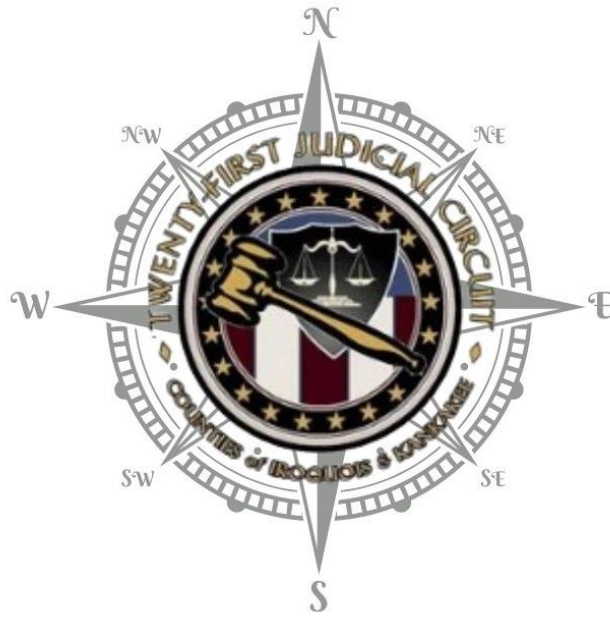


# Kankakee County Mental Health Court



**YOUR MIND MATTERS**

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## POLICY MANUAL



**A healthy mind is the greatest treasure you can find!**

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## **SECTION 1: MISSION STATEMENT**

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Kankakee County Mental Health Court Mission: to support Participant's successful return to society, reduce recidivism, increase public safety, and improve the Participant's quality of life.

## SECTION 2: GOAL

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The goal of Kankakee County Mental Health Court (KCMHC) is to improve public safety by reducing recidivism by improving the quality of life of people with mental health issues, increasing their participation in effective treatment, and reducing court and corrections related costs by providing an alternative to incarceration.

The goal will be achieved by:

1. Screening to develop court supervised treatment and case management plans
2. Offer treatment during the judicial process to Participants diagnosed with mental health issues
3. Monitor Participant compliance with Court approved treatment and case management plans including drug and alcohol testing
4. Timely Court response to positive and negative behaviors
5. Regular team meetings with community providers, law enforcement, State's Attorney, Public Defender/Defense Counsel, and Court

## SECTION 3: CONFIDENTIALITY

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All information relating to Mental Health Court (MHC) Participant is strictly confidential. Any information viewed by MHC personnel or providers shall not be shared with any outside party. MHC Participants shall be required to sign *a Consent for Release/Disclosure of Confidential Information*. If Participant refuses to sign the *Consent for Release/Disclosure of Confidential Information*, the MHC Referral is closed and a report sent to the referral source, Judge, prosecutor, and defense counsel explaining the individual is not eligible for MHC due to refusal to sign *Consent for Release/Disclosure of Confidential Information*.

KCMHC shall comply with applicable relevant Federal and State confidentiality statutes and regulations.

**EXCEPTION:** Confidentiality is the cornerstone of KCMHC. Even though confidentiality is essential to KCMHC, it does not exempt mandatory reporters from their legal obligations. Professionals such as therapists, counselors, probation officers, and sheriff deputies are mandatory reporters. All professionals involved in KCMHC who are designated mandatory reporters must report any suspected child/elder abuse, neglect, or threats of harm to others to the appropriate authorities. This legal duty to report applies even within the context of otherwise confidential KCMHC communications. **PARTICIPANTS ARE HEREBY INFORMED OF THIS EXCEPTION TO THE CONFIDENTIALITY PROVISION.**

MHC Team shall maintain confidential files for confidential information. Confidential information includes treatment reports, assessment results, treatment and supervision needs, attainment of treatment plan goals, adherence to treatments, drug and alcohol testing results,

and other confidential information disseminated to the MHC Team. Confidential information shall not be disseminated outside the MHC Team and treatment providers.

MHC Participant confidential information *shall* not be obtained from MHC to be *utilized* in other proceedings, civil or criminal, *involving* the MHC Participant or another person unless the MHC Participant gives voluntary and express written consent for the re-disclosure of the confidential information.

The Kankakee County State's Attorney shall delete and/or destroy MHC Participant confidential information disseminated in conjunction with referral to or participation in MHC when the individual is determined ineligible for participation in MHC or when Participant is discharged unsuccessfully from MHC.

Upon request of Participant or their counsel, the Judge has discretion to issue a protective order pertaining to any or all of the confidential information.

All Pre-Trial Services/Probation files, pre-sentence investigations, computer notes, and case notes shall be confidential information and shall not to be released except by court order. All MHC material shall be protected by federal law, specifically section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 C.F.R Part 2 (confidentiality of substance abuse records) and the Illinois Mental Health and Development Disabilities Confidentiality Act, 740 ILCS 110/1 *et seq.* (confidentiality of mental health treatment records).

## **SECTION 4: ACCESS TO JUSTICE**

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KCMHC policies and procedures shall be in accord and consistent with applicable Illinois Supreme Court Rules (IL S. Ct.), 21<sup>st</sup> Judicial Circuit Uniform Rules of Practice, and applicable Administrative and General Orders setting forth Access to Justice requirements.

KCMHC shall comport with all applicable Illinois Supreme Court policies including Illinois Supreme Court Language Access Policy, Illinois Supreme Court Code of Interpreter Ethics, and Illinois Supreme Court Policy on Assistance to Court Patrons by Circuit Clerks, Court Staff, Law Librarians, and Court Volunteers. Kankakee Mental Health Court shall comport with 21<sup>st</sup> Judicial Circuit Court policies regarding Access for persons with disabilities consistent with Title II of the Americans with Disabilities Act.

## **SECTION 5: STATEMENT OF NON-DISCRIMINATION**

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No individual shall be excluded from admission to KCMHC based upon gender, race, nationality, ethnicity, religion, age, limited English proficiency, disability, socioeconomic status, sexual orientation or gender identification.

## **SECTION 6: CAPACITY**

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KCMHC is a Post-Adjudicatory MHC Treatment and Problem Solving Court program. An individual who plead guilty or was found guilty, with defendant's consent and approval of the court, may enter KCMHC as part of the defendant's sentence or disposition. *Mental Health Court Treatment Act 730 ILCS 168/1.*

KCMHC has one designated full-time probation officer assigned to the program and one designated back up probation officer. Currently, there is no standard for MHC caseloads. The National Association of Drug Court Professionals Best Practice Standards Vol. II recommends "Drug Courts are advised to monitor their operations carefully when caseloads for supervision officers exceed 30:1; caseloads should never exceed a 50:1 ratio." KCMHC Probation Officers will be assigned a case load of no more than 25:1 MHC Participants. This limits the total number of Participants to 25.

## **SECTION 7: ELIGIBILITY & EXCLUSION**

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### **Eligibility Standards**

1. Participant must consent to and Court must approve participation in MHC. Participant agrees to be admitted to MHC when written consent to participate is provided to the Court and Participant acknowledges understanding its contents in open court.
2. Participant must be charged with a Non-Disqualifying Misdemeanor or Felony Offense.
3. Participant must be resident of Kankakee County.
4. Females must score at least Low Moderate and males must score at least Moderate on the ARA (Adult Risk Assessment) or High Risk and High Needs on the RANT (Risk and Needs Triage).
5. Participant must be diagnosed with an approved mental illness described in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, text revised (DSM-V-TR) **and** contained in Column A of the **KCMHC's Eligibility List** (see page 24). A Participant with a Column B diagnosis is ineligible for KCMHC even if they also have a Column A diagnosis, except a secondary Personality Disorder will be decided on a case by case basis if there is also a primary Column A diagnosis.
6. Participant must have a Level of Care Utilization System (LOCUS) score within the range of 2 – 5.
7. Participant must be found fit to stand trial by a licensed clinician if Participant's fitness is in question prior to involvement in MHC.
8. Participant must be willing to cooperate with the Court, with approved treatment providers, and must sign all consents and releases of information required by Probation and the Court.
9. Participant must meet eligibility requirements in *Mental Health Court Treatment Act 730 ILCS 168/20.*

### **Exclusionary Standards**

1. The exclusionary standards in 730 ILCS 168/20 apply to KCMHC.
2. A Participant shall be excluded from KCMHC if the crime is a crime of violence. 730 ILCS 168/20(b). The following are crimes of violence:
  - a. 1<sup>st</sup> Degree Murder
  - b. 2<sup>nd</sup> Degree Murder
  - c. Predatory Criminal Sexual Assault of a Child
  - d. Aggravated Criminal Sexual Assault
  - e. Criminal Sexual Assault
  - f. Armed Robbery
  - g. Arson
  - h. Aggravated Arson
  - i. Aggravated kidnapping
  - j. Kidnapping
  - k. Aggravated Battery resulting in great bodily harm or permanent disability
  - l. Aggravated Domestic Battery resulting in great bodily harm or permanent disability
  - m. Aggravated Criminal Sexual Abuse by a person in a position of trust or authority over a child
  - n. Stalking
  - o. Aggravated Stalking
  - p. Home Invasion
  - q. Aggravated Vehicular Hijacking
  - r. Any offense involving the Discharge of a Firearm
3. Participant does not demonstrate a willingness to participate in a treatment program.
4. Participant was convicted of a crime of violence (as enumerated in ¶ 2 a-q above) within the past 5 years excluding incarceration time, parole, and periods of mandatory supervised release.
5. Participant is charged with a violation of subparagraph (F) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code in which an individual is charged with aggravated driving under the influence that resulted in the death of another person or when the violation was a proximate cause of the death, unless, pursuant to subparagraph (G) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code, the court determines that extraordinary circumstances exist and require probation.
6. Participant may be admitted to MHC only upon agreement of State's Attorney if Participant is charged with a Class 2 or greater felony violation of

- a. Section 401, 401.1, 405, or 405.2 of the Illinois Controlled Substances Act;
- b. Section 5, 5.1, or 5.2 of the Cannabis Control Act;
- c. Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56, or 65 of the Methamphetamine Control and Community Protection Act.

## **SECTION 8: REFERRAL**

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Community referrals may come from any source including but not limited to Kankakee County State's Attorney's Office, Kankakee County Public Defender's Office, Kankakee County Pre-Trial Services/Probation, Defendant, Private Attorneys, and Treatment Providers.

All referrals shall be sent to the MHC Probation Officer who will notify the State's Attorney's Office and the Public Defender's Office / Private Counsel of the referral request. The defendant's attorney must then formally request the referral to MHC to the presiding judge, who will then order a mental health court evaluation.

## **SECTION 9: SCREENING**

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The MHC Probation Officer pre-screens the potential Participant for eligibility by reviewing the pre-trial bond report, pending charges, LEADS, and other available records to determine if any exclusionary criteria apply. The initial screening is to be completed within **10 business days** of referral receipt. If a disqualifying criterion is discovered, the referral is closed and a report sent to the referral source, Judge, Prosecutor, and Defense Counsel explaining the individual is not eligible due to a disqualifying criterion.

If no disqualifying criteria apply, the MHC Probation Officer conducts a face to face interview with potential Participant and administers the ARA-CST (Adult Risk Assessment-Community Supervision Tool). If the potential Participant is charged with a Misdemeanor or Felony and reports using or has a history of using controlled substances, the MHC Probation Officer administers the RANT (Risk and Needs Triage). If the potential Participant meets the eligibility standards, the MHC Probation Officer arranges/schedules a complete diagnostic assessment.

No assessment is required if the court finds a valid assessment related to the present charge pending against the defendant was completed within the previous 60 days. 730 ILCS 168/25(a).

If the potential Participant does not meet eligibility requirements, the referral is closed and a report sent to the referral source, Judge, Prosecutor, and Defense Counsel explaining why the individual is not eligible.

## **SECTION 10: ASSESSMENT**

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A complete diagnostic assessment based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR) determines whether a potential Participant for MHC meets the following criteria:

1. Diagnosis of a mental illness described in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition, Text revision (DSM-V-TR); and
2. Level Of Care Utilization System (LOCUS) score falls within the range of 2 – 5

Provider performing the diagnostic assessment shall make a recommendation for the level of treatment care. The diagnostic assessment should be completed within **14 calendar days** from the referral date for individuals **in custody** and within **30 calendar days** from the referral date for individuals who are **not in custody**. Copies of the individualized treatment plan developed by the treatment provider shall be provided to the Participant and the MHC Team within 14 calendar days of completion of the diagnostic assessment.

## **SECTION 11: ENROLLMENT**

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Upon receipt of the assessment/treatment plan, the MHC Probation Officer places potential Participant on the list for the next available staffing. The MHC Team reviews the referral packet, assessment and treatment plan, and uses objective eligibility and exclusionary criteria to determine if the potential Participant is acceptable for participation in MHC.

If a potential Participant is determined ineligible for MHC or declines to execute required Releases and Consents, the referral is closed and a report sent to the referral source, Judge, Prosecutor, and Defense Counsel explaining why the individual is not eligible for participation in MHC.

If the MHC determines the potential Participant is eligible for MHC, the case is given a court date for a final determination by the MHC Judge who has discretion to accept or deny a potential Participant into MHC.

## **SECTION 12: COURT PROCEDURE & CONSENT**

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The Court explains to Participant how MHC works, reviews Consent to Participate in MHC with Participant, and directs Participant to sign the Consent to Participate in MHC in open court. The court determines Participant's willingness to participate in MHC and determines if Participant is accepted into the MHC Program.

Participant shall enter an open plea of guilty to the Charges and sign the MHC Order. MHC is a post-adjudicatory court and Participant cannot enter MHC without entering a guilty plea. Participant shall appear in court as required by the Court or MHC Probation Officer for review of the terms and conditions of the MHC Order. Sentencing is stayed pending completion of the MHC Program.

The court sets Review hearings. The Prosecutor, Public Defender/Defense Counsel, Treatment



Providers, MHC Probation Officer, MHC Coordinator, and MHC Law Enforcement Officer shall attend each review hearing. The Court monitors compliance with the conditions of the MHC Program and imposes any rewards, incentives, sanctions, and/or service adjustments deemed necessary for successful completion of the program.

## **SECTION 13: TEAM MEMBERS**

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KCMHC Team includes the Judge, Prosecutor, Public Defender/Private Defense Counsel, MHC Coordinator, MHC Probation Officer, Licensed Treatment Providers, and MHC Law Enforcement Officer.

All MHC Team members commit to serving on the MHC Team for at least 1 year. The MHC Judge commits to serving on the MHC Team for at least 2 years.

### **Team Member Responsibilities:**

#### **Judge**

The Judge is the decision maker in the MHC process. The Judge participates in all MHC staffings and presides over court proceedings. The Judge administers rewards, incentives, sanctions, and service adjustments. At all times, the MHC Judge should disqualify themselves in accord with circumstances listed in IL S. Ct. Rule 2.11. Prior to being assigned to preside in MHC, the Judge should have experience and/or training in a broad range of topics including, but not limited to: criminal law, behavioral health, confidentiality, ethics, evidence-based practices, substance use and abuse, mental illness, and co-occurring disorders. The MHC Judge should also attend relevant training events including those focused on evidence-based substance abuse and mental health treatment, attend MHC Team staffing, consider input from the MHC team members prior to making final decisions, preside over status hearings in open court on a regular basis and spend sufficient time to review each Participant's progress in the MHC program.

#### **Prosecutor**

The Prosecutor attends all staffing and court hearings. The Prosecutor may participate in the review of referrals. The Prosecutor participates in Participant staffings in a non-adversarial manner. The Prosecutor advocates for effective rewards, incentives, sanctions, and service adjustments while ensuring community safety.

#### **Defense Counsel**

The Public Defender/Private Defense Counsel attends all staffing and court hearings. Defense Counsel assists in the referral and entry process. Defense Counsel participates in Participant staffings in a non-adversarial manner. Defense Counsel advocates for effective rewards, incentives, sanctions, and service adjustments while ensuring Participant's legal rights are protected.

#### **Probation**

**The MHC Coordinator** is a designated Probation Officer. The MHC Coordinator may also be a MHC Probation Officer. The MHC Coordinator manages and coordinates all facets of the MHC process including collaborating with treatment providers. The MHC Coordinator's duties are varied and include, but are not limited to:

1. Organize and coordinate training for MHC team members
2. Maintain cooperative relationships with treatment agencies, community organizations, and other involved partners
3. Assist in screening potential Participants to determine eligibility and interest
4. Attend staffings and court hearings, report compliance/noncompliance, and recommend rewards, incentives, sanctions and advocate for service adjustments
5. Facilitate community presentations
6. Promote team integrity
7. Develop community resources
8. Collect data/statistics and work closely with any program evaluator

### **MHC Probation Officer**

MHC Probation Officer is the primary case supervisor for Participants sentenced to MHC. The MHC Probation Officer attends all staffing and court hearings. The MHC Probation Officer advocates for effective rewards, incentives, sanctions, and service adjustments during team meetings. The MHC Probation Officer's duties are varied and include, but are not limited to:

1. Plans and implements in collaboration with the licensed treatment providers, the day-to-day activities of the MHC Participant
2. Conducts initial intake interviews, explains program requirements, and reviews the client handbook with Participant
3. Monitors Participant compliance with MHC rules and communicates with Participants in accordance with the program requirements
4. Attends case staffings and court hearings, reports compliance/noncompliance, and recommends rewards, incentives, sanctions, and advocates for service adjustments
5. Assists in the promotion of team integrity
6. Assists in the development of community resources
7. Assists in the collection of data/statistics
8. Conduct ARA-CST and RANT assessments, reassessments and develop a case management plan with the Participant and update the plan regularly and provide the plan and updates to Participant and MHC Team

### **Providers**

Licensed Treatment Providers conduct assessments to determine eligibility for MHC. Their duties include, but are not limited to:

1. Provide screening, assessment and/ or treatment
2. Coordinate treatment with other treatment provider(s)

3. Develop treatment plans, regularly update treatment plans, and share this information with the MHC Team
4. Provide therapy services
5. Attend staffings and court hearings for MHC Participants and recommend rewards, incentives, sanctions and advocate for service adjustments
6. Assist Participants in applying for state, federal and veteran's benefits
7. Assist Participants in applying for housing, unemployment, and educational programs
8. Assist in arranging housing and transportation
9. Refer Participants for medical treatment and medication management to appropriate local agencies
10. Collaborate and cooperate with MHC Probation Officer and the court

### **MHC Law Enforcement Officer**

The **MHC Law Enforcement Officer** attends all staffings and court hearings and recommends rewards, incentives, sanctions, and advocates for therapeutic adjustments. MHC Law Enforcement Officer acts as a liaison to other law enforcement agencies and offers a law enforcement perspective when policy and procedures are developed. MHC Law Enforcement Officer may assist with home visits as needed, process/serve warrants on MHC Participants, and assist with referring potential MHC Participants. MHC Law Enforcement Officer promotes and encourages law enforcement officers to receive CIT training.

### **Community Partners**

Community partners coordinate treatment with other treatment provider, may attend staffings and court hearings as appropriate, assist Participants in applying for state, federal and veteran's benefits, assist Participants in applying for housing, unemployment, and educational programs, assist in arranging for housing and transportation, and refer Participants for medical treatment and medication management to appropriate local agencies.

## **SECTION 14: TEAM TRAINING**

MHC Team shall regularly participate in trainings, webinars, events, and other educational opportunities on topics essential to effective planning, implementation and operation of MHC and to ensure MHC upholds fidelity to the Treatment/Problem Solving Court Model. Topics include, but are not limited to: evidence-based screening, assessment and treatment practices, target population, substance use disorder, mental illness, disability, co-occurring disorders, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, limited English proficiency, and team dynamics.

MHC team shall stay abreast of current law and research on best practices and participate in ongoing interdisciplinary education and training.

## **SECTION 15: CASE MANAGEMENT**

It is essential the MHC Probation Officer keeps Participant files organized and up to date. All contacts with Participant must be recorded in a timely fashion in Participant's case file. The case file shall be securely maintained accessible by the MHC Probation Officer, Supervisor, the Administrative Office of the Illinois Courts, and the Criminal Justice Information Authority.

The case file shall contain all information described in the Adult Probation Procedure Manual. The case file shall also include any other pertinent information the MHC Probation Officer deems appropriate.

MHC Probation Officer is responsible for determining the appropriate level of supervision of every Participant through the use of the ARA (Adult Risk Assessment). Based on the results of the ARA, MHC Probation Officer develops a Participant centered case plan. The case plan defines goals and objectives based on strengths and needs and identifies services to be provided. The MHC Probation Officer shares the case management plan with Participant and the MHC Team.

The MHC Probation Officer's 25 Participant case load will not exceed 20 high risk/high needs Participants.

MHC Participants are subject to the standard rules and regulations of Probation. Participants are also subject to any and all sanctions imposed by the Court and/or MHC Probation Officer.

The MHC Probation Officer shall appear at all MHC court dates. Courtroom duties include, but are not limited to:

1. Participate in the pre-court team meeting between the MHC Judge, State's Attorney, Defense Attorney, Treatment Providers, and other Team members
2. Contribute significant information regarding Participant's progress or lack of progress at MHC Team meetings, staffings, and pre-court conferences
3. Conduct or order any drug and/or alcohol testing as directed by the Court or pursuant to Probation policy and procedure
4. Meet and discuss issues with Participants participating in an in-patient treatment program

## **SECTION 16: PARTICIPANT RESPONSIBILITY**

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MHC Participant must be familiar with the conditions of their MHC Order and the *MHC Participant Handbook*. Participant shall pay all applicable fees which may include a \$50.00 per month Court Services. Ability to pay is subject to court review based on Participant's income level and inability to pay will not impede Participant's advancement through the phases or graduation. Participant shall pay restitution if ordered. Failure to comply with the conditions of the MHC Order and program rules may result in revocation of the MHC Order and unsuccessful discharge from the MHC program.

Participant receives a copy of the *MHC Participant Handbook* at the initial probation office visit. MHC Probation Officer reviews the *MHC Participant Handbook* with Participant. After Participant is given opportunity to ask questions, Participant shall sign Acknowledgment of Receipt of *MHC Participant Handbook*. MHC Probation Officer shall file the Acknowledgement of Receipt of *MHC Participant Handbook* with the Clerk of the Court.

MHC Participants shall attend all court hearings, keep all appointments with their MHC Probation Officer, their Treatment Providers, and/or anyone else Participant is directed to report to for MHC. Failure to attend court, probation appointments, treatment or other activities as directed may result in being sanctioned up to and including removal and unsuccessful discharge from the MHC Program.

MHC Participants are provided with copies of their case management and treatment plans. Failure to comply with the case management and treatment plans may result in being sanctioned up to and including removal and unsuccessful discharge from the MHC Program.

## **SECTION 17: PHASES & PROMOTION**

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KCMHC consists of Phases and Promotions. MHC Phases are guidelines only and subject to change based on individualized needs. Promotion through Phases is evaluated and based on compliance with MHC program rules. Participants meeting the requirements of each Phase are promoted to the next Phase. Participants struggling with the conditions i.e. relapses, missed appointments, missed court, dishonesty may be subject to increased reporting and additional Phase requirements.

The decision to promote Participant to the next phase is based on compliance with the treatment plan and actual progress in managing the mental illness including medication compliance, treatment compliance, and overall stability of Participant's mental health.

### **PHASE I: STABILIZATION—Minimum 60 Days**

Participant is closely monitored during Phase 1. Phase 1 is designed to address Participant's most important needs at the time. Participant must:

1. Attend MHC every week including attendance for the entire weekly court proceeding. MHC Team may adjust this requirement.
2. Attend Probation appointments: at least 1 appointment every week
3. Cooperate with unscheduled visits, home visits, and/or contact with MHC Team
4. Engage in mental health treatment determined by Participant's individualized treatment plan
5. Submit to random urinalysis screens determined by the Participant's individualized treatment plan and/or requested by the MHC Team

6. Take all prescribed medicine as directed
7. Initiate appropriate daily living skills, interpersonal skills, and leisure activities
8. Attend self-help groups as determined by Participant's individualized treatment plan and/or requested by the MHC Team
9. Attend all appointments made with or by MHC Probation Officer, counselors, and/or psychiatrist
10. Attend all appointments made for case management, counseling, or psychiatric evaluation
11. Be drug tested no less than three times per week.
12. Remain drug and alcohol free by providing negative drug screens for 30 consecutive days prior to promotion to Phase 2
13. Prior to advancing to Phase 2, have no unexcused treatment appointments, probation appointments, or court appearances for 14 consecutive days
14. Complete Phase Promotion Request

Phase I focuses on restoring mental health stabilization. The court expects Participant to be on time for court, be respectful and honest, maintain personal hygiene and grooming, and begin to change unhealthy people, places, and things that do not support recovery.

#### **Promotion Requirements to Phase 2:**

1. No unexcused court appearance, probation appointments, and treatment appointments for 14 consecutive days prior to promotion
2. Taking all medication as prescribed
3. 30 days consecutive sober time from drugs and alcohol prior to promotion
4. Complete Phase Promotion Request

#### **PHASE 2: BUILDING LIFE SKILLS--Minimum 120 Days**

Participants will be given more freedom and responsibility as they advance through the Phases. Phase 2 is designed to engage Participant in necessary mental health treatment and maintain positive change by continuing life skill building. Participant must:

1. Attend MHC court every 2 weeks
2. Attend Probation appointments as requested by MHC Probation Officer
3. Engage in mental health treatment as determined by the treatment plan
4. Engage in substance abuse treatment as determined by the treatment plan
5. Cooperate with unscheduled visits, home visits, and/or contact with MHC Team
6. Submit to random urinalysis screens determined by Participant's individualized treatment plan and/or requested by the MHC Team
7. Take all prescribed medicine as directed

8. Attend self-help groups as determined by Participant's individualized treatment plan and/or requested by the MHC Team
9. Attend all appointments made with or by MHC Probation Officer, counselors, and/or psychiatrist
10. Attend all appointments made for case management, counseling, or psychiatric evaluation
11. Be drug tested no less than two times per week.
12. Remain drug and alcohol free by providing negative drug screens for 45 consecutive days prior to promotion to Phase 3
13. Prior to advancing to Phase 3, have no unexcused treatment appointments, probation appointments, or court appearances for 30 consecutive days
14. Complete Phase Promotion Request

### **Promotion Requirements to Phase 3**

1. No unexcused court appearance, probation appointments, and treatment appointments for 30 consecutive days prior to promotion
2. Taking all medication as prescribed
3. 45 days consecutive sober time from drugs and alcohol prior to promotion
4. Complete Phase Promotion Request

### **PHASE 3: REINTEGRATION—Minimum of 120 days**

Participant gains more independence during Phase 3, but is expected to report to the MHC Team on activities and choices. Phase 3 is designed to incorporate education and employment into Participant's treatment. Participant is encouraged to begin exploring educational and vocational interests and abilities during Phase 3. Participant must:

1. Attend MHC 1 time every three weeks.
2. Attend Probation appointments as requested by MHC Probation Officer
3. Engage in mental health treatment as determined by the treatment plan
4. Engage in substance abuse treatment as determined by the treatment plan
5. Cooperate with unscheduled visits, home visits, and/or contact with MHC Team
6. Submit to random urinalysis screens determined by Participant's individualized treatment plan and/or requested by the MHC Team
7. Submit to random urinalysis screens determined by Participant's individualized treatment plan and/or requested by the MHC Team
8. Take all prescribed medicine as directed
9. Attend self-help groups as determined by Participant's individualized treatment plan and/or requested by the MHC Team

10. Attend all appointments made with or by MHC Probation Officer, counselors, and/or psychiatrist
11. Attend all appointments made for case management, counseling, or psychiatric evaluation
12. Be drug tested no less than one time per week.
13. Remain drug and alcohol free by providing negative drug screens for 60 consecutive days prior to promotion to Phase 4
14. Obtain employment or volunteer position, obtain independent housing, enroll in education courses (GED classes, higher education classes, vocational training, etc.) or engage in regular positive social activity not related to treatment (clubs, volunteer activities, community service, church, sports, etc.) as recommended by the MHC Team
15. Obtain training in life skills such as budgeting and housekeeping as recommended by the MHC Team
16. Prior to advancing to Phase 4, have no unexcused treatment appointments, probation appointments, or court appearances for 60 consecutive days
17. Complete Phase Promotion Request

#### **Promotion Requirements Phase 4**

1. No unexcused court appearance, probation appointments, and treatment appointments for 60 consecutive days
2. Taking all medication as prescribed
3. 60 days consecutive sober time from drugs and alcohol
4. Complete Phase Promotion paperwork

#### **PHASE 4 MAINTENANCE--Minimum 90 days**

1. Attend MHC as scheduled
2. Attend Probation appointments as requested by MHC Probation Officer
3. Submit to random urinalysis screens determined by Participant's individualized treatment plan and/or requested by the MHC Team
4. Take all prescribed medicine as directed
5. Attend self-help groups as determined by Participant's individualized treatment plan and/or requested by the MHC Team
6. Attend all appointments made with or by MHC Probation Officer, counselors, and/or psychiatrist
7. Be drug tested no less than one time per week.
8. Remain drug and alcohol free by providing negative drug screens for 90 consecutive days



9. Prior to Graduation, no unexcused treatment sessions, probation appointments, court appearances for 90 consecutive days
10. Prior to Graduation, no court sanctions for 90 consecutive days
11. Complete a Discharge Plan

#### **Promotion Requirements for Graduation:**

1. No unexcused court appearance, probation appointments, and treatment appointments for 90 consecutive days prior to promotion
2. Taking all medication as prescribed
3. 90 days consecutive sober time from drugs and alcohol prior to Graduation
4. Complete Graduation Commencement Request

## **SECTION 18: NON-COMPLIANCE**

Any non-compliance of rules and regulations of MHC should be reported to the MHC team in a timely manner.

Non-compliance with program rules and regulations includes, but is not limited to:

1. Failure to comply with recommended treatment program
2. Unsuccessful termination or discharge from treatment
3. Prohibited substances found in the biological system
4. Missed appointments with treatment provider or MHC Probation Officer
5. Missed or delayed drug test or refusal to submit to urine / alcohol testing
6. Providing a diluted drug test specimen or other tampering of specimen
7. Violation of a condition of MHC
8. Violation of any criminal statute of any jurisdiction
9. Failure to reside at an approved residence
10. Curfew violation
11. Refusal to participate in treatment program or case management (probation).
12. Failure to attend court

## **SECTION 19: INCENTIVES, SANCTIONS, & ADJUSTMENTS**

The MHC team uses a combination of rewards, incentives, sanctions, and service adjustments to reinforce compliance with case management and treatment plans.

A sanction may be imposed for each violation. The court, with input from MHC Team, determines the appropriate sanction considering the nature of the violation and Participant's overall compliance. After Participant is given the opportunity to be heard, the MHC Judge in

their sole discretion makes the final decision as to what if any sanction to impose. Prior to imposing any sanction not involving jail or administering any incentive or any service adjustment, the MHC Judge shall advise Participant in open court of the sanction, incentive, and/or service adjustment and shall explain the reason for imposing or administering same.

Jail sanctions shall be imposed judiciously and sparingly. Unless Participant poses an immediate risk to public safety, jail sanctions shall be administered after less severe consequences proved ineffective in deterring infractions. Jail sanctions shall be definite in duration and typically last no more than three (3) to five (5) days. Participant shall have access to counsel and a hearing prior to a jail sanction being imposed because a significant liberty interest is at stake.

Sanctions include, but are not limited to:

1. Increased MHC court appearances
2. Observe MHC
3. Admonishment from the Court
4. Admonishment from MHC team
5. Curfew
6. Public Service Employment hours
7. Electronic monitoring / SCRAM Alcohol monitoring
8. Periodic imprisonment
9. Video education
10. Jail

Service Adjustment is imposed when deemed appropriate by the Court and MHC Team.

Service Adjustment includes, but is not limited to:

1. Increased intensity of treatment
2. Increased Self-help meetings
3. Increased drug / alcohol testing
4. Increased meetings
5. Additional treatment groups
6. Additional counselling referrals
7. Writing assignments
8. Verification of community support meeting attendance
9. Medication assisted therapy
10. Recovery Coach
11. Team Roundtable with Participant

The Court with input from the MHC Team determines rewards and incentives. Rewards and Incentives may be appropriate when an individual successfully completes a treatment phase, is in compliance for a significant period of time, or other commendable act or accomplishment.

Rewards and Incentives include, but are not limited to:

1. Applause
2. Praise from the team
3. Peer recognition
4. Reward Cart
5. Reduction in previously imposed sanctions
6. Reduction of length of supervision
7. Tokens of progress (bus tokens, gift cards)
8. Decreased court appearances
9. Reduction of pending fines and fees
10. Decreased level of supervision
11. Letter of recognition

If the MHC Team determines a reward is appropriate, Participant is eligible to draw a reward from the Reward Cart. Rewards vary and include candy, books, personal items, etc. The Reward Cart has 3 levels of rewards:

1. Copper: Good (Low Level Incentive)
2. Silver: Great (Moderate Level Incentive)
3. Gold: Awesome (High Level Incentive)

## **SECTION 20: ALCOHOL & DRUG TESTING**

Drug and Alcohol (prohibited substance) testing is an integral part of the MHC program. Tests are used:

1. As an assessment and diagnostic tool
2. To reinforce and validate successful recovery and abstinence
3. As an intervention and confrontation tool
4. As a deterrent to drug/alcohol use
5. To provide non-manipulative environment to monitor progress
6. To assist in determining risk and revocation decisions

Drug testing can take place upon the premises or coordinated by a court approved treatment provider. The MHC Probation Officer shall provide for immediate testing as requested by the Court.

Upon acceptance to the MHC, Participant is assigned a color and is required to call the drug test line. See **Testing** below.

The number of drug/alcohol tests Participant takes varies. New Participants are tested a minimum of 2 times per week in accord with best practice standards. Refusal to provide a

sample, missing a scheduled test, delaying a test, providing a diluted or adulterated sample may result in a sanction.

## **TESTING**

Participant is required to submit to random drug and alcohol testing based on the following procedure. ***All drug tests must be observed to be considered valid.***

Each Participant is assigned a color for randomized drug testing. Colors are assigned for each Phase.

- **Phase 1**: Bronze, Periwinkle
- **Phase 2**: Gold, Opal
- **Phase 3**: Emerald
- **Phase 4**: Ruby

Participants are promoted to the next phase based on their overall performance in MHC. The amount of times each Participant is drug tested is determined by their phase and performance. Frequency of randomized drug test may decrease as Participant advances and is promoted through the phases.

Participant is assigned a new color when they are promoted to the next phase. Randomized testing colors are chosen by 8:30 a.m. Central Standard Time (CST) the day of required testing for all weekday testing and by 5:15 p.m. the day prior for all Saturday and holiday testing dates.

Participants must call in daily or as directed to see if their color was chosen. The phone number to call is: **815 936-5964**.

Failure of Participant to call in as instructed may result in sanctions and/or termination from the MHC Program.

MHC Probation Officer may request additional testing at any time. The above policy does not MHC Probation Officer from requesting additional testing

## **SECTION 21: MEDICATION**

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Participants shall take medication as prescribed with the following conditions:

1. Inform prescribing physician/practitioner Participant is in a drug/alcohol rehabilitation program
2. Inform the court, MHC Probation Officer, and Defense Counsel what medications Participant is prescribed and what medications Participant is taking

3. If requested, Participant shall sign a Release of Information to allow their counselor, MHC Probation Officer, and/or Defense Counsel to speak to the Prescriber regarding the use of medications and discuss its efficacy and alternatives to the medication if needed

MHC recognizes taking Over the Counter (OTC) medication may be beneficial; however, Participant must beware some OTC medications contain alcohol, pseudoephedrine, and other mood-altering ingredients that may cause a false positive drug test based upon use and misuse. If Participant takes an OTC medication and it causes a positive drug test, Participant may be sanctioned up to and including removal and unsuccessful discharge from the MHC Program.

Participants shall not purchase, obtain, possess, consume, or utilize any vitamin, mineral, herbal or dietary supplement that is not pre-approved by the Court, the MHC Probation Officer, or a licensed medical professional. Participant's failure to comply with this directive may result in being sanctioned up to and including removal and unsuccessful discharge from the MHC Program.

## **SECTION 22: DISCHARGE**

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There are four 4 ways Participant may be discharged or terminated from MHC.

**Successful Discharge:** Participant completes all the program requirements.

To qualify for successful discharge from the MHC Program, Participant must:

1. Be in compliance with psychiatric treatment including taking medication as prescribed
2. Maintain a minimum 90 days of sobriety from drugs and alcohol
3. Be employed, be attending school, or be engaged in another approved plan by the MHC Team
4. Obtain a signed a payment order if applicable and be in substantial compliance with the payment order based on ability to pay. Inability to pay does not prevent Participant from successfully graduating the MHC Program.

Upon successful completion of the terms and conditions of the program, any State's Attorney in the county of conviction, a Participant, or a defense attorney may move to vacate any convictions eligible for sealing under the Criminal Identification Act. A Participant may immediately file a petition to expunge vacated convictions and the associated underlying records per the Criminal Identification Act. If the State's Attorney moves to vacate a conviction, the State's Attorney may not object to expungement of that conviction or the underlying

record. The MHC Program may maintain and collaborate with a network of legal aid organizations that specialize in conviction relief to support Participants navigating the expungement and sealing process. 730 ILCS 168/35.

**Neutral Discharge:** Participant does not violate program requirements necessitating an unsuccessful discharge, but is unable to successfully complete program requirements to qualify for a successful discharge. For example, Participant has or develops a serious medical or mental health condition, disability, or any other factor preventing Participant from meeting the MHC completion requirements.

Participant who cannot complete the MHC Program due to circumstances beyond their control is allowed to withdraw from the MHC program without penalty. Criminal case proceeds to sentencing. The case shall be referred back to the criminal judge for sentencing. The State's Attorney's shall make this decision once Participant receives a Neutral Discharge from MHC.

**Unsuccessful Discharge:** Participant is terminated from MHC due to violation of program requirements. Failure to complete the entire MHC Program resulting in an unsuccessful discharge may result in a sentence including but not limited to a fine, conditional discharge, probation, jail, prison or any combination thereof.

Prior to unsuccessful discharge from MHC, Participant shall be served with a Petition to Terminate Participation in MHC and/or a Petition to Revoke MHC Probation. Petitions shall state the claimed violations of the MHC Program and/or MHC Probation Requirements and the relief sought. The MHC Judge shall advise and admonish Participant of their IL S. Ct. Rule 402A rights when Participant is subject to proceedings that may result in unsuccessful discharge from MHC. These rights include, but are not limited to the right to counsel and a hearing. In accord with IL S. Ct. Rule 402A(a), the MHC Judge shall not accept an admission to a violation or a stipulation evidence is sufficient to establish MHC Program or MHC Probation violation without first addressing Participant personally in open court and informing Participant of and determining Participant understands the following:

1. The specific allegations in the petition
2. Participant has the right to a hearing with defense counsel present and the right to appointed counsel if Participant is indigent
3. At hearing, Participant has the right to confront and cross-examine adverse witnesses and to present witnesses and evidence on their behalf
4. At hearing, the State must prove the alleged violation by a **preponderance of the evidence**
5. There is not a hearing on the Petition to Terminate/Revoke if Participant admits to a violation or stipulates evidence is sufficient to establish a MHC Program and/or MHC Probation violation. Participant waives the right to a hearing, the right to confront and cross-examine adverse witnesses, and the right to present witnesses and evidence on their behalf if Participant admits to a violation or

stipulates evidence is sufficient to establish a MHC Program and/or MHC Probation violation.

6. Sentencing range for the underlying offense Participant is subject to prosecution or sentencing. The case shall be referred back to the criminal judge for sentencing.

Pursuant to IL S. Ct. Rule 402A(b) and (c), the MHC Judge shall not accept any admission to a violation or any stipulation evidence is sufficient to establish a MHC and/or Probation violation without first determining Participant's admission or stipulation is voluntary and there is a factual basis for the admission or stipulation.

Pursuant to IL S. Ct. Rule 402A(d), the MHC Judge shall not participate in plea discussions with respect to a Petition to Terminate MHC Program Participation or a Petition to Revoke MHC Probation without first complying with IL S. Ct. Rule 402(d), (e) and (f).

Upon filing a Petition to Terminate MHC Program Participation and/or a Petition to Revoke MHC Probation, the MHC Judge may allow Participant, with the consent of both Participant (with advice of counsel) and the State, to remain in MHC by deferring hearing on the Petition. The State may dismiss the Petition if Participant makes satisfactory improvement in compliance with MHC requirements. The State may set the Petition for hearing if Participant fails to make satisfactory improvement.

At a hearing on the Petition, the MHC Judge cannot consider any information learned through team staffings, status review hearings, or otherwise unless newly received in evidence at the Petition hearing.

Participant has the right to move for Substitution of the MHC Judge pursuant to the Code of Criminal Procedure 725 ILCS 5/114-5(d) for purposes of a hearing on a Petition to Terminate MHC Program Participation or a Petition to Revoke MHC Probation.

**Voluntary Withdrawal:** Participant shall in all circumstances be allowed to withdraw from MHC pursuant to MHC procedures. Voluntary Withdrawal from MHC may result in in sentencing. The case shall be referred back to the criminal judge for sentencing.

1. Participant has the right to withdraw from MHC
2. Prior to allowing withdrawal, the MHC Judge shall
  - a. Ensure Participant is informed of the right to consult and counsel can be appointed if Participant is indigent
  - b. Determine in open court withdrawal is voluntarily and knowingly made
  - c. Admonish Participant in open court as to the consequences, actual or potential, which could result from withdrawal

## **SECTION 23: GRADUATION**

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MHC Graduation dates are set by the Court with input from the MHC Team. Participants completing all requirements for successful discharge from MHC are eligible and encouraged to participate in graduation. Prior to graduation, Participant shall complete the pre-graduation questionnaire. Upon MHC Graduation, the conviction may be vacated. If Participant owes restitution or court costs at the time of graduation, Participant is discharged with a payment plan.

## **SECTION 24: POST PROGRAM PLANNING**

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A Participant who graduates or who is neutrally discharged from MHC is assessed for post-program treatment or services. The MHC team links Participant to needed services indicated by assessment prior to discharge from MHC. This helps ensure supports are in place as needed prior to Graduation from the program.

## **SECTION 25: EXIT INTERVIEW**

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Participant will be requested to complete a MHC exit interview. This interview includes questions regarding your experience in MHC, what you liked or did not like, what MHC can do differently to make the program better. A copy of the interview is given to you after Graduation/Discharge.



# **YOUR MIND MATTERS**





**A healthy mind is the greatest treasure you can find!**

<b><u>KCMHC MHC Diagnoses Eligibility List</u></b>  MH Diagnosis must be made within 60 days of referral	
<b>COLUMN A</b> <u>Eligible DSM-5-TR diagnoses</u> Qualified to continue KCMHC screening	<b>COLUMN B</b> <u>Non-eligible DSM-5-TR diagnoses</u> Disqualified—no further KCMHC screening
<b>Intellectual Disabilities</b> Intellectual Disability (Intellectual Developmental Disorder)  <b>Communication Disorders</b> Language Disorder Speech Sound Disorder (previously Phonological Disorder) Social (Pragmatic) Communication Disorder  <b>Autism Spectrum Disorder</b> Autism Spectrum Disorder  <b>Attention-Deficit/Hyperactivity Disorder</b> Attention-Deficit/Hyperactivity Disorder  <b>Tic Disorders</b> Tourette’s Disorder Persistent (Chronic) Motor or Vocal Tic Disorder Provisional Tic Disorder	<b>Schizophrenia Spectrum and Other Psychotic Disorders</b> Brief Psychotic Disorder Substance/Medication-Induced Psychotic Disorder Psychotic Disorder Due to Another Medical Condition  <b>Catatonia</b> Catatonia Associated With Another Mental Disorder (Catatonia Specifier) Catatonic Disorder Due to Another Medical Condition Unspecified Catatonia Other Specified Schizophrenia Spectrum and Other Psychotic Disorder Unspecified Schizophrenia Spectrum and Other Psychotic Disorder  <b>Depressive Disorders</b>

## KCMHC MHC Diagnoses Eligibility List

MH Diagnosis must be made within 60 days of referral

<b>COLUMN A</b> <u>Eligible DSM-5-TR diagnoses</u> Qualified to continue KCMHC screening	<b>COLUMN B</b> <u>Non-eligible DSM-5-TR diagnoses</u> Disqualified—no further KCMHC screening
<p>Other Specified Tic Disorder Unspecified Tic Disorder</p> <p><b>Schizophrenia Spectrum and Other Psychotic Disorders</b> Schizotypal (Personality) Disorder Delusional Disorder Schizophreniform Disorder Schizophrenia Schizoaffective Disorder</p> <p><b>Bipolar and Related Disorders</b> Bipolar I Disorder Bipolar II Disorder Cyclothymic Disorder Substance/Medication-Induced Bipolar and Related Disorder Bipolar and Related Disorder Due to Another Medical Condition Other Specified Bipolar and Related Disorder Unspecified Bipolar and Related Disorder</p> <p><b>Depressive Disorders</b> Disruptive Mood Dysregulation Disorder Major Depressive Disorder, Single and Recurrent Episodes Persistent Depressive Disorder (Dysthymia) Premenstrual Dysphoric Disorder Other Specified Depressive Disorder Unspecified Depressive Disorder</p> <p><b>Anxiety Disorders</b> Separation Anxiety Disorder Selective Mutism Specific Phobia Social Anxiety Disorder (Social Phobia) Panic Disorder Panic Attack (Specifier)</p>	<p>Substance/Medication-Induced Depressive Disorder Depressive Disorder Due to Another Medical Condition</p> <p><b>Anxiety Disorders</b> Substance/Medication-Induced Anxiety Disorder Anxiety Disorder Due to Another Medical Condition</p> <p><b>Obsessive-Compulsive and Related Disorders</b> Substance/Medication-Induced Obsessive-Compulsive and Related Disorder Obsessive-Compulsive and Related Disorder Due to Another Medical Condition</p> <p><b>Dissociative Disorders</b> Dissociative Identity Disorder Dissociative Amnesia Depersonalization/Derealization Disorder Other Specified Dissociative Disorder Unspecified Dissociative Disorder</p> <p><b>Elimination Disorders</b> Enuresis Encopresis Other Specified Elimination Disorder Unspecified Elimination Disorder</p> <p><b>Sleep-Wake Disorders</b> Insomnia Disorder Hypersomnolence Disorder Narcolepsy</p> <p><b>Breathing-Related Sleep Disorders</b> Obstructive Sleep Apnea Hypopnea</p>

## KCMHC MHC Diagnoses Eligibility List

MH Diagnosis must be made within 60 days of referral

<b>COLUMN A</b> <u>Eligible DSM-5-TR diagnoses</u> Qualified to continue KCMHC screening	<b>COLUMN B</b> <u>Non-eligible DSM-5-TR diagnoses</u> Disqualified—no further KCMHC screening
<p>                         Agoraphobia                          Generalized Anxiety Disorder                          Other Specified Anxiety Disorder                          Unspecified Anxiety Disorder                     </p> <p> <b>Obsessive-Compulsive and Related Disorders</b>                          Obsessive-Compulsive Disorder                          Body Dysmorphic Disorder                          Hoarding Disorder                          Trichotillomania (Hair-Pulling Disorder)                          Excoriation (Skin-Picking) Disorder                          Other Specified Obsessive-Compulsive and Related Disorder                          Unspecified Obsessive-Compulsive and Related Disorder                     </p> <p> <b>Trauma- and Stressor-Related Disorders</b>                          Reactive Attachment Disorder                          Disinhibited Social Engagement Disorder                          Posttraumatic Stress Disorder                          Acute Stress Disorder                          Adjustment Disorders                          Other Specified Trauma- and Stressor-Related Disorder                          Unspecified Trauma- and Stressor-Related Disorder                     </p> <p> <b>Somatic Symptom and Related Disorders</b>                          Somatic Symptom Disorder                          Illness Anxiety Disorder                          Conversion Disorder (Functional Neurological Symptom Disorder)                          Psychological Factors Affecting Other Medical Conditions                          Factitious Disorder                     </p>	<p>                         Central Sleep Apnea                          Sleep-Related Hypoventilation                          Circadian Rhythm Sleep-Wake Disorders                     </p> <p> <b>Parasomnias</b>                          Non-Rapid Eye Movement Sleep Arousal Disorders                          Sleepwalking                          Sleep Terrors                          Nightmare Disorder                          Rapid Eye Movement Sleep Behavior Disorder                          Restless Legs Syndrome                          Substance/Medication-Induced Sleep Disorder                          Other Specified Insomnia Disorder                          Unspecified Insomnia Disorder                          Other Specified Hypersomnolence Disorder                          Unspecified Hypersomnolence Disorder                          Other Specified Sleep-Wake Disorder                          Unspecified Sleep-Wake Disorder                     </p> <p> <b>Sexual Dysfunctions</b>                          Delayed Ejaculation                          Erectile Disorder                          Female Orgasmic Disorder                          Female Sexual Interest/Arousal Disorder                          Genito-Pelvic Pain/Penetration Disorder                          Male Hypoactive Sexual Desire Disorder                          Premature (Early) Ejaculation                          Substance/Medication-Induced Sexual Dysfunction                          Other Specified Sexual Dysfunction                          Unspecified Sexual Dysfunction                     </p> <p> <b>Neurocognitive Disorders</b>                          Delirium                          Other Specified Delirium                          Unspecified Delirium                          Major and Mild Neurocognitive Disorders                          Major Neurocognitive Disorder                     </p>

## KCMHC MHC Diagnoses Eligibility List

MH Diagnosis must be made within 60 days of referral

<b>COLUMN A</b> <u>Eligible DSM-5-TR diagnoses</u> Qualified to continue KCMHC screening	<b>COLUMN B</b> <u>Non-eligible DSM-5-TR diagnoses</u> Disqualified—no further KCMHC screening
<p>Other Specified Somatic Symptom and Related Disorder Unspecified Somatic Symptom and Related Disorder</p> <p><b>Feeding and Eating Disorders</b> Pica Rumination Disorder Avoidant/Restrictive Food Intake Disorder Anorexia Nervosa Bulimia Nervosa Binge-Eating Disorder Other Specified Feeding or Eating Disorder Unspecified Feeding or Eating Disorder</p> <p><b>Gender Dysphoria</b> Gender Dysphoria Other Specified Gender Dysphoria Unspecified Gender Dysphoria</p> <p><b>Disruptive, Impulse-Control, and Conduct Disorders</b> Oppositional Defiant Disorder Intermittent Explosive Disorder Conduct Disorder Antisocial Personality Disorder Pyromania Kleptomania Other Specified Disruptive, Impulse-Control, and Conduct Disorder Unspecified Disruptive, Impulse-Control, and Conduct Disorder</p> <p><b>Substance-Related and Addictive Disorders**</b> Substance-Related Disorders Substance Use Disorders</p>	<p>Mild Neurocognitive Disorder Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease Major or Mild Frontotemporal Neurocognitive Disorder Major or Mild Neurocognitive Disorder With Lewy Bodies Major or Mild Vascular Neurocognitive Disorder Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury Substance/Medication-Induced Major or Mild Neurocognitive Disorder Major or Mild Neurocognitive Disorder Due to HIV Infection Major or Mild Neurocognitive Disorder Due to Prion Disease Major or Mild Neurocognitive Disorder Due to Parkinson’s Disease Major or Mild Neurocognitive Disorder Due to Huntington’s Disease Major or Mild Neurocognitive Disorder Due to Another Medical Condition Major or Mild Neurocognitive Disorder Due to Multiple Etiologies Unspecified Neurocognitive Disorder</p> <p><b>Paraphilic Disorders</b> Voyeuristic Disorder Exhibitionistic Disorder Frotteuristic Disorder Sexual Masochism Disorder Sexual Sadism Disorder Pedophilic Disorder Fetishistic Disorder Transvestic Disorder Other Specified Paraphilic Disorder Unspecified Paraphilic Disorder</p>

## KCMHC MHC Diagnoses Eligibility List

MH Diagnosis must be made within 60 days of referral

<p style="text-align: center;"><b>COLUMN A</b>  <u>Eligible DSM-5-TR diagnoses</u>                      Qualified to continue KCMHC screening</p>	<p style="text-align: center;"><b>COLUMN B</b>  <u>Non-eligible DSM-5-TR diagnoses</u>                      Disqualified—no further KCMHC screening</p>
<p>**If Substance Disorder is primary diagnosis, KCMHC Team will review on a case by case basis to determine if MHC or Drug Court is the appropriate treatment court.</p>	<p><b>Other Mental Disorders</b>                      Other Specified Mental Disorder Due to Another Medical Condition                      Unspecified Mental Disorder Due to Another Medical Condition                      Other Specified Mental Disorder                      Unspecified Mental Disorder</p> <p><b>Personality Disorders**</b>                      General Personality Disorder                      Cluster A Personality Disorders                      Paranoid Personality Disorder                      Schizoid Personality Disorder                      Schizotypal Personality Disorder                      Cluster B Personality Disorders                      Antisocial Personality Disorder                      Borderline Personality Disorder                      Histrionic Personality Disorder                      Narcissistic Personality Disorder                      Cluster C Personality Disorders                      Avoidant Personality Disorder                      Dependent Personality Disorder                      Obsessive-Compulsive Personality Disorder                      Other Specified Personality Disorder                      Unspecified Personality Disorder</p> <p>**Personality Disorders will be reviewed on a case by case basis if there is also a <b><u>primary</u></b> Column A diagnosis</p>