenting the commencement essay at a designated court appearance,
- Completion of any additional tasks/requirements as designated by the DEJ contract, if applicable.