

DEKALB COUNTY MENTAL HEALTH COURT



Handbook

23rd Judicial Circuit
DeKalb County Courthouse
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WELCOME

Welcome to the DeKalb County Mental Health Court program. You have made a major commitment by agreeing to enter the Mental Health Court program and we hope this program helps you obtain the necessary tools for you to maintain a lifetime of recovery. This Handbook is designed to assist you throughout the program by answering your questions and providing you with overall information about the program. If you have any questions that this Handbook does not answer, you should ask the Mental Health Court Coordinator. It is your responsibility to understand and comply with all of the rules of the Mental Health Court program. If at any time while you are in the program you lose this Handbook, notify the Mental Health Court Coordinator.

You will find details on what is expected from you as a Mental Health Court participant in this Handbook. It will review general program information as well as important contact information that you will need as you move through the program. It also contains forms that you will need to submit to the Court at various times.

The Mental Health Court Team wants you to succeed and will work as a team to help you achieve this goal and graduate from the program. The most important person in your recovery is YOU. You must be committed and willing to change your current lifestyle and habits and the Mental Health Court Team is here to encourage, assist, and support you.

MISSION STATEMENT

The mission of the DeKalb County Mental Health Court is to reduce recidivism for non-violent, moderate to high risk offenders who have a diagnosed mental illness by combining effective treatment and intensive judicial supervision in a therapeutic court setting which uses accountability, support, and individualized treatment plans to encourage offenders to change their lives.

OVERVIEW & ELIGIBILITY REQUIREMENTS

The purpose of the DeKalb County Mental Health Court program is to help participants gain skills to manage the symptoms of their mental illness and maintain a drug free lifestyle through the use of intense supervision and mental health treatment. The DeKalb County Mental Health Court program consists of **five phases** and is a **minimum of 14 months** in duration. The program is designed for adults, who have plead guilty to one or more non-violent felony offenses, to successfully address issues that they have regarding their mental health status, medication compliance, and addiction if appropriate .

Those eligible for the program must have a mental illness diagnosis and agree to stop using drugs and/or alcohol. All participants must be at least 18 years of age, a DeKalb County resident, a United States citizen and have a Felony pending. All participants must receive approval from the Court prior to admission. No defendants will be excluded from Mental Health Court based on

their gender, race, nationality, ethnicity, limited English proficiency, disability, socio-economic status or sexual orientation.

The Mental Health Court program is a collaborative effort between the 23rd Judicial Court Circuit County of DeKalb, the State’s Attorney Office, the Public Defender’s Office, the Probation Department, Court Administration, Law Enforcement, and Treatment Providers. By working together, they seek to provide a variety of treatment programs and intensive supervision geared toward supporting and helping participants maintain a drug-free life. The Mental Health Court program involves frequent Court appearances, random drug and alcohol testing and group and individual counseling. The Court awards incentives for compliant behavior and imposes sanctions for negative behavior. Participants who do not comply with the rules might be placed in short-term custody, moved back to the previous phase of Mental Health Court or receive a variety of other sanctions. They may also be terminated from Mental Health Court. All of the staff working on the Mental Health Court Team will assist you to be sure you understand what is expected of you.

THE DEKALB COUNTY MENTAL HEALTH COURT TEAM

The Mental Health Court Judge and the Mental Health Court Team work together to make all of the decisions regarding your participation in the program. The Mental Health Court Team consists of the following members:

- Judge
- Mental Health Court Coordinator
- State’s Attorney
- Public Defender
- Probation Officer/ Case Manager
- Representative of the Sheriff’s Office
- Treatment Counselor

Although the team works together, each member has clearly defined roles as indicated in the chart below.

| Team Member: | Role: |
|---------------------|---|
| Judge | <ul style="list-style-type: none"> • Serves as the authority figure for the program • Speaks individually with each participant in Court • Gives praise and encouragement for compliance • Orders sanctions for noncompliance |
| Coordinator | <ul style="list-style-type: none"> • Interviews and screens potential participants • Facilitates weekly staff meetings with team • Collects and enters data and responsible for grant activities • Serves as main contact for any questions |
| State’s Attorney | <ul style="list-style-type: none"> • Attends all Mental Health Court team meetings • Makes recommendations for rewards and |

| | |
|--|--|
| | <p>sanctions</p> <ul style="list-style-type: none"> • Helps determine participant eligibility |
| Public Defender | <ul style="list-style-type: none"> • Attends all Mental Health Court team meetings • Makes recommendations for rewards and sanctions • Answers legal questions of participants |
| Probation Officer/ Case Manager | <ul style="list-style-type: none"> • Attends all Mental Health Court team meetings • Makes recommendations for rewards and sanctions • Conducts frequent drug testing and status checks |
| Representative of the Sheriff's Office | <ul style="list-style-type: none"> • Attends all Mental Health Court team meetings • Assists with serving outstanding warrants • Runs county arrest history and LEADS checks on potential participants |
| Treatment Counselor | <ul style="list-style-type: none"> • Attends all Mental Health Court team meetings • Makes recommendations on treatment level and progress • Provides mental health and substance abuse treatment to participants |

Prior to each Status Review Hearing, the Mental Health Court Team members will familiarize themselves with your progress so that they may discuss your progress and provide input on sanctions/rewards during the staffing where the team meets prior to Court to make decisions regarding your treatment. The team employs a non-adversarial and collaborative approach in an effort to help you be successful in the program and live a drug-free life.



PROGRAM COMPONENTS

In order to successfully complete Mental Health Court, you are required to be involved in several activities which will benefit and sustain your recovery. As a participant in the DeKalb County Mental Health Court program, you will be required to:

- Engage in mental health treatment programs and follow treatment recommendations

- Participate in substance abuse counseling, if appropriate
- Maintain medication compliance
- Attend frequent Status Review hearings
- Regularly meet with Mental Health Court Team members
- Submit to frequent and random breath and urine screenings
- Have home visits by Mental Health Court Team members
- Attend self-help support groups
- Obtain employment and/or attend school
- Pay court fines, restitution and treatment fees
- Submit yourself, residence and car to searches

ENTRY PROCESS

In order to be accepted into Mental Health Court, a referral must be submitted to the Mental Health Court Coordinator by defendant, their attorney, law enforcement or any other person. Once the referral form is completed, the defendant will observe a Mental Health Court status review hearing to determine if they want to voluntarily engage in the program.

The Mental Health Court Coordinator will review all eligibility requirements with interested defendants and administer screening tests. The Mental Health Court Team will then determine initial acceptance or rejection based on the defendant's needs.

If the defendant is accepted initially, they will undergo a comprehensive assessment including mental health and substance abuse evaluations, with the DeKalb County Mental Health Court Counselor

The result of the comprehensive assessment and evaluations will then be sent to the Mental Health Court Team to determine final acceptance or rejection.

Defendants that are accepted into the program will be informed of acceptance by the judge. The judge will inform the defendant of his/her waiver of rights and the defendant signs a Consent to Participate on the record in open court, the defendant enters a guilty Plea and is informed of the judgment to be entered upon completion or revocation of the program. If agreed to by defendant and attorney, all court orders are signed in front of the Treatment Court Judge.

A Case Management Plan will be developed by the Mental Health Court Probation Officer/ Case Manager with the input of all other team members to monitor the participant's progress in the program. Each participant's circumstances will be different and therefore everyone's plan will likely vary to some degree.

PHASES OF MENTAL HEALTH COURT

The Mental Health Court program is a minimum of 14 months divided into five phases. You must successfully complete each phase of the program before transitioning to the next phase.

Before transitioning to the next phase in the program, it is your responsibility to submit a written request including all required documentation for phase advancement.

Failure to progress within a stage may result in a return to a previous phase. Relapse and/or new criminal charges may result in a return to PHASE I or even TERMINATION.

PHASE I: Mental Health & Responsibility to Self

- **Length of Phase:** Minimum of 90 days
- **Requirements:**
 - ✓ Orientation to Mental Health Court;
 - ✓ Develop individual treatment plan with treatment provider and hand into court;
 - ✓ Follow all recommendations of the counselor, as directed;
 - ✓ Individual counseling, and psychiatric services, as recommended by treatment provider **at least once a week;**
 - ✓ Group counseling sessions **at least three times a week** following the recommendations of the treatment program;
 - ✓ Maintain compliance with taking prescribed medications;
 - ✓ Participate in a self-help sobriety group based on recommendation of treatment provider and provide verification to court, if applicable;
 - ✓ Have a sponsor or temporary sponsor and provide verification of the sponsor to the court, if applicable;
 - ✓ Frequent and random drug testing **at least two times a week;**
 - ✓ Court appearances **weekly;**
 - ✓ Call the Mental Health Court office each day to find out testing schedule **before 8:30 am;**
 - ✓ Consistent, on time attendance at all required treatment and court appearances;
 - ✓ Acknowledge any substance abuse concerns and commit to living a drug and alcohol free life, if applicable;
 - ✓ End relationships with non-family drug using associates;
 - ✓ Keep a daily journal and hand in the journal to the Mental Health Court staff at every Court visit;
 - ✓ After four clean drops have 30 days of consecutive clean drops;
 - ✓ Fill out ***Petition to Move to Another Phase (Phase I to II Form)*** and write a letter addressed to the court requesting to advance to Phase II and give all required forms to the DeKalb County Mental Health Court staff.

Criteria for advancement to Phase II:

1. No positive drug test results for 14 consecutive days following four clean drops;
2. Documented attendance at a self-help sobriety group, if applicable;
3. Have a sponsor or at least a temporary sponsor from the attended self-help sobriety group, if applicable;
4. Demonstrate appropriate progress in treatment with your counselor by following all recommendations as directed;
5. Maintain compliance with medications as prescribed;

6. Acknowledgement of a substance abuse problem and a commitment to a drug-free lifestyle as demonstrated by a change of associates, if applicable;
7. Submission of *Petition to Move to Another Phase* and *Mental Health Management Plan* to the DeKalb County Mental Health Court Team asking to be promoted to Phase II;
8. If you successfully completed a residential program, you may submit your Phase II materials upon successful completion of the residential program;
9. Write a letter addressed to the court requesting to advance to Phase II and give the required materials to the Mental Health Court staff.

PHASE II: Maintenance of Mental Health & Responsibility to Others

- **Length of Phase:** Minimum of 90 days
- **Requirements:**
 - ✓ Update and review treatment plan with treatment provider and hand-in to court;
 - ✓ Individual or group counseling, and psychiatric services, as determined by the treatment provider **at least three times a week**;
 - ✓ Follow all recommendations of the counselor, as directed;
 - ✓ Continue to take medications as prescribed;
 - ✓ Continue to consistently attend a self-help sobriety group as recommended by treatment provider, if applicable;
 - ✓ Secure employment or begin vocational education/rehabilitation if requested and appropriate;
 - ✓ Frequent and random drug tests **at least two times a week**;
 - ✓ Court appearances **at least two times a month**;
 - ✓ Keep a daily journal and hand in the journal to the Mental Health Court staff at every court visit;
 - ✓ Call the Mental Health Court office each day to find out testing schedule **before 8:30 am**.
 - ✓ Fill out *Petition to Move to Another Phase (Phase II to III Form)* and write a letter addressed to the court requesting to advance to Phase III and give all required forms to the DeKalb County Mental Health Court staff.

Criteria for advancement to Phase III:

1. No positive drug tests within the last 30 days;
2. Employed or attending school/vocational training with positive feedback from the school;
3. Documentation provided to the Court of involvement in treatment;
4. Continued medication compliance;
5. Follow all recommendations of the counselor, as directed;
6. No unexpected absences from treatment or scheduled services;
7. Call the Mental Health Court office each day to find out testing schedule before 8:30 am;
8. Submission of *Petition to Move to Another Phase* and *Relapse Prevention Plan* to the DeKalb County Mental Health Court Team asking to be promoted to Phase III.

9. Write a letter addressed to the court requesting to advance to Phase III and give the required materials to the Mental Health Court staff.



PHASE III: Maintenance of Mental Health & Responsibility to Self and Others

- **Length of Phase:** Minimum of 90 days
- **Requirements:**
 - ✓ Update and review treatment plan with treatment provider and hand it into the court;
 - ✓ Group or individual counseling, and psychiatric services, as recommended by treatment provider **at least two times a week**;
 - ✓ Continue to consistently attend a self-help sobriety group as recommended by treatment provider, if appropriate;
 - ✓ Continue taking medications as prescribed;
 - ✓ Follow any and all treatment recommendations as directed by the counselor;
 - ✓ Secure employment or enroll in vocational education/rehabilitation if requested and appropriate;
 - ✓ Frequent and random drug tests **at least two times a week**;
 - ✓ Court appearances **at least twice a month**;
 - ✓ Start paying for treatment based on a sliding scale;
 - ✓ Keep a daily journal and hand in the journal to the Mental Health Court staff at every Court visit;
 - ✓ Call the Mental Health Court office each day to find out testing schedule **before 8:30 am**;
 - ✓ Fill out *Petition to Move to Another Phase (Phase III to IV Form)* and write a letter addressed to the court requesting to advance to Phase IV and give all required forms to the DeKalb County Mental Health Court staff.

Criteria for advancement to Phase IV:

1. No positive drug tests within the last 45 days;
2. Employed or attending school/vocational training if requested;
3. Documentation provided to the Court of involvement in treatment, and/or psychiatric services;
4. Continuing to take prescribed medications as directed;
5. Documentation provided to the Court of involvement in self-help sobriety group, if applicable;
6. Actively making payments for restitution, Court costs or treatment fees where applicable;
7. Frequent and random drug tests **at least two times a week**
8. No unexpected absences from treatment or scheduled services;
9. Submission of the *Petition to Move to Another Phase* to the DeKalb County Mental Health Court Team asking to be promoted to Phase IV.

10. Submission of *Relapse Prevention Plan*.
11. Submission of *Financial Obligations Sheet*.
12. Write a letter addressed to the court requesting to advance to Phase IV and give the required materials to the Mental Health Court staff.

PHASE IV: Reinforce Mental Health Maintenance & Self Care

- **Length of Phase:** Minimum of 90 days
- **Requirements:**
 - ✓ Update and review treatment plan with treatment provider and hand it into the Court;
 - ✓ Group or individual counseling, and psychiatric services, as recommended by treatment provider **at least one time a week**;
 - ✓ Continue to consistently attend a self-help sobriety group as recommended by treatment provider, if applicable;
 - ✓ Maintain compliance with prescribed medications;
 - ✓ Secure employment or enroll in vocational education/rehabilitation, if appropriate;
 - ✓ Frequent and random drug tests **at least two times a week**;
 - ✓ Court appearances **at least one time a month**;
 - ✓ Make payments for treatment based on a sliding scale;
 - ✓ Keep a daily journal and hand in the journal to the Mental Health Court staff at every Court visit;
 - ✓ Fill out *Petition to Move to Another Phase (Phase IV to V Form)* and write a letter addressed to the court requesting to advance to Phase V and give all required forms to the DeKalb County Mental Health Court staff.

Criteria for advancement to Phase V:

1. No positive drug tests within the last 60 days;
2. Employed or attending school/vocational training, if requested and appropriate;
3. Maintain compliance with prescribed medications;
4. Documentation provided to the Court of involvement in treatment;
5. Documentation provided to the Court of involvement in a self-help sobriety group, if applicable;
6. Actively making payments for restitution, Court costs or treatment fees where applicable;
7. Frequent and random drug tests **at least two times a week**;
8. No unexpected absences from treatment or scheduled services;
9. Submission of required materials to the DeKalb County Mental Health Court staff asking to be promoted to Phase V.
10. Submission of *Relapse Prevention Plan*.
11. Submission of *Financial Obligations Sheet*.
12. Write a letter addressed to the court requesting to advance to Phase V and give the required materials to the Mental Health Court staff.
13. Active involvement in the Alumni Association.



PHASE V: Continuing Mental Health Self Care & Relapse Prevention

- **Length of Phase:** Minimum of 90 days
- **Requirements:**
 - ✓ Continued care as needed and recommended by counselor;
 - ✓ Continued medication compliance as prescribed;
 - ✓ Frequent and random drug testing as ordered by court but **at least twice a week**;
 - ✓ Stable employment or enrollment and positive reports from vocational/educational program, if appropriate;
 - ✓ **A minimum of 14 months in Mental Health Court program and 180 days consecutive clean time**;
 - ✓ Mentoring with treatment counselor's supervision to participants who are in the other phases of program;
 - ✓ Attend all required meetings of a self-help sobriety group with documentation to the court and continue relationship with identified sponsor, if appropriate;
 - ✓ Court appearances **at least 1 time a month**;
 - ✓ Pay all Mental Health Court fees;
 - ✓ Active in the Alumni Association;
 - ✓ Development of Aftercare Plan submitted to the court;
 - ✓ Keep a daily journal and hand in the journal to the Judge at every Court visit;
 - ✓ Exit interview with Mental Health Court Team;
 - ✓ Complete Pre-Commencement Questionnaire;
 - ✓ Write a letter addressed to the court requesting to graduate and give the letter to the DeKalb County Mental Health Court staff;
 - ✓ Attend the commencement ceremony.

MENTAL HEALTH COURT GRADUATION REQUIREMENTS

You will be honored at a graduation ceremony when the following is accomplished:

1. Continued sobriety for at least **180 consecutive days**;
2. Completion of your treatment program;
3. Have maintained compliance with medication as prescribed
4. All Mental Health Court fees paid;
5. Actively involved in self-help meetings and obtained an effective sponsor;
6. Obtained stable employment or enrolled in vocational/educational program if requested.



TIPS ON HOW TO SUCCEED

- Be **HONEST**. Honesty is essential to your recovery;
- Stay clean and sober;
- Keep all treatment appointments and make all status review hearings;
- Use a calendar if you have a problem remembering your appointments;

- Plan your schedule in advance;
- Take all medications as prescribed;
- If you absolutely cannot make an appointment or status review hearing, call the appropriate contact BEFORE NOT AFTER the appointment;
- Maintain contact with the Mental Health Court staff; and
- Carry a photo ID of yourself at all times.

TREATMENT

An initial Case Management Plan will be developed by the Mental Health Court Team after you complete an initial assessment completed by a substance abuse counselor. The Case Management Plan will help you set goals, select methods for meeting those goals, and develop target dates for achieving those goals. You are to provide the Court with your Case Management Plan every time your treatment provider changes it. Remember, your Case Management Plan will be specific to you, your needs and your progress. It may not look exactly like another participant's in the program as you will each have different circumstances.

Outpatient treatment is provided by the DeKalb County Mental Health Court Counselor and Inpatient treatment or residential treatment will be provided by Gateway Foundation in Aurora. Inpatient or outpatient treatment will be recommended by the Mental Health Court Team based on initial assessment information. If you are able to pay for treatment services and/or have insurance that covers treatment, you will be required to pay for your treatment. The DeKalb County Mental Health Court Counselor, through Ben Gordon Center, has a sliding fee scale.



PROGRESS REPORTS

Before each Status Review Hearing, the Mental Health Court Team will meet and the Judge will be given a progress report. The progress report will state your drug and/or alcohol testing results, attendance of treatment appointments, participation and cooperation in the treatment program, employment or other requirements that may have been imposed. The Judge may ask the team questions about your progress and discuss any problems you may be having. If you are doing well, you may be rewarded with reduced program requirements or other incentives. If your progress reports indicate that you are not doing well, the Judge will discuss this with you during

court and determine the action that will be taken which might include a sanction. Sanctions are used to remind you of your goals in the program and to hold you accountable for your behavior. Sanctions can be anything from increased program requirements to incarceration.

STATUS REVIEW HEARINGS

You are required to appear in Mental Health Court on a regular basis. You must also be on time for every hearing. The number of times that you must appear in Court depends on the phase of Mental Health Court that you are currently in and/or your current progress. Failure to appear in Court will result in a warrant being issued for your arrest and detention in jail until you can appear before the Court. If you have questions about your status review hearings, you should contact the Mental Health Court Coordinator. Progress on your Case Management Plan will be discussed during each status review hearing and rewards and or sanctions may be given as a result of progress made or not made toward goals.



DRESS CODE FOR COURT

It is important to dress appropriately and behave respectfully while you are in Court.

- No tank tops, muscle shirts, crop-tops, or shirts with obscene words or pictures.
- No sagging (for example pants or shorts that hang below the waist).
- No unbuttoned shirts.
- No hats, caps or bandanas.
- No gang attire or colors of any kind.
- No phones or personal electronic devices utilized in the courtroom.

MENTAL HEALTH COURT RESPONSIBILITIES AND EXPECTATIONS

You are expected to comply with the following responsibilities while you are in Mental Health Court:

- When addressing the judge, you should approach the bench with the utmost respect.
- You will attend all scheduled status review hearings, be on time and be immediately seated in the courtroom.
- You will not talk in the courtroom during Mental Health Court proceedings.
- You will not bring food or drink into the courthouse, the courtroom, probation office or to treatment provider meetings.
- You will not lean against the Judge's bench but stand appropriately and speak clearly enough that the Judge and other team members and participants can hear the responses to the Court.

- You will remain in the Courtroom until you are dismissed by the Judge.
- In the event of an emergency, you may be excused from Court or allowed to leave prior to Court being dismissed.
- If you do not appear on your regularly scheduled Court date and you are not excused from Court, the Judge may request a no bond warrant be issued against you.
- If you should come in contact with any form of law enforcement, it is your responsibility to report such contact to the Court as soon as possible and inform law enforcement that you are in Mental Health Court.
- If you move within the county, you will turn in a new address with all phone numbers to the DeKalb County Mental Health Court Staff.
- You cannot leave DeKalb County or the state of Illinois without the approval of DeKalb County Mental Health Court Team. You must make the request the Monday before court before the anticipated trip out of the county or state. Requested permission to leave the county must be in writing and given to the Mental Health Court staff to present to the DeKalb County Mental Health Court Team during the staffing. Necessary information includes: address and phone number where participant will be traveling to; date and time of departure and return; and the purpose of the request to travel. You will be required to complete a urinalysis test immediately prior to leaving and after returning to DeKalb County. In the event you need to leave the county for an emergency, notify your treatment court officer immediately and provide the location you are traveling to and any supporting documentation.
- If you are moving within DeKalb County area, you are required to advise the Mental Health Court Staff and get approval of the court before the move.
- You are expected to remain living in the county until completion of the Mental Health Court program.
- You must agree not to consume, purchase or possess alcoholic beverages or illegal drugs, nor visit places where alcohol or illegal drugs are sold, dispensed, or used. This includes patronizing places such as bars, liquor stores, taverns, clubs, parties or places where alcohol is the main item for sale or consumption. You must agree to not misuse any prescriptive medication.
- You will not possess any dangerous weapon of any kind, including but not limited to firearms and knives.
- You will comply with your Case Management Plan provided by the Mental Health Court probation officer/ case manager.
- You are expected to attend your treatment appointments as scheduled and be on time for each meeting.
- You will report for drug testing as required during each phase of the program and follow the drug testing procedures outlined below.
- Transportation to and from all of your appointments and status review hearings is your responsibility. Bus maps and tickets are available from the probation officer/case manager.

DRUG AND ALCOHOL TESTING PROCEDURES AND REQUIREMENTS

Mental Health Court participants must agree to submit to random drug tests when requested to do so by the Mental Health Court Team. Participants are required to call the Mental Health Court Coordinator daily to learn if they must submit a drug test that day. If a participant refuses to provide a specimen or does not call, they will be considered to have a positive drug test. There are no excuses for missed drug screens. Positive drug tests will be discussed at the next staffing to determine responses/possible sanctions. Participants will be asked to submit at least 3 drug tests at the beginning of the program and will need to submit tests less frequently as they advance through the program but they will continue to submit tests until graduation in an effort to encourage sobriety. Drug tests may be required at any location with or without notice at any time of the day or night.

CONFIDENTIALITY

State and federal laws require that your identity and privacy be protected. In response to these regulations, the Mental Health Court Team and treatment providers have developed policies and procedures that guard your privacy. You will be asked to sign a *Consent for Disclosure of Confidential Substance Abuse Information*. This disclosure of information is for the purpose of status review hearings and reports concerning your specific Mental Health Court case only.



REWARDS AND SANCTIONS

In addition to your life and relationships changing for the better as you progress through the Mental Health Court program, you may also be **rewarded** by:

- Advancement to the next phase of the program
- Public praise by the Judge at Court hearings
- Reduced Court appearances
- Free passes for community activities
- Participation in a graduation ceremony

If you do NOT do what is required of you according to the Mental Health Court agreement, you will be held accountable in any of the following ways:

- Warning from the Mental Health Court Team
- Reading/writing assignments
- Letter or apology to the Court
- Have more frequent drug tests
- Report more frequently to Court staff
- Increased psychiatric or counseling services
- Increased office visits
- Increase in the number of self-help groups that you must attend each week

- Extension of duration in the DeKalb County Mental Health Court program
- More intensified outpatient treatment; i.e. more sessions per week
- GPS reinstated
- Demotion to previous phase
- Jail for an afternoon, day, weekend, week, month, etc.
- Termination from the program

Rewards and sanctions must be approved by the Judge.

TERMINATION FROM MENTAL HEALTH COURT

Warrants, new arrests or a violation of any aspect of your treatment plan may result in you being terminated from the Mental Health Court program. Other violations, which may result in

Sanctions or a **Termination Hearing** include the following:

- Dishonesty to Court Personnel and Mental Health Court staff;
- Positive, Diluted or Adulterated urine test;
- Attempts to interfere with Portable Breathalyzer;
- Attempts to interfere with SCRAM, SOBERLINK or GPS;
- Failure to submit a urine sample;
- Unexcused absence and/or absences from counseling session or support group;
- Failure to follow treatment conduct rules;
- Willful failure to attend scheduled status hearings without just cause;
- Charged with a new offense;
- Failure to comply with Court, Mental Health Court staff, and/or treatment provider's recommendations;
- Moving outside the jurisdiction without permission of the Mental Health Court Team;
- Failure to attend self-help group per treatment plan recommendation;
- Possession or delivery of drugs at treatment site; and/or
- Violent or abusive behavior at treatment site, program site, or other place of contact or participation.

EDUCATION, VOCATION AND EMPLOYMENT

A vital component of substance abuse recovery involves becoming a productive and responsible member of the community. Prior to commencement, you will be expected to be employed or involved in an educational/vocational training program. The Mental Health Court staff will refer you to community resources that will assist you in obtaining employment or in getting enrolled in educational/vocational training.



PROGRAM OUTCOMES

There are four ways you may be discharged or terminated from the DeKalb County Mental Health Court program which include the following:

- 1) Successful: You complete all the program requirements.
- 2) Neutral: You do not violate program requirements necessitating an unsuccessful discharge, but you are unable to successfully complete program requirements to qualify for a successful discharge. For example, you develop a serious medical or mental health condition, disability, or any other factor that may prevent you from meeting the requirements.
- 3) Unsuccessful: You are terminated from the DeKalb County Mental Health Court program due to a violation of program requirements.
- 4) Voluntary Withdrawal: You are permitted to withdraw in accordance with the DeKalb County Mental Health Court procedures.

AFTERCARE PROGRAM

The DeKalb County Mental Health Court program has an Aftercare Program called the Alumni Association. The Alumni Association allows the Mental Health Court team members to continue interacting with you after you have graduated from the program. As a graduate, you will serve as a role model to participants who are currently in the program by remaining drug-free. The Alumni Association will meet once per month. As a graduate, you will speak to community and church groups, plan social and recreational events, conduct fund raising activities, serve as ushers at commencement ceremonies, contribute to a monthly newsletter, and speak to potential future Mental Health Court participants when appropriate. It is mandatory for Mental Health Court participants who are in Phase IV and V to attend alumni meetings. After you have graduated and are a part of the Alumni Association, you will be asked to visit the Mental Health Court once every 3 months in order for the Mental Health Court Team and participants currently in the program to speak to you and see a successful graduate.

IMPORTANT MENTAL HEALTH COURT CONTACT NUMBERS



Mental Health Court Coordinator815-895-7224

**DeKalb County Mental Health Court Counselor..... 815-895-7303
(Outpatient Treatment Provider)**

Public Defender.....815-895-0760

State’s Attorney.....815-895-7164

Case Manager.....815-895-7301

The Mental Health Court business hours are from 8:30am-4:30pm, Monday-Friday (Excluding holidays). Calls received outside of business hours will be responded to the following business day.

**DEKALB COUNTY MENTAL HEALTH COURT PETITION
Phase I to Phase II**

I, _____, hereby petition the DeKalb County Mental Health Court to move from Phase I to Phase II for the following reasons:

1. My sobriety date, if applicable, is _____, I have maintained _____ months sobriety.
2. I have completed my initial treatment at _____ and have made a successful transition into the next level of care.
3. I am currently participating in self-help groups at _____

4. I am participating in a sober network which has been verified by the DeKalb County Mental Health Court staff and I have a sponsor/mentor

5. I have completed my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and the DeKalb County Mental Health Court staff.
6. I actively seeking employment or enrollment in school or other vocational training described below:

7. I have established a payment plan toward my court costs, restitution, and treatment and will begin payments of \$_____ per month on _____ (date).
8. Attach a sheet that tells about the most important things you have learned during Phase I.

Defendant Signature _____
Mental Health Court Officers _____
Date signed _____

**DEKALB COUNTY MENTAL HEALTH COURT PETITION
Phase II to Phase III**

I, _____, hereby petition the DeKalb County Mental Health Court to move from Phase II to Phase III for the following reasons:

1. My sobriety date, if applicable, is _____, I have maintained _____ months sobriety.
2. I am involved in treatment at _____ and I am making progress on my treatment plan.
3. I am currently participating in self-help groups at _____

4. I am participating in a sober network which has been verified by the DeKalb County Mental Health Court staff and I have a sponsor/mentor _____
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and the DeKalb County Mental Health Court staff.
6. I am involved in employment or enrollment in school or other vocational training described below:

7. I have begun and am current in my payments toward court costs, restitution, and treatment and will begin payments of \$_____ per month and plan to have all my financial obligations paid in full on _____ (date).
8. Attach a sheet that tells about the most important things you have learned during Phase II.

Defendant Signature _____

Mental Health Court Officers _____

Date signed _____

**DEKALB COUNTY MENTAL HEALTH COURT PETITION
Phase III to Phase IV**

I, _____, hereby petition the DeKalb County Mental Health Court to move from Phase III to Phase IV for the following reasons:

1. My sobriety date, if applicable, is _____, I have maintained _____ months sobriety.
2. I am involved in treatment at _____ and I am making progress on my treatment plan.
3. I am currently participating in self-help groups at _____
4. I am participating in a sober network which has been verified by the DeKalb County Mental Health Court staff and I have a sponsor/mentor _____
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and the DeKalb County Mental Health Court staff.
6. I am involved in employment or enrollment in school or other vocational training described below:

-
7. I am current in my payments toward court costs, restitution, and treatment and will begin payments of \$_____ per month and plan to have all my financial obligations paid in full on _____ (date).
 8. Attach a sheet that tells about the most important things you have learned during Phase III.
 9. Complete and attach the Financial Obligation Plan.

Defendant Signature _____

Mental Health Court Officers _____

Date signed _____

**DEKALB COUNTY MENTAL HEALTH COURT PETITION
Phase IV to Phase V**

I, _____, hereby petition the DeKalb County Mental Health Court to move from Phase IV to Phase V for the following reasons:

1. My sobriety date, if applicable, is _____, I have maintained _____ months sobriety.
2. I am involved in treatment at _____ and I am making progress on my treatment plan.
3. I am currently participating in self-help groups at _____
4. I am participating in a sober network which has been verified by the DeKalb County Mental Health Court staff and I have a sponsor/mentor _____
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider

_____, and the DeKalb County Mental Health Court staff.

6. I am involved in employment or enrollment in school or other vocational training described below:

7. I am current in my payments toward court costs, restitution, and treatment and will begin payments of \$_____ per month and plan to have all my financial obligations paid in full on _____ (date).

8. Attach a sheet that tells about the most important things you have learned during Phase IV.

9. Complete and attach the Financial Obligation Plan.

Defendant Signature _____

Mental Health Court Officers _____

Date signed _____

**DEKALB COUNTY MENTAL HEALTH COURT PETITION
Phase V to Commencement**

I, _____, hereby petition the DeKalb County Mental Health Court to move from Phase V to Phase Commencement for the following reasons:

1. My sobriety date, if applicable, is _____, I have maintained _____ months sobriety.
2. I have completed all formal treatment at _____ and have made successful transition into aftercare at _____.
3. I remain participation in self-help groups at _____
4. I am participating in a sober network which has been verified by the DeKalb County Mental Health Court staff and I have a sponsor/mentor _____
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and the DeKalb County Mental Health Court staff.
6. I am involved in employment or enrollment in school or other vocational training described below:

7. I have paid all my financial obligations in full on _____ (date).
8. Attach a sheet that tells about the most important things you have learned during Phase IV.
9. I have completed the Pre-Commencement Questionnaire.
10. I had an exit interview with Mental Health Court staff and my treatment provider.

Defendant Signature _____

Mental Health Court Officers _____
Date signed _____

MENTAL ILLNESS RELAPSE PREVENTION & CRISIS INTERVENTION PLAN

Name: _____

Date: _____

Relapse is often triggered by certain events or situations. Please list events or situations that have triggered a mental health and/or substance abuse relapse, in the past:

1. _____
2. _____
3. _____
4. _____
5. _____

Identify some past warning signs that your health is getting worse:

1. _____
2. _____
3. _____
4. _____
5. _____

List ten (10) **healthy** activities you can enjoy to help you when you feel overwhelmed or are identifying warning signs of relapse:

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

List ten (10) **unhealthy** activities you will need to **AVOID** until you feel better:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

What medications **have** helped me in the past:

What medications **have not** helped me: _____

What medications am I currently taking: _____

In order to maintain my new lifestyle, it will be necessary to not use drugs or alcohol. (Explain how you will accomplish this).

Who are some people who help me and what would I like them to do:

1. _____

2. _____

3. _____

4. _____

5. _____

Who can I contact in case of an emergency:

1. _____

2. _____

3. _____

What can I do when I am in crisis:

What are some ways I can manage stress, calm myself, and feel safe:

Who can I call during a crisis (family, friends, counselors, psychiatrists, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

What resources are available to me (organizations, treatment facilities, organized activities):

List all of the things you have to lose if you are not maintaining your mental health:

List anything else that may interfere with your recovery:

In Case of an Emergency Contact:

Ben Gordon Center
12 Health Services Dr.
DeKalb, IL
Main: (815) 756-4875
Crisis: 866-BGC-0111

National Helpline
Provides Free 24/7, 365
Treatment Referral
(800)-662-HELP (4357)

National Suicide Prevention Lifeline
(800)-273-TALK (8255)
or
Chat Online with a Professional:
<http://suicidepreventionlifeline.org/>

PRE-COMMENCEMENT QUESTIONNAIRE

Directions: Please read and answer the following questions to the best of your ability:

1. What skills do you believe you have gained in the Mental Health Court Program?
2. If you have struggled with addiction, how do you plan to stay clean and sober after you graduate from the Mental Health Court Program?
3. What is the importance of maintaining a self-care routine that includes continuing to take medication as prescribed, and continuing psychiatric services as recommended? What is your plan to make sure you continue to maintain a quality level of self-care?
4. Why do you believe you are eligible for the next scheduled graduation ceremony?
5. What would you like the Mental Health Court Team to know before you graduate?

DEKALB COUNTY MENTAL HEALTH COURT FINANCIAL OBLIGATIONS SHEET

It is time to start thinking about the fines and restitution that you may owe as you advance in Mental Health Court. It is your responsibility to contact the following offices/people and determine your financial obligations. Hand this sheet in with your phase advancement materials.

In order to discuss what you owe in court fines and costs you will need to know the case numbers of the charges you plead to when you entered Mental Health Court. Ask the Mental Health Court staff for these case numbers.

Case Numbers: _____

1. DeKalb County Circuit Clerk's Office

Court costs and fines that you owe

| | Amount Owed | | | | |
|----------|-------------|-------------|----------|----------------|-------|
| Case No. | Fines/costs | Restitution | GPS fees | Probation fees | Other |
| _____ | \$ | \$ | \$ | \$ | \$ |
| _____ | \$ | \$ | \$ | \$ | \$ |
| _____ | \$ | \$ | \$ | \$ | \$ |
| _____ | \$ | \$ | \$ | \$ | \$ |
| _____ | \$ | \$ | \$ | \$ | \$ |
| _____ | \$ | \$ | \$ | \$ | \$ |

Notes: _____

 Signature of Circuit Clerk

 Date

2. DeKalb County Mental Health Court

Mental Health Court Costs that you owe

Amount Owed

GPS costs _____

Testing costs _____

Other costs _____

Signature of Mental Health Court Staff

Date

Signature of Mental Health Court Staff attesting all Mental Health Court costs have been paid.

Date

3. Treatment Provider _____

Treatment provider costs that you owe Amount Owed

Notes: _____

Signature of Mental Health Court Staff

Date

Signature of Mental Health Court Staff attesting all Mental Health Court costs have been paid.

Date

RULES OF JOURNAL ENTRIES

The Judge and the Mental Health Court Team have required that you write daily journal entries. At the end of each week, you are to hand in your journals to the Mental Health Court staff. A journal entry should be a written record of your thoughts, feelings, goals, etc. These entries will serve as confidential communications between you and the Judge. Only the Judge will read your journal entries.

When writing your journal entries, you must comply with the following guidelines:

- Each daily entry must be 1 page in length.
- The journal entries must be written by you and address the topics the Judge has assigned.
- The journal entries must be completed and submitted to the Mental Health Court staff at your next court date.

*All journals are given directly to the judge.

REQUEST FOR MENTAL HEALTH COURT TEAM

Participant Name: _____ Date: _____

All requests must be submitted in writing to the Mental Health Court Team by (time and day) if you need an answer by your court hearing. ***No requests are to be made directly to the Judge during Court.***

The REQUEST is related to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Living situation | <input type="checkbox"/> Leaving the County | <input type="checkbox"/> Leaving the State |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Self-Help Groups | <input type="checkbox"/> Employment |
| <input type="checkbox"/> GPS/SCRAM | <input type="checkbox"/> _____ Other, please specify | |

Please describe your request below. You must be as specific as possible otherwise your request may be denied or delayed. If it is an out of county/state request, you must give the names and phone numbers of the people that you are traveling with as well as the name, phone number and address of the place that you will be residing.

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 23RD JUDICIAL CIRCUIT
COUNTY OF DEKALB

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

DEFENDANT

CONSENT TO PARTICIPATE
MENTAL HEALTH COURT PROGRAM

1. I understand that I have no legal right to participate in the Mental Health Court Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Mental Health Court Program.
2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Mental Health Court Team, which consists of the Judge, Local PSC Coordinator, Prosecutor(s), Public Defender or Defense Counsel, Probation, Treatment Provider(s), Case Manager(s), and any other personnel designated by the Mental Health Court Team.
3. I understand that it is essential that all members of the Mental Health Court Team, including the Judge, communicate as a team and share information regarding my participation in the Mental Health Court, including compliance with treatment, and I agree to them doing so. Upon my entry into the Mental Health Court, I consent to the Mental Health Court public defender representing me at Mental Health Court staffings and at court status review hearings unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and court status review hearings. In the event that my privately retained counsel is unable to attend staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.
4. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in activities as recommended by the Mental Health Court Team, and cooperation with home visits by Mental Health Court Team members.
5. I agree to appear in court as required. I understand that my court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment. I consent to this type of disclosure to a third party.
6. I agree to reside in DeKalb County and to keep the Mental Health Court Team advised of my current address and telephone number, employment status, and any new arrests at all times while in the program.

7. I agree to sign any and all releases of information consenting to the disclosure of information to the Mental Health Court Team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from Mental Health Court.
8. I agree to be truthful, cooperative and respectful with the Mental Health Court Team.
9. I understand that based upon any report (written or oral) of my violation of any rules of this Consent to Participate, the Mental Health Court Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan; or modify or revoke any conditions of my probation or bond. My violation(s) may result in proceedings being initiated seeking my termination from the Mental Health Court and these proceedings could either be resolved in Mental Health Court or be referred back to traditional court.
10. I understand that my alcohol, drug and mental health treatment records are protected by Part 2 of Title 42 of the Code of Federal Regulations (C.F.R), and HIPAA; Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 *et seq.*; 45 C.F.R. Parts 160 & 164. I understand that I may revoke this Consent to Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent to Participate expires upon the termination of the probation I am serving in this case or the termination of all proceedings with regard to this cause of action as named above.
11. I understand that I may voluntarily withdraw from the Mental Health Court Program in accordance with Mental Health Court procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.
12. I understand that at the discretion of the presiding Mental Health Court Judge, for purposes of research and/or education, other persons may be permitted to attend the Mental Health Court Team meetings where communication as to my case will occur.
13. I understand that language help is available and if I need assistance, it is my responsibility to inform that court I need help.

I UNDERSTAND THAT THE MENTAL HEALTH COURT PROGRAM MAY BE AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL AND/OR PRISON AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE MENTAL HEALTH COURT TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.

Date

Name (Print or Type)

Signature

Signature of Interpreter
(where applicable)

Signature of Parent of Guardian
(where applicable)

I HAVE REVIEWED THIS CONSENT WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE MENTAL HEALTH COURT TEAM WILL BE DISCUSSING THE DEFENDANT'S COMPLIANCE AND COOPERATION WITH HIS/HER TREATMENT PLAN AND TERMS OF SUPERVISION AT MENTAL HEALTH COURT STAFFINGS AND AT MENTAL HEALTH COURT STATUS REVIEW HEARINGS. I ACKNOWLEDGE THAT IF I REMAIN COUNSEL OF RECORD FOR THE DEFENDANT, I WILL APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR AT TEAM STAFFINGS WHEN THE DEFENDANT IS SCHEDULED TO BE STAFFED BY THE MENTAL HEALTH COURT TEAM AND ALSO APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR WITH THE DEFENDANT AT ALL COURT HEARINGS.

Date

Signature of Defense Counsel/Public Defender

_____ This Consent to Participate is accepted by: _____
Date Judge

DEKALB COUNTY MENTAL HEALTH COURT PROGRAM COMMUNICATION
AUTHORIZATION FORM
IN THE 23RD JUDICIAL CIRCUIT
COUNTY OF DEKALB

I, _____, Date of Birth _____, hereby consent to and authorize communication amongst the DeKalb County Mental Health Court Program, and Mental Health Court Judge, DeKalb County Circuit Judge, and the Mental Health Court team which at any time may consists of representatives from the DeKalb County State’s Attorney Office, the Public Defender’s Office, Court Services, the Mental Health Court coordinator, the county law enforcement agencies, DeKalb County Jail, and substance abuse treatment providers utilized by the Mental Health Court, and the Mental Health Court evaluator.

The information may be exchanged verbally, electronically, and/or written.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Mental Health Court program’s monitoring criteria. I understand that the information in my treatment record will include information about behavioral or mental health services, and treatment for substance abuse.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning my current charges.

_____ I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Mental Health Court program for the current charge. This includes, being successfully or unsuccessfully discharged, have a neutral discharge, or voluntarily withdrawing from the program.

_____ I understand that my records are protected under 42 U.S.C. 290dd-2, the Federal Confidentiality Regulation (42 CFR Part 2) and the Mental Health and Developmental Disabilities Confidentiality Act of Illinois and cannot be disclosed without written consent unless otherwise provided for in the regulations. I further understand that disclosure includes the right of the recipient to inspect and receive copies of the information to be disclosed.

_____ I understand that this written consent is not revocable while my case is pending unless there is a substantial change in my criminal justice status and that this authorization shall expire automatically without my express revocation 24 months from the date of authorization indicated below.

_____ It has been explained to be that if I refuse to consent to this release of information, I may become ineligible to participate in Mental Health Court.

Client Signature Date

Witness Signature Date