
Kent County 17th Circuit Court
Treatment and Support Court (TASC)
Policy and Procedure Manual



May 5, 2020

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I. INTRODUCTION

This Policy and Procedure Manual is made available to all team members upon engagement. Treatment and Support Court (TASC) team members who are part of the Memorandum of Understanding (MOU) acknowledge their receipt of this manual as well as their agreement to follow its procedures and uphold confidentiality requirements, affirming their commitment to participate in TASC meetings and accepting their responsibilities as team members in relation to the Kent County Treatment and Support Court. This manual shall be reviewed at least annually.

Each participant is treated with respect and dignity, thus empowering him/her the ability for a greater sense of wellbeing and mental clarity to make positive changes in his/her life. As a participant's coping skills increase they will become responsible for their medication and actively engaged in their treatment, have a greater ability to regulate their emotions, seek and acquire a job, make constructive contributions to the community, and build meaningful relationships with others. As a result, recidivism rates for TASC participants will be reduced and the number of individuals with mental illness in jail will also be reduced.

The Treatment and Support Court (TASC) is a joint effort between Kent County's community mental health and criminal justice systems to address the needs of adult felony offenders with serious mental illness and/or co-occurring substance use disorders as well as those with developmental disabilities. TASC accepts individuals via delayed sentence or as a condition of probation. Legal eligibility is determined by the Prosecutor and clinical eligibility is determined by the Network 180 Clinical Liaison. The TASC presiding judge has the final authority regarding any person's admission to the court. TASC is staffed by a core team comprised of the presiding judge, representatives from the Kent County Prosecuting Attorney, the Kent County Public Defender's Office, Network 180 (Kent County Mental Health Authority), Michigan Department of Corrections Probation Office, and Court Services.

A. STATUTORY AUTHORITY

The Treatment and Support Court (TASC), aka, Mental Health Court, of Kent County, Michigan operates in accordance with MCL 600.1090, et seq. and Local Administrative Order 2017-XX approved by the Michigan Supreme Court/State Court Administrative Office.

B. VISION and MISSION STATEMENTS

VISION Individuals with severe mental illness and/or co-occurring mental health and substance use disorders, who would benefit from therapeutic interventions, will be diverted from jail or prison.

MISSION The Treatment and Support Court of Kent County will improve participant's mental health and wellbeing, promote self-sufficiency, and offer community based and cost-effective alternatives to incarceration and/or hospitalization for participants.

C. TASC GOALS

- (1) Preserve and enhance public safety
- (2) Divert offenders/participants from jail and/or prison
- (3) Break the recurring cycle of recidivism
- (4) Help participants gain/ maintain treatment and relevant social services.

- (5) Reinforce the personal responsibility to become law abiding citizens and successful community members.
- (6) Foster greater collaboration and understanding about mental illness and criminal justice between these disciplines and within the community to reduce stigma.

II. STAFF ROLES AND TEAM FUNCTIONS

The Treatment and Support Court (TASC) team consists of the Judge, TASC Court Coordinator, the Kent County Prosecutors Office, the Kent County Public Defender's Office, Network 180 (Kent County's Mental Health Authority), the Michigan Department of Corrections, 17th Circuit Court Services, and a third-party evaluator. In addition to core stakeholders, the Mental Health Court team collaborates with the local Bar Association, law enforcement, social service agencies, faith-based organizations, treatment providers, community corrections, and organizations such as the National Alliance for Mental Illness (NAMI). Representatives from these entities may be appointed to the team by the presiding judge of TASC.

A. TASC Roles by Individual Members

(1) Treatment and Support Court Judge

The presiding judge of TASC 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, as well as therapeutic responses, to increase each participant's accountability and to enhance the likelihood of long-term treatment compliance.

(2) Treatment and Support Court Coordinator

The Coordinator is responsible for the administration, management, and coordination of TASC services and operations, including overseeing TASC court staff activities, ensuring the court's compliance with statutes and court rules, developing court policies and procedures, managing service provider contracts and team member memoranda of understanding, managing program grants, facilitating team meetings, and serving as a liaison to local service providers and community groups. The TASC Coordinator, in collaboration with the TASC Judge and program staff, reviews the goals and objectives of a Mental Health Court at least annually, and revises them as necessary. The TASC Coordinators full scope of work can be found in the appendices.

(3) Prosecutor

The role of the prosecutor in TASC differs from the traditional adjudication process. In TASC, all parties and counsel share the common goal of helping participants successfully comply with treatment in a community setting with the primary goal of community safety. The prosecutor reviews new cases concerning eligibility pursuant to the guidelines herein. The eligibility assessment includes a review of the defendant's criminal history, consultation with victims, legal eligibility, and appropriate dispositions upon the defendant's entry into TASC.

As part of a collaborative team with the judge, defense attorney, and TASC staff, the prosecutor monitors participant progress and compliance and can make recommendations regarding sanctions. If a participant is re-arrested, the prosecutor investigates the new case and assesses the appropriateness of continued participation.

(4) Public Defender/ Defense Counsel

The Public Defender/ 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 behavioral health consumer. The Public Defender/ Defense Counsel uses a non-adversarial approach with a focus on protecting the defendant's constitutional rights and their success in treatment to promote health and well-being. The Public Defender/ Defense Counsel seeks to find treatment solutions for the defendant that minimize the defendant's exposure to incarceration, reduces the risk of re-arrest or new charges, and mitigates the consequence of criminal conviction.

(5) Probation Officer

The Mental Health Court Probation Agent (MDOC) will supervise all active participants in TASC who have been referred to the program through probation or a sentence modification (if probation is to follow). The Probation Agent completes home visits for all TASC probationers to ensure program compliance. The Probation Officer will administer random urine screens in accordance with the Phase Plan, complete Pre-Trial Report with all incoming participants under his/her supervision, and complete an Exit Report for all participants.

(6) TASC Clinical Liaison

The TASC Clinical Liaison (Network 180) will determine mental health eligibility for all potential participants referred to task and they will complete an intake/orientation with all incoming participants under his/her supervision. The Clinical Liaison will make service and level of care recommendations, link the participants to identified services and supports, and collaborate with treatment providers to assure that participants are attending and making progress. The Clinical Liaison will create Phase Plans for each participant. The Phase Plans identify the requirements to which the participant will be held and the competencies they are expected to achieve in each phase of the program. The Clinical Liaison will maintain case notes in DCCMIS regarding all participant contact, chemical testing, and participant contacts with community agencies providing Behavioral Health services. All files that cannot be tracked in DCCMIS will be stored in a standardized participant Social File. The Clinical Liaison will collect data using the WHODAS, Supplemental Evaluation, GPRA, and Life Experience Survey at required intervals starting at intake, every 6 months, and discharge. The TASC Clinical Liaisons full scope of work can be found in the appendices.

(7) Peer Recovery Coach

The Recovery Coach will work with TASC participants to increase their understanding and

accessing substance use disorder services as they are recommended by the Clinical Liaison. The Recovery Coach will model competency in recovery and demonstrate on-going coping skills. They will work in conjunction with the TASC team to provide outreach to clients who may be ambivalent about treatment and offer additional support as they engage in various services. The Peer Recovery coach will provide support either 1:1 with participants as indicated in the participants phase plan and/or facilitate groups that lend support and provide education on a variety of topics.

TASC Teams and their Functions

(8) Case Review Team

The Clinical Liaisons, TASC Coordinator, and Recovery Coach meet weekly to clinically review each of the participants progress, create solutions to support those who are struggling, enhance Phase Plans accordingly, and develop recommendations for sanctions, therapeutic responses, and incentives for the CORE team. The case review team accepts participant requests to promote or graduate, meets with the participants to discuss their progress meeting phase requirements and acquire competencies, and make recommendation to approve or deny the request to CORE.

(9) CORE Team

The TASC CORE team meets weekly prior to court review sessions to staff cases, vet referrals for participation, and engage in program review and planning. The CORE Team includes the Judge, Probation Officer, Clinical Liaison, TASC Coordinator, the Prosecutor, the Defense Attorney, the Recovery Coach and the Evaluator and other persons as the presiding judge may direct. The TASC Coordinator generates a staffing report to guide the team's discussion. See appendices for

a sample staffing report.

(10) Implementation Team

The TASC Implementation meets at least quarterly to review the teams progress in meeting program Goals and objectives. The 17th Circuit Court has been awarded grant dollars that require specific practices and outcomes. The Implementation Team monitors data to assure we are attaining the desired outcomes and to monitor practice fidelity. The CORE Team includes the Judge, MDOC, the Prosecutors Office, Network180 (Kent County CMH Authority), Research and Evaluation Associates, and the TASC Coordinator.

III. ELIGIBILITY CRITERIA FOR PARTICIPATION

- A. Participants must meet both legal and mental health eligibility criteria:
- (1) Legal eligibility is a discretionary matter and determined on a case by case basis. TASC considers defendants who have committed a felony. Defendants with a past or current CSC, violent crime causing death or serious bodily harm by statute, may not be eligible for participation. See appendices for list of ineligible offenses.
 - (2) Serious Mental Illness is defined through diagnosis, disability, and duration, and includes disorders with psychotic symptoms such as schizophrenia, schizoaffective disorder, manic depressive disorder, and bi-polar type I or II disorders. These disorders are chronic, disabling, and require ongoing treatment to improve a person's ability to function across multiple domains. Other mental illnesses including obsessive compulsive disorder, major depression, and panic disorders may be severe and cause significant functional impairment and substantially limit life activities and be considered as serious mental illnesses.
 - (3) Co-occurring Substance Use Disorder and Mental Illness Participants admitted to TASC may have a co-existing substance use disorder and mental illness.
- B. TASC will not discriminate based on race, religion, gender, ethnicity, age or disability.
- C. Participants must be a resident of Kent County
- D. TASC will admit individuals who have charges in other counties if the other county will defer to TASC and transfer supervision to Kent. This can be complicated and can result in TASC not admitting an individual who is under the jurisdiction of a court outside of Kent County.
- E. Individuals with substance use disorders will be required to demonstrate sobriety by drug testing at 82 Ionia. TASC will pay for up to 4 drug tests. Any additional tests (for the same battery of tests) to meet entry criteria will be paid by the individual seeking to participate. Two weeks of negative tests are required before the individual will be presented to CORE for consideration.

IV. PROGRAM MODEL

TASC is a team based problem solving court. The team is led by the Honorable J. Joseph Rossi and consists of a Program Coordinator, both a Prosecuting and Defense Attorney, a Probation Officer, 2 Clinical Liaisons, a Network of Treatment Providers, a Recovery Coach, and Circuit Court Personnel. The team works together for the common goal of helping participants improve their mental health and general well-being, promote participant self-sufficiency, and to reduce/eliminate criminal behaviors.

TASC is based upon the principles of extensive judicial involvement and oversight with a series of rewards, sanctions or therapeutic responses and the participation in intensive mental health or integrated (mental health and substance use) care treatment.

- (1) Participation in TASC is voluntary.
- (2) All prospective participants are evaluated and screened to assure they meet legal and mental health eligibility criteria.
- (3) Applicants with pending criminal charges or are under the supervision of a court may be accepted for participation if they have a serious mental illness or a co-occurring serious mental illness and substance use disorder which can be treated in the community without risk to the applicant or danger to other persons.
- (4) Program length ranges from a minimum of 58 weeks or 15.5 months to a maximum of thirty-six (36) months.
- (5) Participants of Mental Health Court may be sanctioned for non-compliance or terminated from the program and returned to the originating court for sentencing on the underlying charges, in accordance with the referral agreement or terms

A. Program Phases

- (1) The program is organized by Phases (V) that participants must complete to graduate.
- (2) Each phase has a required minimal amount of time, identified and individualized requirements, and a set of competencies that the participant must demonstrate prior to promoting to the next level.
- (3) At the start of each phase the participants work with the Clinical Liaison to develop their Phase Plan. The Phase Plan identifies all the program requirements for the phase and is individualized to identify the participants treatment protocol. The Plan also includes 2 personal goals that focus on reducing criminogenic risks and it identifies the competencies to be gained before they can be considered for promotion. In Phase V the participant develops a Continued Care Plan to serve as their plan during the last phase. The Continued Care Plan is amended prior to graduation and serves as a discharge plan post program. When each phase is successfully completed they are graduated from the program. See appendices for Phase Plans.
- (4) Table of Phases:

| | PHASE I ORIENTATION AND ENGAGEMENT | PHASE II INTENSIVE TREATMENT | PHASE III TRANSITION | PHASE IV PLANNING AND EMPOWERMENT | PHASE V CONTINUED CARE |
|-----------------------------------|---|---|---|--|---|
| Time in Phase (minimum) | 12 weeks | 16 weeks | 12 weeks | 10 weeks | 8 weeks |
| Focus of Phase | Welcoming and orientating to program, understanding requirements, competencies, processes, inspire hope | Intensive treatment, individualized skill building to manage symptoms, learning about diagnosis, medication, and treatment. | Building and connecting to individual, community based and natural supports to sustain wellbeing and recovery post program. | Develop Continued Care Plan and completing court/program requirements | Utilization of Approved Continued Care Plan |
| PHASE PROGRAM REQUIREMENTS | | | | | |
| Phase Plan | Meet with TASC Clinician 2 X monthly to develop and review Phase I Plan | Meet with TASC clinician monthly to develop and review Phase II Plan | Meet with TASC clinician quarterly to develop and review Phase III Plan | Meet with TASC clinician quarterly to develop and review Phase IV Plan and to approve Continued Care Plan. | Implement Approved Continued Care Plan. |
| Court Review Hearings | 2 X month | 2 X month | 1 X month | Every other month | No need to report |
| Random urinalysis or BAC tests | 3 X weekly 1 X week if no SUD | 2-3 X weekly if SUD 1 X week if no SUD | 2-3 X weekly if SUD 1 X month if no SUD | 2 X weekly | 1 X weekly |
| Report to Probation Officer | <i>After sentencing:</i> 2 X monthly F2F 2 X monthly call in | 2 X monthly F2F 1 X monthly call in | 1 X monthly F2F 1 X monthly call in | 1 X F2F month | Per Probation Officer |
| Medication | Take medications as prescribed and attend medication reviews. | Strict Compliance to medication and attend medication reviews | Compliance to medication recommendation and attend medication reviews. | Take medications as prescribed and as agreed upon with treatment team and attend medication reviews. | Take medications and prescribed and as agreed upon with the treatment team and attend medication reviews. |
| Case Management | Meet with case manager as | Meet with case manager as | Meet with case manager as | Meet with case manager as | Meet with case manager as |

| | identified in the IPOS or POC | identified in the IPOS or POC | identified in the IPOS or POC | identified in the IPOS or POC | identified in the IPOS or POC |
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| Individual Mental Health Therapy | Attend treatment and determine a treatment plan if one has yet to be developed. Log to verify | Remain or become compliant with mental health IPOS treatment plan. Log to verify | Attend treatment as indicated in the IPOS. Log to verify | Attend treatment as indicated in the IPOS Log to verify | Attend treatment as identified in your Continued Care Plan No log required. |
| Treatment Groups essential to wellbeing and recovery | Attend groups as directed by TASC Clinician (Co-occurring groups, MRT, Symptoms Mgt.) Log to verify | Attend groups as directed by TASC Clinician (Co-occurring groups, MRT, Symptoms Mgt.) Log to verify | Attend groups as agreed upon by treatment team (Co-occurring groups, MRT, Symptoms Mgt.) Log to verify | Attend groups as agreed upon by TASC Clinician (Co-occurring groups, MRT, Symptoms Mgt.) Log to verify | Attend groups as identified in your Continued Care Plan No log required |
| Recovery Support Meetings | | | Attend recovery support meetings 3 X week or otherwise directed. Log to verify | Attend recovery support meetings 2 X week or otherwise agreed upon in phase plan. Log to verify | Attend as identified in your Continued Care Plan No log required |
| Appointments, Meetings and Trainings (include meetings with Peers) | Attend meetings and appointments as directed by TASC. Log to verify | Increased attendance and participation in outside skill building classes and trainings as directed by TASC. Log to verify | Continue to attend and participate in outside classes and trainings as directed by TASC. Log to verify | Reduce outside classes and trainings as skills are acquired. Continue to attend meetings as needed. Log to verify | Attend appointments, meetings, and trainings as identified in your Continued Care Plan. No log required. |
| Community Support | | Meet with Recovery Coach monthly as directed by TASC. | Identify a person(s) for ongoing support Meet with Recovery Coach monthly as directed by TASC. | Call support person weekly to assist in recovery | Call support person weekly to assist in recovery |
| Fines and Fees | | Develop plan to address court costs with payments, community service or work crew. | Implement plan to address court costs with payments, community service or work crew. | Continue to implement plan to address court costs with payments, community service or work crew. | Continue to implement plan to address court costs with payments, community service or work crew. |

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| Employment, ED, Vocational Rehabilitation, community service, or Volunteer | | Participate in vocational rehabilitation or readiness program if approved by the court. Program verify attendance | Establish employment, education/vocational training, community service or volunteer activities. Verification of attendance required. | Continue to meet employment, education, vocational training requirements, community service, or volunteer activities. Verification of attendance required. | Employed, in school, and or actively volunteering or providing a service to the community. |
| Continued Care Plan | | | | Plan developed and approved in first month of phase and then implemented. | Full utilization of plan. Amend as needed. |
| Competencies for promotion to next phase or program graduation (phase V) | <p>Attended Intake Meeting and developed Phase I Plan.</p> <p>Accomplished personal goals in Phase I Plan</p> <p>14 consecutive days with negative drug screens</p> <p>Met Phase I requirements</p> | <p>Met with TASC Clinician and created Phase II Plan.</p> <p>Apply for promotion</p> <p>Accomplished personal goals in Phase II Plan</p> <p>30 consecutive negative days with negative drug screens</p> <p>Met Phase II requirements</p> <p>Current on court fine and fee payments</p> <p>Secured a stable living arrangement</p> <p>Current with Community</p> | <p>Met with TASC Clinician and created Phase III Plan.</p> <p>Apply for promotion</p> <p>Accomplished personal goals in Phase III Plan</p> <p>45 consecutive days of negative drug screens</p> <p>Met Phase III requirements</p> <p>Current on court fine and fee payments</p> <p>Established stable housing</p> <p>Current with Community Services obligations</p> <p>Meet with the Case Review Team to demonstrate the following:</p> | <p>Met with TASC Clinician and created Phase IV Plan.</p> <p>Apply for promotion</p> <p>Accomplished personal goals in Phase IV Plan</p> <p>70 consecutive days of negative drug screens</p> <p>Interview with TASC Clinician to re-administer risk assessment and risk to recidivate has decreased (from pre-trial assessment).</p> <p>Developed Continued Care Plan and implementing the plan to support</p> | <p>Meet Phase V requirements</p> <p>90 days consecutive negative drug screens</p> <p>Meet with Case Review team to:</p> <p>Demonstrate through the application of a comprehensive Continued Care Plan that they can manage their MH symptoms in an effective and appropriate way. Must include a plan for ongoing treatment that will meet long-term mental health and substance abuse treatment needs.</p> <p>Demonstrate they learned the skills and gained the personal and fiscal stability to ensure</p> |

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| | | <p>Services obligations</p> <p>Meet with the Case Review Team to demonstrate the following:</p> <p>1.) They understand their MH and SU diagnosis and can describe the symptoms of the illness, list all their medications, what symptoms the medication treats, and report side effects of medication they may be experiencing and/or potential side effects.</p> <p>2.) They can describe what they are learning in their treatment groups; MRT, DBT, Overcoming Addictions, WRAP, etc. in at least a page for each group that they are attending.</p> <p>3.) They can identify coping skills they are developing to deal with triggers and substance use.</p> <p>4.) Explain how they are implementing the coping skills they are learning and how they help</p> | <p>1.) How they are problem solving medication issues.</p> <p>2.) How they are problem solving attendance and participation issues in therapy, groups, trainings/meetings.</p> <p>3.) Increased understanding of their mental illness and/or addiction. Able to explain importance on ongoing treatment, support, and medication.</p> <p>4.) Able to describe what they are learning in new groups or trainings they are attending.</p> <p>5.) Review the coping skills they are using and share how they are assisting them in recovery.</p> <p>6.) Identify their support person and demonstrate they are contacting them weekly and how this person is assisting them in their recovery</p> | <p>wellbeing and sobriety.</p> <p>Met Phase IV requirements</p> <p>Current on court fine and fee payments</p> <p>Secured stable housing Working, attending school, or volunteering in the community.</p> <p>Meet with the Case Review Team to share, review and have the team approve their Continued Care Plan. Team will also review updated Risk Assessment with participant and modify the Continued Care Plan as needed.</p> | <p>risk for recidivating is low.</p> <p>Successful completion of all court ordered treatment and specialized terms of probation.</p> <p>Secured Housing</p> |
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| | | with their recovery. | | | |
| | | 5.) Identify 5 strengths and how they are using them to assist and support their recovery. | | | |

B. TASC Court Hearings

- (1) TASC court hearings are held twice monthly. The first Thursday of the month all participants through phase III are required to attend. The second Thursday, only those in Phase I and II must report unless someone in Phase III-V has been sanctioned with increased attendance at court hearings. Those in Phase IV attend every other month and those in Phase V no longer attend court hearings.
- (2) The Judge engages with each participant individually to review how they are doing meeting their phase requirements, discuss challenges they might be experiencing, addresses any infractions of program requirements or probation violations, and he acknowledges and praises their success and good work. The Judge specifically identifies both the behavior he wants to see stopped and continued and responds with a sanction, therapeutic response, and/or incentive.
- (3) In the event a full hearing cannot be held a “short court” will be held in the anteroom to the courtroom. Participants who are scheduled to appear will show and meet with the Probation Officer, Clinical Liaison, and Peer Recovery Coach.
- (4) Participants are provided with the annual dates for scheduled hearings. At each hearing, they are provided a reminder of when their next hearing is scheduled.
- (5) Attending each hearing is the TASC Coordinator, Prosecuting Attorney, Defense Attorney, Clinical Liaison, and Recovery Coach.
- (6) Behavior Modification principles guide the change that occurs in problem solving courts. TASC uses sanctions to discourage prohibited behavior, incentives to encourage pro-social and responsible behavior, and therapeutic interventions to encourage self-reflection and an understanding of what drives their behavior choices.

Sanctions

TASC imposes a varied number of sanctions in response to undesirable and unlawful behavior. Participants of TASC may be sanctioned for non-compliance or terminated from the program and returned to the originating court for sentencing on the underlying charges, in accordance with the referral agreement or terms. When employing a sanction TASC also considers if a therapeutic response is also needed. Sanctions that TASC might include, but are not limited to:

- i. Reprimand from Judge
- ii. Go last at next court review
- iii. Unable to leave court (phase III-IV)
- iv. Increased frequency of appearances at court hearings
- v. Increased supervision meetings with Probation Officer
- vi. Increased meetings with Clinical Liaison

- vii. Increased home visits
- viii. Increased frequency of drug testing
- ix. Bench Warrant
- x. Jail (up to 6 days)
- xi. Termination from program

Therapeutic Responses

Therapeutic Responses are used to encourage insight and a greater understanding of how they came to make the decision made that led them to engage in undesirable and possibly unlawful behavior. Therapeutic Responses TASC might employ, but are not limited to:

- i. Complete a Situational Decision Tree
- ii. Write a paper on their diagnosis, importance of treatment or taking medications
- iii. Complete an Options Diagram
- iv. Team Case Review to review current Phase Plan
- v. Increase frequency of case management, therapy, etc.
- vi. Increase intensity of services to residential services
- vii. Increased attendance of Community Recovery Meetings
- viii. Meet with a Peer Support Specialist or Recovery Coach to review Phase Plan and modify it accordingly.

Incentives

Incentives are provided to individuals who are making steady progress, make some significant change in their life, or achieve a goal or accomplishment. Incentives encourage the continuation of positive behavior and progress the court wishes to see more of. Incentives TASC might employ but are not limited to:

- i. Judicial recognition
- ii. Applause from the court and participants
- iii. Leave Court Early Coupon
- iv. Report First Coupon
- v. Miss the Next Hearing Coupon
- vi. Free Parking Coupon
- vii. Draw from the incentive bins (small, medium, or high). Draw what they prefer from a variety of candy, dollar items, gift cards, etc.
- viii. Enter a group (no sanctions earned) raffle
- ix. Payday candy bar for getting a new job
- x. Reduced Reporting
- xi. Reduced check in days with Probation Officer
- xii. Phase Promotion
- xiii. Early Release from Program

C. Case Management

- (1) Case Management will be provided by a Network180 Clinical Liaison.
- (2) Each participant will be assigned a Clinical Liaison who will work alongside them to support their participation in TASC, assure they are meeting the program requirements, and refer, link, and connect them to community services and supports to meet their mental health needs and support their recovery from substance abuse and addiction.
- (3) See appendices for Case Management Functions of the Clinical Liaison for the full scope of their responsibilities.
- (4) The Clinical Liaison shall monitor the participant's compliance with the participation agreement and the Phase Plan.
- (5) The Clinical Liaison will support the participants promotion through each phase with a Phase Plan. The Phase Plan lists the requirements and competencies to be met and gained during the phase period. Phase promotion will initiate the development of a new phase plan.
- (6) Co-facilitate with each participant their meetings with the Case Review when requesting a phase Clinical Liaison manager shall facilitate, coordinate, and monitor the full range of basic human needs, treatment, and service resources and delivery for mental health court participants in accordance with these rules, the policies and procedures of TASC, service provider(s) and treatment provider(s).
- (7) The Clinical Liaison will use DCCM to its fullest capacity to document treatment and service protocols, sessions, groups, meetings, that the participant attends, to order and monitor drug testing, and to document their progress notes and collateral contacts. Clinical Liaisons will use the DCCMIS in compliance with policies and recommendations of TASC, MDOC, and Network180.
- (8) Progress notes should document the case monitoring process from referral, evaluation, intake/orientation, office or field contact with participant, and updates from service providers.
- (9) The Clinical Liaison will maintain a "social file" to keep all records on an individual that cannot be placed in the court file or in DCCM.
- (10) Clinical Liaisons will provide incentive, therapeutic response, and sanction recommendations for participants on their case for the CORE team's consideration.

D. Treatment

- (1) When a participant signs the Participation Agreement for TASC they are voluntarily accepting that treatment is a required component of TASC and they will be expected to be involved in treatment for the duration of their enrollment. They will work with the TASC Clinical Liaison to identify the service and support that best meets their needs. As their recovery advances the level of care will also change and treatment will be modified accordingly.
- (2) Therapeutic treatment of mental illness is provided by a trained mental health professional. Psychotherapy explores thoughts, feelings, and behaviors, and seeks to improve an individual's well-being. This treatment can be provided individually (one-on-one) or in a group setting. If recommended, a participant might be engaged in individual therapy and group therapy at the same time.
- (3) Individuals with a co-occurring substance use disorder will be engaged in services that provide integrated treatment to assure both the mental health and substance use needs of the participant are addressed.
- (4) Treatment is provided by one of a number of mental health service agencies in Kent County.
- (5) Treatment providers are required to develop an Individual Plan of Care (IPOS) or Treatment Plan (TP). The IPOS or TP is to be revised as needs change but no less than quarterly.

- i. A copy of the initial and all updated plans must be submitted to the Clinical Liaison and stored in the participants social file kept at Court Services.
 - ii. The service provider, type of service, and frequency of sessions will be written in the participants Phase Plan.
 - iii. By the 15th of each month, the Clinical Liaison will verify with the service provider the participant's attendance to treatment sessions as identified in the IPOS or TP and solicit an update on progress made in therapy. A note will be entered in the participants personal journey and any changes to the frequency of the delivery of service will be noted in the treatment section of DCCM.
- (6) If the participant or Clinical Liaison believe that a current treatment is not effective to produce the desired outcomes the Clinical Liaison and participant will meet to discuss other treatment options. If the participant experiences a gap in time while they are being considered for enrollment to a service, or are transitioning from one service to another, they will meet with the Clinical Liaison for therapeutic support at the same frequency that would be expected if an external service provider was delivering the service. This interim support, along with progress notes, will be documented in the DCCM treatment section.
- (7) Medication is most effective when paired with psychotherapy to promote recovery. *Taking psychotropic medication alone does not meet the treatment requirement.*
- (8) If a participant is hospitalized in a psychiatric hospital, is treated in a crisis residential or long term residential care facility, the Clinical Liaison will have weekly contact with the facilities case manager to monitor the participants wellbeing and progress. The Clinical Liaison will meet with the participant and the treatment team prior to the individuals discharge to discuss the discharge plan and to assure the smooth transition, or return, to a community based care provider.
- (9) Participants will verify their attendance to treatment sessions on the TASC Therapy.MTG.GRP Log.
- (10) Participants who refuse to participation in treatment will be discharged from TASC for the reason of non-compliance.

E. Support/Ancillary Services

- (1) There are a variety of support services that a participant in TASC may be required to be involved in. They may be assigned a Peer Support Specialists or a Peer Recovery Coach, required to attend Recovery Support Meetings, Seeking Safety Groups, diagnosis specific support groups or other supports specific to the participants needs.
- (2) Required support services, groups or meetings will be identified on the Phase Plan and participants will verify their attendance on the TASC Therapy.MTG.GRP Log.
Support services are not treatment and will not meet the treatment requirement.

F. Trainings

- (1) Participants may be required to attend trainings that will expand their competencies to better understand and manage their mental illness or substance use challenges.
- (2) Trainings are not treatment and will not meet the treatment requirement.
- (3) Required trainings will be identified on the Phase Plan and participants will verify their attendance on the TASC Therapy.MTG.GRP Log.

G. Monitoring

- (1) All participants will be closely monitored and required to meet with the Clinical Liaison and/or MDOC Probation Agent. The frequency of check-ins or call-ins is identified on the Phase Plan.
- (2) Prior to sentencing and being assigned to the TASC Probation Officer's case load the participant will be monitored by the Clinical Liaison.
- (3) The frequency of monitoring may be impacted by an incentive or sanction but it cannot decrease less than what is required by MDOC.

H. Drug Testing

- (1) All participants will be regularly drug tested to meet the Mental Health and/or Drug Court standards and best practices. Drug testing is required and expected of all participants for the full duration of their participation. Testing results will be integrated from 61st Drug Lab analyzer to DCCM. Additional testing that is ordered by the MDOC Probation Agent will have results that will need to be entered into DCCM by hand. TASC staff assigned to data entry will enter the data into DCCM.
- (2) Participants will be tested at the frequency identified in their Phase Plan. Testing will not be less than the minimum number of tests identified in each Phase. Those without a co-occurring disorder will test no less than once a week to verify they are meeting probation requirements.
- (3) A participant has the right to challenge a positive screen and request a 'confirmation test'. If the confirmation test confirms a positive result the participant must pay the Treatment and Support Court for the cost of the confirmation test.
- (4) There is no participant charge for drug testing unless the screening is part of a sanction. Participants sanctioned to pay for their drug tests will be charged the 61st Court Drug Lab fee.
- (5) Missed screens, diluted screens, adulterated samples and inadequate samples shall result in sanctioning of the participant as determined by the Judge and the Treatment and Support Court team.

IV. TASC PROCESSES

A. Program Referral

- (1) Potential participants may be referred to TASC during the pre-trial phase (as a component of a plea agreement) or the post-judgment phase (as a condition of probation).
- (2) Potential participants may self-refer for consideration but referrals are most often made by a Judge, Kent County Probation(MDOC), Kent County Jail staff, Kent County Court Services, members of the Kent County Bar, and/or the Kent County Prosecutor's office, or CMH staff.
- (3) The TASC referral form is used to initiate a referral and to support the eligibility vetting process.
- (4) The Clinical Liaison, a certified mental health professional, will assess/screen those who meet legal eligibility to determine if they have a severe mental illness, a co-occurring substance use disorder, ascertain if there is a credible basis to believe the mental illness is contributing to or exacerbating the prohibited conduct, and using the LOCUS, they determine if there is credible basis to believe the individuals mental illness can be treated with medication and/or therapy in a community setting.
- (5) If a potential participant meets both legal and mental health eligibility criteria the CORE team will do a final review of the completed referral, assure that there are no factors that would be a barrier to full participation, and determine if the participant will be admitted into TASC.
- (6) TASC follows the logic identified in the TASC Participation Decision Tree (see appendices) to guide the team's decision making when determining if an individual referred will be accepted into the program.
- (7) The decision of the TASC Judge to accept or deny participation is discretionary and final.

| PARTICIPANTS ARE IDENTIFIED AND REFERRAL INITIATED | | |
|---|--|--|
| Referral Initiated | Referring party completes Section I of referral form AND sends the Referral Form the Prosecutors Office to be vetted for legal eligibility. | |
| REFERRAL IS VETTED FOR LEGAL ELIGIBILITY | | |
| Prosecutors Office | Reviews for Legal Eligibility | LEGALLY ELIGIBLE Prosecutor will send referral (completed sections I and II) along to TASC Coordinator for further vetting. TASC Coordinator enters referral in the Referral Tracking Form (stored on shared G Drive) and assigns to Clinical Liaison for screening to determine MH eligibility. |
| | Complete Section II of Referral Form Prosecutor e-mails referring party of legal eligibility status and that the candidate needs to call TASC to schedule MH screen. (If candidate is in jail, CM will go to jail to screen) | NOT LEGALLY ELIGIBLE Send referral (completed sections I and II) to TASC Coordinator who will log referral in tracking form and notify the referring party. |
| REFERRAL IS VETTED FOR MH ELIGIBILITY | | |
| Clinical Liaison | Complete Section III of Referral Form | MH ELIGIBLE Send completed referral form (sections I-III) to TASC Coordinator to prepare for CORE review and determination. |
| | | NOT MH ELIGIBLE Provide treatment recommendations and authorize services within Network if eligible and desired. Send completed referral form to TASC Coordinator to notify TASC team and referring party of determination. |

| | | |
|--|---|---|
| | | TASC Coordinator will update referral tracking form and give referral to Data Entry. |
| CORE REVIEW TO DETERMINE TASC PARTICIPATION | | |
| TASC Coordinator | Put on CORE agenda TASC Team uses the TASC Participation Determination Decision Making Tree to determine if the participant will be accepted or not. | ACCEPTED TASC Coordinator updates referral tracking sheet and gives Data Entry a copy of the referral form to enter data in DCCM. Data Entry opens a hard copy social file TASC Coordinator returns packet to Clinical Liaison to begin CM services |
| | | REJECTED TASC Coordinator updates referral tracking sheet and gives Data Entry a copy of the referral form to enter data in DCCM. |

B. Mental Health Screening

- (1) The screen/assessment completed by the Network180 certified mental health professional must include the below and be stored in the participants social file.
 - Presenting problems,
 - Risk of harm to self or others (Columbia Suicide Severity Scale)
 - Social/family history and medical/psychological treatment history,
 - Provisional diagnosis or diagnostic impression (DSM -V),
 - Screen for history of Trauma, Life Events Checklist for DSM-V, (LEC-V)
 - Barriers and strengths that may impact treatment
 - Treatment Recommendations (LOCUS)
 - American Society of Addiction Medicine (ASAM) patient placement criteria.
- (2) Mental Health, Substance Use, and Medical information revealed in the MH Screening process must be documented in the DCCM Initial Eligibility Screening (tabs 3-5).
- (3) If the above information in #1 was attained in the past 3 months by another provider or certified mental health professional, and used by the Clinical Liaison to determine if the potential participant meets TASC mental health eligibility criteria, the information needs to be collected and stored in the participants social file.
- (4) Section III of the TASC Referral Form is completed and sent to TASC Coordinator.

C. Intake and Orientation

- (1) Once the defendant has been accepted by the TASC team for admission the TASC Coordinator contacts the referring party to notify them of the decision. The attorney notifies the defendant that they have two weeks to contact the Clinical Liaison to schedule an intake orientation meeting.
- (2) At the intake orientation meeting the following occurs and is documented in the DCCM.
 - i. The program requirements are reviewed so the individual can make a final and fully informed decision to participate.
 - ii. If they chose to participate they sign a Participation Agreement Document (see appendices)
 - A copy of the Participation Agreement is sent to both TASC clerks to initiate a judge transfer and to set up a plea meeting.
 - Clinical Liaison notifies the TASC Coordinator on the individuals decision to participate.
 - A copy of the Participation Agreement is stored in the participants social file.
 - iii. All participants may review their participant agreement, as filed, in the court file.

- iv. The signature of all parties must be present on the Participant Agreement. Persons who choose not to sign the participation agreement will be returned to their home court or regular docket for disposition.
- (3) Using the Participant Handbook, the individual is oriented to the TASC program processes and procedures (see appendices)
- (4) Past, current, and preferred future services and supports are discussed. Releases are obtained to support the sharing of information between service and support providers and TASC.
- (5) Ancillary service needs are discussed. Information relating to needs are provided to the participant. Releases are obtained as needed.
- (6) Review the evaluation studies and present consent forms to support participation.
- (7) The WHODAS, Supplemental Data Collection Instrument, and GPRA Instrument will be administered and input into the data system provided by REA.
- (8) The Phase I Plan will be developed.
 - Details of the Plan will be documented in DCCM.
 - A copy of the Plan will be stored in the participants social file.
 - A copy of the Plan is provided to the participant.
- (9) Following the meeting the Clinical Liaison will send a drug testing order to the 61st Court Drug Lab and enter the drug testing schedule in DCCM.
 - i. The client is identified for Track A- Mental Health Only or Track B- Co-occurring MH and SUD. The track will determine the testing frequency and whether the GPRA data is entered into SPARS.
- (10) The Clinical Liaison meets biweekly over the next three months with all new participants to continue their orientation, provide support, and amend their Phase I plan as needed to assure its ongoing relevance.

D. Referral to Services and Supports

- (1) The Clinical Liaison, based on their screen/assessment (including the LOCUS and ASAM) and a review of the participant's service history, will create treatment recommendations.
- (2) If recommendations are in line with the participants current services treatment will continue without a change needing to be made.
- (3) If the participant is not involved in services the Clinical Liaison will refer the client to service providers If a CMH authorization is required the Clinical Liaison will authorize the service in NOVA (CMH electronic health record).
- (4) If the Clinical Liaison recommends a change in treatment the Clinical Liaison will work with the participant to request a change in services. This may include a change in level or care, requesting a new treatment provider (agency), or changing the service within the current provider to a different service. If the change occurs within the CMH Network of providers the CMH protocol for requesting change will be followed.
- (5) Releases to support the sharing of information related to treatment will be signed and stored in the social file.
- (6) The treatment protocol will be documented in DCCM and include the provider, the staff responsible for treating the participant and their contact information.
- (7) Service providers, and the staff providing the service will receive a document to:
 - i. Orient them to TASC and the requirements expected of participants;
 - ii. The process to verify the participants attendance (participant provides the staff providing the service the TASC Therapy.MTG.GRP Log); and
 - iii. The process to provide the Clinical Liaison a monthly update on the participants progress in the service being provided (monthly phone call or e-mail initiated by Clinical Liaison).
- (8) The TASC Clinical Liaison will refer, link, and connect participants to a variety of mental health, substance use, integrated care treatment services, groups, and trainings based on needs identified in the screening and assessment process.

E. Submitting a request for Drug Testing

- (1) All drug testing will be done at the 61st Court Drug Lab at 82 Ionia NW. If location is a barrier, other labs can be considered. Alternative labs would be the exception rather than norm and must be approved and then arranged by the TASC Coordinator. Drug testing will begin the week they enter TASC. If a phase promotion decreases the frequency of testing a new request will be submitted to the Lab. This new request will cancel out previous requests. Copies of all requests are placed in the participants social file.
- (2) The TASC Clinical Liaison assigned to an individual will send the drug testing request to the 61st Court Drug Lab.
 - i. The request must identify TASC in the “reason for testing” section.
 - ii. When submitting a request, the participants Integration ID # must be included. This is found on the DCCM participants Program History page. It is located under the individuals name. This number supports the transfer of results from Paracelsus (drug analyzing machine) to DCCM.
 - iii. On the request indicate the results are to be sent to the Clinician, Coordinator, and to Data Entry.
- (3) The screens or tests requested will be informed by the participants current and historical substance use, their current phase, and the frequency for testing positive.
- (4) All results will be transferred from Paracelsus to DCCM within 24 hours.
- (5) If there is a positive result the Clinician will immediately notify the Probation Agent. The sooner the non-compliance is addressed the more impactful the outcome will be.

F. Allocating Payment for Drug Testing

- (1) The 61st Court Drug Lab will submit an invoice to the TASC Coordinator each month. The Coordinator will review the invoice and delegate the appropriate expenses to each of the viable funding sources.
- (2) MDOC will be billed for the tests that they cover (4 and 6 panel, plus THC) at the rate they currently pay 61st Court Drug Lab, and at the monthly frequency they are approved to test.
- (3) The difference (monthly invoice from 61st Court Drug Lab less what MDOC is invoiced) will be covered by grant awards.
- (4) Once amounts are delegated by funding stream the Coordinator will send the information to the Circuit Court Finance Administrator. The CFA will expend the grant awards and send an invoice to MDOC at 82 Ionia, to the attention of Patrick Lane.

G. Promotion and Graduation

- (1) Each participant is empowered to drive their TASC experience and the pace that they complete the program.
- (2) There are five phases to complete before a participant is eligible to graduate from TASC.
- (3) Each phase has a list of requirements to which they are accountable to follow for a required minimum of time (Phase I-12 weeks, Phase II-16 weeks, Phase III- 12 weeks, Phase IV- 10 weeks, and Phase V-8 weeks). In addition, each phase has a set of competencies to be gained at the completion of the phase.
- (4) When the minimum period of time on a phase has been met, the participant is consistently meeting the requirements, and the competencies have been gained the participant can complete an application for promotion (no application is required to promote from phase I to phase II). The application is given to the Clinician who will assist the participant in setting up a meeting with the Case Review team to review the request to promote.
- (5) A meeting between the case review team and the participant occurs where the following is discussed:
 - i. Review their performance meeting phase requirements.
 - ii. The participant demonstrates that they have acquired the competencies identified to be gained.

- iii. The case review team and participant review the current treatment plan and supports to determine they are a good fit and that they will support their promotion to the next level.
- (6) If denied promotion the case review team needs to provide the participant with specific feedback on their performance to requirements, what additional growth is required to demonstrate they have acquired the competencies, and a date that their application will be next be reviewed.
- (7) If promoted, the judge will acknowledge their promotion at the next scheduled court hearing. The applicant will receive a certificate to acknowledge the promotion and be invited to select an incentive from the Medium Incentive Bin.
- (8) The Clinical Liaison will meet with the participant to develop a plan for the following phase.

H. Termination Procedures

- (1) All recommendations for termination will be made to the TASC Judge prior to a regularly scheduled open court appearance for the participant.
- (2) A recommendation for unsuccessful termination requires majority agreement of the TASC CORE team.
- (3) A final decision regarding termination will be made by the TASC Judge.
- (4) All terminations from TASC will be done in open court unless the participant has absconded from the program. If a participant has not appeared to scheduled court reviews for three consecutive months and a bench warrant has been issued for their arrest, TASC may initiate termination by sending a letter to the participant at the last known address or calling their last known phone number to notify them of the intent to terminate their participation in TASC. The case will be returned to the criminal court and the judge who referred them.
- (5) Reasons a termination might be initiated include (but are not limited to) absconding (failure to appear), failure to attend treatment as recommended by the treatment team (including the TASC Clinician), failure to attend self-help, psychoeducation, community recovery groups as recommended by the Clinical Liaison and/or treatment group, refusing recommended assessments or screens, refusing to take medication as prescribed, continued alcohol and drug use as evidenced by positive drug tests, behavior that places the community at risk, other probation violations.
- (6) Participants facing termination will be given the option to waive their rights, plead "guilty" and have the case returned to the criminal court and the judge who referred them, or they can plead "not guilty" and challenge the charges against them in a hearing with the assistance of an attorney.
- (7) If a participant pleads "not guilty," a hearing will be scheduled with the Treatment and Support Court judge and participants will be notified that they have the following rights:
 - i. the right to have a lawyer assist them,
 - ii. the right to hear the evidence against them,
 - iii. the right to cross-examine witnesses, and
 - iv. the right to speak on their own behalf and present their own evidence.

I. Discharge and Graduation Procedures

- (1) Once formally enrolled, the participant will continue in the program until:
 - i. The participant completes the program requirements and graduates, or
 - ii. The participant voluntarily elects to withdraw as non-compliant
 - iii. The participant is dismissed as unsuccessful, or treatment non-compliant, having exhausted the

- program's multiple treatment resources, or
- iv. The participant is dismissed as the result of a probable cause determination that the participant has committed a new crime while in the program, and the crime is a felony or a misdemeanor that represents repeat behavior or a risk to community safety.
- (2) Graduates from TASC will be celebrated during a court hearing. Graduates are welcome to invite guests to the hearing and celebrate after the hearing with their TASC peers, staff, and invited family and friends.
 - (3) All Graduates will receive a framed certificate of achievement, a notice of the modification made to their initial charge and/or sentence, a TASC pin, a journal with a hand written note from the Judge, a gift card (\$10-15.00) and a greeting card signed by the TASC team.
 - (4) The Clinical Liaison assigned to the participant will complete the discharge summary in DCCM within one week of the discharge date.
 - (5) Program participants - both graduates and terminations - will be asked to complete an exit survey. The survey asks for information on their level of satisfaction with their experience provided by TASC.

Process to Terminate Participants or Voluntary Withdrawal 6.2020

| Voluntary Withdrawal | Terminated | |
|--|--|---|
| | Non-Contested | Contested |
| Prosecutors office does not need to write a motion to terminate. | | Prosecutor writes motion to terminate. (Need 7 days' notice) |
| Participant can notify judge during a TASC Status Review that they are choosing to voluntarily withdraw. Judge should clarify: <ul style="list-style-type: none"> • Negotiated reduced charges are withdrawn. • They will be transferred back to the original judge. • If withdrawal is prior to entry of plea, they will be charged with the original crime and they will enter plea before the original judge. • Original judge will sentence them on the original charge. | Participant can be terminated in TASC Status Hearing. Put on record. | Motion to Termination Hearing occurs. This is an opportunity for them to bring evidence or witnesses. |
| Clerk completes the SCAO 394 discharge document and puts in the client's folder. | Clerk completes the SCAO 394 discharge document and puts in the client's folder. | Clerk completes the SCAO 394 discharge document and puts in the client's folder. |

| | | |
|---|---|--|
| Clerk enters note in court view | Clerk enters note in court view | Clerk enters note in court view |
| Clerk transfers the participant back to original judge | Clerk transfers the participant back to original judge | Clerk transfers the participant back to original judge |
| Status – Termination? hearing date would be date of discharge. | Status hearing date would be the date of discharge from TASC | Termination Hearing is the date of discharge from TASC |
| Clinical Liaison collect discharge data. | Clinical Liaison collect discharge data. | Clinical Liaison collect discharge data. |
| Court Coordinator discharge participant from DCCMIS | Court Coordinator discharge participant from DCCMIS | Court Coordinator discharge participant from DCCMIS |
| Those with deferred sentences would have a Sentencing Hearing before the original judge | Probation Violation Hearing in front of original judge. | Probation Violation Hearing in front of original judge |
| Initial charge and sentences handled by original judge | Initial charge and sentences handled by original judge | Initial charge and sentences handled by original judge |

Commented [R1]:

J. Discharge Tracking

- (1) Clinicians are responsible to complete discharge tracking in DCCM on all participants who are discharged (regardless of the reason) at 6 and 12 months post discharge.

K. Process to Arrange Community Service and Work Crew Sanctions with Court Services

- (1) Must be sentenced in increments of 16 hours
- (2) If CS or WC is sentenced for a probation violation the probation agent will send a referral to court services.
- (3) If CS or WC is sentenced for a program violation the Judge’s clerk will send a “Greeting” to court services.
- (4) If CS is offered by the Judge as a means to decrease fees and fines then the probation agent will initiate the CS with court services. Participants may do 100 hours to cover \$1,000 of fees.
- (5) Community Services cannot replace victim restitution fees nor court fees.
- (6) Provide a date on the “Greeting” or referral on when the service is to be completed.

V.TASC PRIVACY AND CONFIDENTIALITY

A. Privacy

- (1) TASC will respect and maintain the privacy of participants to the greatest extent possible, while recognizing that court proceedings, including TASC hearings, are open to the public.
- (2) The court staff is housed in offices that provide privacy to varying degrees. All staff are aware of privacy issues and participate in appropriate training. When conducting court business with participants, staff will do so in areas that will allow privacy to be maintained.

B. Confidentiality

- (1) TASC will comply with all federal and state laws including federal rules pertaining to confidentiality of alcohol and drug abuse patient records (42 CFR Part 2) and mental health records (IC 16-39-2).
- (2) If there is a conflict between federal and state law, the more restrictive law will prevail.
- (3) TASC participants may be required to disclose their participation in TASC to employers, health care professionals, and others when the TASC staff deems it necessary to ensure or monitor compliance with treatment and supervision goals.

C. Sharing of Information

- (1) Consent required under federal or state law may be given by the guardian or other person authorized by Michigan state law to act on the participant's behalf. All disclosures of information related to TASC participants will be made pursuant to all applicable federal and state laws.
- (2) The consent for release of information shall include the parties to whom information shall be released and the specific information to be released. This release shall be on the part of the participant and will remain in effect throughout the participant's involvement in TASC.
- (3) The consent for release of information will terminate when the participant is discharged from TASC either successfully or unsuccessfully.
- (4) A signed consent for release of information form will be required prior to disclosing information to:
 - i. TASC team members
 - ii. Family members
 - iii. Legal counsel
 - iv. Employers
 - v. Probation
 - vi. Prosecutors
 - vii. Third party payers
 - viii. Judicial officers
 - ix. Addiction services providers
 - x. Mental Health providers
 - xi. Agencies performing referral services for clients of TASC
- (5) TASC may disclose identifying information to medical personnel who have a need for information about a participant for treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical assistance.
- (6) Persons who refuse to sign a release of information will not be eligible for TASC.

D. Participant Access to their File

- (1) Participants have the right to inspect and copy their case record. TASC may permit withholding from a participant all or part of his/her record if one of the following conditions is applicable:
 - i. Withholding is necessary to protect the confidentiality of other sources of information,
 - ii. It is determined that the information requested may result in harm to the physical or mental health of the participant or another person,
 - iii. Granting the request will cause substantial harm to the relationship between the participant, the Court, or harm the TASC capacity to provide services in general.
- (2) Any time a part, or all, of the record is withheld from a participant, the date of the request and reason for withholding the record will be documented in the participants social file.

E. Data Storage

- (1) The records of TASC participants will be stored within the Drug Court Case Management Information System (DCCMIS) or in a hard copy form (for items that cannot be uploaded into DCCM) in compliance with Michigan statutes and court rules.
- (2) The records of TASC Court participants will be disposed of in accordance with Michigan Court Rules. The records of TASC participants will be kept in locked file cabinets. Only authorized staff will have access to these records.
- (3) Any disclosure of participant information will be documented in the participant's record.

VI. COURTROOM SAFETY PRACTICES AND PROCEDURES

To proactively maintain an emotionally and physically safe environment for everyone in attendance during a Treatment and Support Court (TASC) court hearing the following practice and procedures have been developed. This practice and procedures will be reviewed at least annually with the TASC team and the court law enforcement department.

PRACTICE: A Court Deputy will be present at the start of each TASC hearing (2:30 PM-3:15 PM). The Deputy will remain in the court room for the period that need is evident. After 30 to 45 minutes, if there is not an eminent need for the Deputy's presence, the Deputy will leave the court room. It is understood that during the first 30 to 45 minutes of the hearing that the Deputy may be called to respond to an urgent matter in the court house.

PROCEDURES:

A. Requesting Deputy Support and Presence in the Courtroom:

- a. **REQUEST FOR PRESENCE.** When a Deputy is not present in the court room and their presence is needed, either the Clerk or the Court Coordinator will e-mail Courthouse-central-control group. This request method is appropriate when the need is not urgent or life threatening.
- b. **REQUEST FOR HELP.** If there is an urgent situation in the court room a TASC team member will push the red button to summon immediate assistance.

B. Intervening with Distressed Participants

- a. When a participant's emotion or behavior escalates and there is potential to destabilize the courtroom the following procedure will occur:
 - i. The Judge may request the participant step out to the hallway to regroup.
 - ii. The Clinical Liaison will accompany the participant out of the court room to the hallway and will provide support to de-escalate the participant.
 - iii. The Clerk or Court Coordinator will e-mail for Deputy support.
 - iv. The Deputy will monitor the situation but not engage unless requested by the Clinical Liaison.

C. Holding a Participant in a Holding Cell

- a. The Judge can request an individual be held in a holding cell if the participant is demonstrating that they are a threat their own or other's safety.
- b. The Judge can request that the participant return to the courtroom if they de-escalate and are no longer a threat to the safety of others.

D. Voluntary Participant Transport to the Hospital

- a. The Clinical Liaison will provide support and care to the participant and assess need for hospitalization.

- b. The Clinical Liaison will request the Deputy monitoring the situation to request an ambulance in the event the participant has not been accompanied by an able and willing driver. The safety for all involved will determine if a friend or family member can transport or if an ambulance is needed.
- c. The Clinical Liaison will follow the participant to the hospital in their own transportation.
- d. The Clinical Liaison will support the participant in the hospital until they are discharged or admitted.

E. Involuntary/Court Ordered Transport to the Hospital

- a. When the participant is assessed to be a danger to themselves or others and unwilling to go to the hospital voluntarily the Judge may order the participant to be held in a holding cell until an ambulance arrives.
- b. If appropriate, the Clinical Liaison will provide support and care to the participant while they are in the holding cell.
- c. The Clinical Liaison will assess the participants MH status and complete a MH Petition.
- d. A Judge will complete a Pick-Up Order.
- e. The Deputy will call for an ambulance and take the lead in assuring safety for all involved.
- f. The Deputy will accompany the participant in the ambulance to the hospital and stay with them until there is resolution.
- g. The Clinical Liaison will follow in their own transportation and join the participant and the Deputy at the hospital.

F. Suspected Overdose

- a. TASC will bring Narcan to the courtroom each hearing.
- b. The Deputy also has Narcan available. Press the red button and send e-mail requesting Narcan be delivered.

G. Suspected Heart Attack

- a. Any TASC member will push the red button for Deputy assistance. In addition, send an e-mail requesting a defibrillator.

H. Participant Presents Under the Influence of Alcohol

- a. Court Services and Deputies have PBT. Can either accompany participant to Court Services for breathalyze or e-mail the Deputy email and request they bring one to the courtroom.

VII. PROGRAM EVALUATION

Federal regulations permit the disclosure by TASC of participant information to qualified personnel for research, audit, or program evaluation. Qualified personnel may not include identifying information on any report or otherwise disclose participant identities except back to the program that was the source of the information.

(1) Annual Policy and Procedure Review

Policies, procedures, and practices will be reviewed at least annually to assure that TASC is being practiced in accordance to Mental Health Court Standards and Best Practices. The TASC Policies and Procedures manual will be reviewed and updated annually to insure that the manual aligns with practice.

(2) Program Evaluation

TASC intends to review program data each quarter to inform ongoing program development, program improvement, and workforce development. Information to be reviewed for analysis will include data reports in DCCM, participation surveys, and referral data.

(3) State Evaluation

TASC is participating in a state evaluation as part of their SCAO grant award requirements. All participants are reprimed of the study and will sign a consent to participate.

(4) National Evaluation

TASC is participating in a national evaluation as part of their SAMHSA grant award requirements. All participants will be reprimed of the study and will sign a consent to participate. Non-participation in the national evaluation will not impact their participation in TASC or the services and supports available.

(5) Annual Report

The TASC Coordinator will submit an annual report for to account for the team's program and fiscal practices and program and individual level outcomes. The report will be prepared for dissemination among funding sources, oversight bodies, and community stakeholders.

VIII. FISCAL MANAGEMENT

The Mental Health Court budget, including grant funds, is established and monitored by the Mental Health Court Judge, the Court Administrator, and the Circuit Court Finance Director, in accordance with local rules and policies.

All invoices for payment of services provided by judicial or community vendors must be submitted with a request for payment to the Circuit Court Finance Manager. Once reviewed for accuracy, all invoices will be submitted for final approval by Finance Director before submission to the Kent County Financial Office for payment.

IX. DRUG AND ALCOHOL POLICY

- (1) The use of drugs and alcohol while participating in TASC is NOT ALLOWED. Using either will be a Violation of the program and conditions of bond or probation.
- (2) Individuals entering TASC will demonstrate sobriety and readiness to continue their recovery journey prior to admission. This will be demonstrated by two consecutive weeks of negative drug tests prior to being admitted.
- (3) The TASC Liaison who is screening for eligibility will send a drug request order to 82 Ionia for individuals on bond in the community. They will request 6 drug tests. If the individual needs to test to demonstrate sobriety requirements, they will be responsible for paying for the additional (and same as tests ordered) tests.
- (4) If accepted, drug testing will continue per phase standards and individualized on the participants phase plan. If they admit sober they are expected to remain sober. See Section IV. H.
- (5) All missed drug tests will be considered a positive test. Days of sobriety will restart and a sanction will be levied the same if the participant took the test and it was positive.
- (6) A positive creatinine result will be monitored. If this continues and demonstrates possible flushing to influence a negative drug test the participant may be sanctioned.
- (7) Simultaneous positive creatinine and gravity will be considered a positive drug screen. Both positive creatinine and gravity indicate intentional drug tampering.
- (8) Sanctions per the TASC Matrix Response will be employed. Sanctions will be graduated.
- (9) A positive drug test result will always result in a reset to phase I drug testing (2-3 times a week) for a minimum of two weeks.
- (10) Participants may be ordered for electronic monitoring. The participant will be required to pay for this service.

X. USE OF GRANT FUNDS FOR RECOVERY HOUSING

- (1) Participant must demonstrate two weeks of sobriety as evidence of six drug tests administered over a two-week period before grant dollars will be considered to cover rent.

- (2) All tests will be done at 61st Drug Lab at 82 Ionia.
- (3) Grant will pay up to, and not to exceed, 3 months of rent.
- (4) For grant funds to continue, the participant must continue to test negative to demonstrate ongoing sobriety and recovery.
- (5) If a participant has two consecutive positive drug tests, payment using grant dollars will be discontinued the day following the second drug positive drug test.
- (6) Individual Contingency Plans must include the above expectations but might also include addition terms or conditions for the grant to support Recovery Housing with grant dollars.

APPENDICES

Appendices I: TASC Team Members and Contact Information

| Name/Role | Address | Phone Number |
|--|--|---|
| Honorable Judge Rossi Clerks: Denise Lange Lisa Baird | 17 th Circuit Court 180 Ottawa Avenue, NW Grand Rapids, MI 49503 Courtroom 9-D | 616-632-5020 |
| Teri Clark, LMSW TASC Court Coordinator | 17 th Circuit Court 180 Ottawa Avenue, NW Suite 2100 Grand Rapids, MI 49503 | 616-632-5326 (office) 616-490-2893 (cell) Teri.clark@kentcountymi.gov |
| Assistant Chief Prosecutor Monica Janiskee | Kent County Prosecutors Office 82 Ionia Avenue, NW Suite 450 Grand Rapids, MI 49503 | 616-632-6710 |
| Defense Counsel Alida Bryant | Kent County Office of Defenders 146 Monroe Center St. NW Grand Rapids, MI 49503 | 616-774-8181 |
| Agent Kim Floyd Probation Officer | MDOC 82 Ionia Avenue, NW Suite 100 Grand Rapids, MI 49503 | 616-632-5920 |
| Alison Schuyler, LMSW Clinical Liaison | 17 th Circuit Court 180 Ottawa Avenue, NW Suite 2100 Grand Rapids, MI 49503 | 616-632-5328 616-780-4417 (cell) Alison.schuyler@kentcountymi.gov |
| DeWanna Lancaster Clinical Liaison | 17 th Circuit Court 180 Ottawa Avenue, NW Suite 2100 Grand Rapids, MI 49503 | 616-632-5286 616-250-8671 (cell) Dewanna.lancaster@kentcountymi.gov |
| Julie Kubek Peer Recovery Coach | 17 th Circuit Court 180 Ottawa Avenue, NW | 616-632-5288 |

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| | Suite 2100 Grand Rapids, MI 49503 | Julia.kubek@kentcountymi.gov |
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Appendices 2

TREATMENT AND SUPPORT COURT (TASC) - LEGAL ELIGIBILITY

It is the responsibility of the Kent County Prosecutor’s Office to determine if an individual is legally eligible for TASC (mental health court). Clinical eligibility is determined by the TASC court coordinator. The decision to admit a prospective participant into TASC is made by the team, which consists of a prosecutor, defense attorney, probation agent, the court coordinator and presiding TASC Judge.

The applicable law states:

Each mental health court shall determine whether an individual may be admitted to the mental health court. No individual has the 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).

“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 of any degree. MCL 600.1090(i).

Additionally, pursuant to the policies of the Kent County Prosecutor’s Office, the following charges are ineligible for TASC:

- ACCOSTING A MINOR FOR IMMORAL PURPOSE
- ANIMALS-KILLING OR TORTURING
- ARSON
- ASSAULT WITH INTENT TO COMMIT A CSC
- ASSAULT WITH INTENT TO COMMIT A FELONY
- ASSAULT WITH INTENT TO MURDER
- ASSAULT WITH INTENT TO COMMIT GBH INVOLVING A WEAPON OR INJURY
- ASSAULT WITH INTENT TO MAIM
- ASSAULT WITH INTENT TO ROB, ARMED OR UNARMED
- ATTEMPTED MURDER
- BANK ROBBERY
- CARJACKING
- CHILD ABUSE, ANY DEGREE
- CHILD SEXUALLY ABUSIVE ACTIVITY, ANY FORM
- DOMESTIC VIOLENCE 3RD INVOLVING AN INTIMATE PARTNER
- EXPLOSIVES, ANY CHARGE
- EXTORTION
- FELONIOUS ASSAULT INVOLVING A FIREARM
- FELONY FIREARM
- FLEE & ELUDE 1ST OR 2ND DEGREE
- HOME INVASION 1ST OR 2ND

HUMAN TRAFFICKING-ANY OFFENSE
INCITING A RIOT
KIDNAPPING/CHILD ENTICEMENT
PERJURY
SEXUALLY DELINQUENT PERSON
ROBBERY, ARMED OR UNARMED
SODOMY
STALKING
VULNERABLE ADULT ABUSE
WEAPONS, FIREARMS - DISCHARGE FROM A VEHICLE OFFENSE
WEAPONS, FIREARMS - DISCHARGE IN OR AT BUILDING OFFENSE

Regardless of the charges, legal eligibility is a discretionary matter determined on a case by case basis by the Kent County Prosecutor's Office.

If you have any questions about legal eligibility, please contact Monica Janiskee at Monica.Janiskee@kentcountymi.gov.

