



# HAYS COUNTY MENTAL HEALTH COURT

---



## Mental Health Court Team

Judge Elaine Brown – Judge for County Court at Law 3

Kaimi Mattila – Mental Health Court Administrator

Lisa Welch – Mental Health Court Caseworker

Landon Campbell – Chief Misdemeanor Prosecutor

Ashley Seitz – Assistant District Attorney

Jackie Cerda – Community Supervision Officer

Amy Lowrie – Hill Country Clinic Director

Mario Salazar – Hill Country Case Coordinator

## Contact Information

County Court at Law Office

Phone: 512.393.7625

Address: 712 South Stagecoach Trail Ste 2292

San Marcos, TX 78666

Kaimi Mattila: Mental Health Court Administrator

Phone: 512.621.4381 (text or call)

Email: [kaimi.mattila@co.hays.tx.us](mailto:kaimi.mattila@co.hays.tx.us)

Lisa Welch: Mental Health Court Case Worker

Phone: 512.878.6553

Email: [lisa.welch@co.hays.tx.us](mailto:lisa.welch@co.hays.tx.us)

Hill Country MHDD Center

Phone: 512.392.7104

1200 N Bishop St, San Marcos, TX 78666

Hill County 24/7 Crisis Line:

877.466.0660

## Welcome

Welcome to the Hays County Mental Health Court (MHC). This handbook is designed to answer questions and give information about the Mental Health Court program.

### Overview

The Mental Health Court (MHC) is a 12-month program, 3 phased, specialized treatment court designed address the unique needs of individuals with mental health, substance use, and intellectual/developmental disability disorders who are also facing pending legal charges.

MHC provides a structured link between treatment, rehabilitation, social support services, and the criminal justice system to promote self-sufficiency, accountability, holistic wellness, empowerment, and successful recovery.

### Mission

The mission of the Mental Health Court is to promote early identification of defendants with mental health, substance use, intellectual, and developmental challenges and provide access to treatment to reduce involvement in the criminal justice system. The Mental Health Court combines treatment and judicial monitoring to achieve long-term stability, self-sufficiency by providing a continuum of care that holds defendants accountable and assists them in becoming law-abiding citizens, and successful members of the community.

### Purpose

The purpose of the Mental Health Court is to provide participants with an alternative to incarceration. The MHC provides a structured link between treatment, rehabilitation, social support services, and the criminal justice system to enhance the participant's quality of life, protect public safety and more effectively utilize public resources.

## Program Goals

- o Early identification of individuals at incarceration and at all intercept points of the criminal justice system.
- o Identification and coordination of access to treatment, transportation, housing and support services for inmates facing mental health, substance use, and IDD disorders
- o Ensure that clinically appropriate services are provided to individuals with mental health challenges and that effective program evaluation and outcome measurements are used to gauge the effectiveness of the program.
- o Collaborate and establish partnerships with other community agencies that will expand the availability of services and resources.
- o Increase treatment compliance of the Mental Health Court participants through judicial monitoring, intensive case management and supervision.

## Eligibility Criteria

Defendants may be eligible for the MHC if they have an active misdemeanor case and are diagnosed with a mental health, substance use, or IDD disorder. If there is a felony case pending, this is something that would need to be discussed and negotiated between the prosecution and legal counsel and agreed upon.

Eligibility criteria is:

- o Hays County Resident (case by case basis if out of county)
- o 17 Years of Age or Older
- o Diagnosed with a Mental Health Disorder such as Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, Post-Traumatic Stress Disorder. Substance use disorders and intellectual and developmental disabilities are also diagnoses that are considered for Mental Health Court.
- o Misdemeanor Offense(s)
- o Link between the mental health/substance use/IDD disorder and the current offense
- o Assaultive offenses will be considered on a case-by-case basis
- o No past or current charge of a sex offense

- o No substantial history of violent offenses
- o Competent
- o Pre- or Post-Adjudication

Mental Health Court accepts referrals from all sources, judges, defense attorneys, probation officers, the jail, treatment providers or family members. MHC requires an Attorney Permission form be submitted (see exhibit A). Once the document is submitted to MHC staff, a pre-screening of defendant's offense history will be completed. Defendant will be contacted to schedule a screening appointment with MHC Staff. If someone other than the defendant's attorney is referring to the MHC, staff will contact the defendant's attorney to request permission to schedule a screening and explain program requirements.

### **Screening and Acceptance**

Clinical screenings are conducted at the MHC office or with inmates at the jail. At the screening appointment, the requirements and expectations of the MHC are explained, and participant agreement will be reviewed. If the defendant is eligible and agrees to participate in mental health and/or substance abuse treatment and agrees to comply with medications, the referral process will continue.

The defendant must agree to sign an Authorization for Disclosure to allow MHC staff to coordinate referrals and to request regular updates from treatment providers if the defendant wants to be accepted into the MHC.

A request will be sent from the Judge and MHC Court Administrator to Hill Country to schedule an evaluation. During this evaluation, clinical staff will assess and determine the appropriate diagnosis and treatment recommended. This will be utilized to guide treatment throughout the program.

Upon receiving the intake assessment and treatment plan the case will be staffed with the team for placement into the MHC. During this staffing meeting, all Mental Health Court Team Members and the Defense Attorney representing the potential participant will be asked to share information and discuss the clinical appropriateness for the Mental Health Court.

If the case is accepted but is in another court, MHC staff will request for the case to be transferred to Hays County Court at Law 3. The case continues through the normal judicial process if the defendant is not accepted.

## Sentencing

Once accepted, the defendant's case will be set for hearing. A plea of “guilty” or “no contest” must be entered and a minimum 12-month term of probation assessed to participate. If the defendant is currently on probation and transferring into MHC, the defendant may need to have his/her probation term extended to be able to complete the requirements of the program. The Participant Agreement (see exhibit B) must be reviewed and signed by the defendant, attorney, prosecutor, and the Judge.

Admission into the Mental Health Court begins when the Agreement has been signed by all parties. The Agreement outlines program requirements, conditions, and expectations.

If a participant is discharged or voluntarily withdraws it is a violation of the program and probation conditions and a motion to revoke is submitted to the court. It will be at the discretion of the Judge whether the participant will return to regular probation.

## Confidentiality

The Mental Health Court follows federal privacy laws (HIPAA and CFR 42) regarding protected health information. The participant must agree to sign an Authorization for Disclosure form that will include consent for disclosure of confidential substance abuse treatment to participate in the court.

MHC may request copies of mental health, substance abuse and physical health records to determine eligibility. The information collected and shared may include participants' evaluations and assessments with diagnosis, treatment plan, treatment attendance, treatment adherence, progress, and prognosis which are for the purposes of determining program eligibility and providing regular status reports to the Judge and MHC team, as well as, recommendations for treatment, sanctions, and incentives.

MHC hearings are open to the public. Some participant information may be discussed in open court, but the MHC team makes every effort to avoid disclosure when possible by having court observers sign a confidentiality/ non-disclosure statement. All protected health information is kept electronically by MHC staff and is not part of the court file which is open to examination by members of the public.

If there is a question about how confidentiality applies in Mental Health Court, please contact MHC staff.

## Mental Health Court Team

The Mental Health Court Judge makes all decisions regarding participation in the Mental Health Court with support and recommendations from the Mental Health Court team. All team members work collaboratively to monitor and support a participant's adherence to the treatment plan and court conditions. All team members attend weekly or bi-weekly staffings and MHC hearings to provide input and recommendations to the court.

Mental Health Court team consists of the following members:

- o **Judge** - presides at team staffings and MHC hearings. The primary responsibility is resolving criminal justice issues, to encourage and support participants' progress and achievements by providing incentives as well as to deter participants' non-compliance and violations by using graduated sanctions or clinical responses based on recommendations from the MHC team.
- o **Prosecutor** - represents the interests of the State and victims while collaborating with MHC team members to resolve problems and facilitate successful outcomes.
- o **Defense Attorney** - makes referrals to the MHC. Explains the provisions of the MHC Participation Agreement in addition to program requirements and benefits, the legal consequences of participation, and possible consequences of non-compliance. Provides input, pertinent case-specific information and recommendations as he/she deems appropriate or as requested by the team. The Defense Attorney continues in that capacity until the participant successfully graduates or is unsuccessfully discharged from the MHC.
- o **Court Manager** – prescreens referrals for eligibility. Is responsible for overall administrative coordination, management and supervision of MHC functions and processes. Maintains the docket and facilitates staffings. Facilitates collaborative partnerships with treatment providers and maintains data collection in CSS.

- o **Court Case Manager(s)** - screens potential participants to determine eligibility for the MHC Program. Collaborates with probation, coordinates services with treatment providers, reports on participants' compliance, progress and makes recommendations to the Judge. Gathers and distributes weekly progress reports to all MHC team members. The Court Case Manager is responsible for providing information and recommendations to the Judge relating to issues of accountability and treatment.
- o **Community Supervision Officer (CSO)** – provides supervision of MHC participants in the community. Conducts field visits to verify address and environment is safe and supportive. CSO monitors: (1) adherence with alcohol monitoring devices and reports violations (2) abstinence from illicit drugs and alcohol (3) compliance with victim contact restrictions 4) restitution paid when applicable and (5) adherence to the participant agreement and probation conditions. CSO reports on participants' progress, any violations of conditions, and makes recommendations for incentives and sanctions. Maintains communication with participants' support system, employer, case manager, and others to track progress.
- o **Treatment Providers** – The Local Mental Health Authority (LMHA). In Hays County, the provider is Hill Country MHDD. Participants may also have private mental health treatment providers, but the provider must agree to update the MHC team as needed. The providers are responsible for coordinating mental health and/or substance abuse assessments. They provide outpatient and/or inpatient services including but not limited to medication management, case management, individual and group sessions, counseling, and rehabilitative services. They report on treatment plan goals, symptoms, medications, appointment compliance, and provide recommendations for incentives and sanctions. They submit progress reports to Mental Health Court staff.

## Program Participation

### General Terms of Participation

The length of participation for Mental Health Court is a minimum of 12 months. The length of the program can differ for each participant and is directly related to the offense, individual progress toward treatment plan goals and compliance with MHC requirements and conditions.

### Successful Program Completion Includes:

- o Stabilized mental health condition with medication compliance
- o Abstinence from drugs and alcohol for at least a 4-month period
- o Successful completion of mental health and substance abuse treatment plan goals
- o Compliance with court orders, conditions of probation, and program requirements

Mental Health Court requirements will be specified in the Participant Agreement and individualized treatment plan. If a participant successfully completes the Mental Health Court requirements, the participant may be eligible to get their case dismissed if on a deferred adjudication probation.

## Disqualified/Discharged

### A participant may be disqualified or discharged from the MHC if:

- o No community-based treatment is likely to restore person to stability
- o Exhibiting serious physical harm to self or others which requires long-term hospitalization
- o Refuses to comply with treatment and program requirements
- o Treatment placement cannot be found
- o A written request to withdraw is submitted to the Judge, decision to return to regular probation is at the Judge's discretion
- o A fugitive or charged with a new arrest
- o Violence or threat of violence directed at MHC team members or other participants in the program
- o Has reached maximum benefit of the program

## Program Requirements

Participants will be required to follow the requirements outlined in the MHC Participant Agreement. Refer to Participant Agreement, exhibit B. Participants are required to comply with all conditions of probation and the treatment plan goals developed with treatment providers.

## Court Appearances

Mental Health Court docket is held the 2<sup>nd</sup> and 4<sup>th</sup> Monday of each month at 1:30 p.m. Frequency of court appearances is determined by the phase a participant is in and the progress being made in treatment and with probation conditions. Participants may be asked to appear for hearing earlier than scheduled if not in compliance with treatment goals or probation conditions.

Prior to docket being called, the Judge and the Mental Health Court team meet to staff the participants' attendance, compliance with treatment and medications, and their progress toward completion of probation conditions. During the court docket, the Judge will get a report from each team member. He will discuss with the participant their progress and any issues the participant or the team may need to address.

Failure to appear for court may result in a warrant being issued for the participant's arrest, a new offense for failure to appear or detention in jail until participant can appear before the court.

The Judge may award incentives for maintaining compliance with treatment and making progress. A sanction may be assessed to re-direct the negative behaviors interfering with compliance with treatment goals, conditions and program requirements.

## Court Etiquette

All participants are required to follow the rules of the courtroom:

- o Food, drinks, chewing gum are not allowed in the courtroom
- o Cell phones need to be off or silenced
- o Out of respect for the court and the other participants, please do not talk in court unless directed to do so by the MHC team members, Judge, or Attorney.
- o Address the Judge as “Judge” or “Your Honor”
- o When responding to the Judge or any MHC team member, reply with respect.
- o Wear clean, appropriate, and properly fitted clothes
- o Prior arrangements should be made for your children so you may attend court

## Drug and Alcohol Testing

Participants will be required to submit to random urinalysis (UA) testing. Frequency of drug/alcohol testing will be based on the participants' phase or the discretion of the MHC team. It is the responsibility of the participant to pay for their drug/alcohol tests including confirmations. An indigent funding form can be completed with MHC staff to determine eligibility for assistance with drug/alcohol testing fees. Assistance is based on the availability of funds.

- o Participants are required to submit a drug/alcohol test on the day scheduled or requested
- o Submitting for a drug/alcohol test on a non-scheduled day without permission may result in a sanction
- o A missed drug test without a valid excuse may be considered a positive
- o A positive drug test may result in increased treatment supports, restrictions or a sanction
- o Any tampering of drug/alcohol tests will result in a jail sanction

## Incentives

Incentives are provided to participants that are compliant with the MHC requirements, probation conditions and making progress on their treatment plan goals. Incentives may include, but are not limited to the following:

- o Verbal praise and encouragement
- o Rocket docket pass
- o Recognition hearing
- o Phase promotion and certificate
- o Decrease in court appearances
- o Free or excused pass
- o Bus pass
- o Voucher for reduced fee for drug test
- o Voucher for community service credit
- o Decrease in treatment sessions
- o Decrease in supervision requirements

## Sanctions

The Mental Health Court practices graduated sanctions for non-compliance with MHC requirements, probation conditions and treatment plan goals. Examples of non-compliance include: not taking medication as prescribed, arriving late or missing scheduled appointments, failure to submit for drug tests, using alcohol or illicit drugs, or committing a new offense. Sanctions for non-compliance may include, but are not limited to the following:

- o Judicial reprimands
- o Increase in court appearances
- o Additional community service hours
- o GPS monitoring
- o Increase in alcohol and drug testing

- o Curfew
- o Writing an essay or apology
- o Last on the docket
- o Electronic alcohol monitoring device
- o Driving Restriction
- o Increased supervision visits
- o Field visit

### **Clinical Responses**

The Judge may order the following treatment recommendations to address non-compliance with mental health needs and/or positive drug tests.

- o Intensive outpatient substance abuse treatment
- o Detox
- o Residential treatment
- o Supportive residential treatment or sober living house
- o Jail detox while awaiting treatment bed or placement at MIOF
- o Authorization for disclosure to be signed a for doctor to doctor consultation
- o Mandatory AA/NA/CA meetings
- o Increase in medication monitoring
- o Increase in case management visits
- o Individual Counseling
- o Mandatory group meetings – anger or stress management, parenting classes, MRT
- o Medical follow-up

## Phases

The Mental Health Court has a three -phase treatment process. Each phase has specific goals and requirements for promotion to the next phase. The MHC team will review cases with the Judge prior to court appearances to discuss participants' eligibility for phase promotion. Participants may request consideration for phase promotion by contacting a MHC team member.

(On next page)

PHASE I – Clinical Stabilization

PHASE II – Pro-Social Habilitation and Rehabilitation Skills

PHASE III – Adaptive Habilitation and Continuum of Care

## Graduation

Upon successful completion of the phases, treatment requirements and satisfactory completion of probation conditions, the participant will graduate from the Mental Health Court.

Graduation from the Mental Health Court is a very important achievement. Participants' family and friends are invited to join the participant in court as the Mental Health Court Judge and Team applauds their success in completing the program and achieving their goal of establishing a healthier life using positive coping skills. A bi-annual commencement is held each year to recognize all graduates in a formal ceremony among family, peers and court staff.

---

Exhibits (on following pages)

A – Attorney Permission Form

B – Release of Information

C – Participation Agreement

D – Phases

## Attorney Permission to Screen

Authorizing Mental Health Court Staff to Screen for Eligibility

I, \_\_\_\_\_, Attorney  
for \_\_\_\_\_

DOB: \_\_\_\_\_

Hereby give permission and consent for the Hays County Mental Health Court (MHC) staff to meet with and screen my client for the purpose of determining eligibility and enrollment status for MHC program participation, provider services, as well as mental health treatment and support services needed by my client.

Mental health treatment and support services may include the following information and referrals to community-based services or non-profit providers:

- Enrollment in Mental Health Court
- Case Management
- Access to Mental Health Treatment and Medications
- Substance Abuse Treatment
- Counseling/Support Groups
- Housing
- Transportation
- Food
- Clothing

I understand that in order to provide these services, the Hays County Mental Health Court staff will have to secure an Authorization for Disclosure and Consent form from my client to participate. I understand that information collected by MHC staff is not confidential or privileged.

\_\_\_\_\_ I **will** participate in the meeting where my client will be presented with these forms.

\_\_\_\_\_ I **will not** participate in the meeting where my client will be presented with these forms; however, I give permission for the MHC staff to meet with my client without my being present.

\_\_\_\_\_ I **will not** participate in the meeting where my client will be presented with these forms and do not give permission for the MHC staff to meet with my client without my being present.

\_\_\_\_\_  
Attorney at Law

\_\_\_\_\_  
Date

Client's Phone # \_\_\_\_\_

Contact Name associated with phone #(if not client) \_\_\_\_\_

Exhibit B

**HILL COUNTRY COMMUNITY MHMR CENTER  
AUTHORIZATION AND CONSENT FOR THE  
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**NAME**  
**CASE**

Patient: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize and request the \_\_\_\_\_ Hill Country MHDD \_\_\_\_\_ to provide/receive the following information with regard to my clinical/hospital records on (specify dates of treatment): \_\_\_\_\_.

If I am signing as a parent/guardian/managing conservator of a minor or guardian of the person of an adult, I further understand the record released may contain references to family and myself.

Provide to/Receive from: \_\_Hays County Mental Health Court Team.\_\_\_\_ (including Probation, District Attorney’s Office, Judge, Mental Health Court Administrator, and Mental Health Court Case Worker)

I understand that such disclosure will be made for the following purpose:

- \_\_\_\_\_ To assist in additional funding placement/planning                      \_\_\_\_\_ To coordinate discharge
- \_\_\_ x \_\_\_ To assist in evaluation and treatment                      \_\_\_\_\_ To assist in educational placement
- \_\_\_\_\_ To provide information to person(s)

\_\_\_\_\_ To request that the following information/authorizations (in addition to school records) be provided to assigned

Service Coordinator:

- Notification of all ARD meetings
- Copy of IEP (Individual Educations Plan) resulting from any ARD Meetings
- Visits and observations in the classroom and/or work locations
- Information regarding outcome of IEP implementation from teachers and other staff

I also authorize the disclosure/use/receipt of my health information regarding:

- HIV/AIDS (pursuant to Texas Health and Safety Code, Chapter 81, Subchapter F)
- Alcohol and drug abuse treatment (pursuant to 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records)

Other

\_\_\_\_\_

And will be limited to the following specific types of information:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I have the right to refuse to sign this authorization. Hill Country CMHMRC will not withhold treatment, Medicaid benefits, or payment processing if I refuse to sign this authorization. I will receive a copy of this signed authorization.

I understand that if I am authorizing disclosure of information, then, except for information related to alcohol or drug abuse treatment, the potential exists for the information described in this authorization to be re-disclosed by the recipient. If the information is re-disclosed, then it is no longer protected by medical privacy laws.

I understand that I (or my personal representative, if any) have the right to revoke this authorization. To revoke this authorization, I must deliver a written statement, signed by my representative or me, to the organization or facility where I gave my authorization (identified above), which provides the date and purpose of this authorization and my intent to revoke it. My revocation will be effective the date it is received by the organization/facility, except to the extent that the organization/facility has already relied upon my authorization to use or disclose my health information as described in the Notice of Privacy Practices.

If not earlier revoked, this authorization shall terminate on:

\_\_\_\_\_.

\_\_\_\_\_  
Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Consumer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

NOTE: A photocopy or facsimile is as valid as the original

Judge Elaine Brown  
Hays County Court at Law 3



Hays County Government Center  
712 South Stagecoach Trail  
San Marcos, Texas 78666

### Hays County Mental Health Court Participant Agreement

Name: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

I have chosen to pursue treatment and services in the Mental Health Court (MHC). This agreement is a contract between myself and the Judge. I understand that the purpose of the Mental Health Court is to help me stay engaged in treatment for my mental illness so that I can live a better life and remain law abiding. I acknowledge the opportunity to participate in this program is a privilege, not a right. I understand that personal accountability, engagement in services, and compliance with the court is an important part of the program. I acknowledge I have been accepted into the Mental Health Court, thus the following terms and conditions will apply to me (and I am bound to comply with them) as long as I am a participant in the program:  
(initial each term and condition)

\_\_\_\_\_ **1. Legal Obligations:** I understand that entrance into the Mental Health Court requires a plea of “guilty” or “no contest” and a minimum 12-month term of probation. If I am granted in from regular probation, I agree to have my probation term extended as such to complete the Mental Health Court Program.

\_\_\_\_\_ **2. Payment of Fees:** I agree to pay the Mental Health Court fee, not to exceed \$250.00 to subsidize program costs. If I am unable to pay this fee due to financial restraints, a payment plan or arrangement will need to be discussed, agreed upon, and communicated with Mental Health Court staff, Attorney, and Probation Officer.

\_\_\_\_\_ **3. Legal Representation:** I understand that upon entry into the Mental Health Court Program, I will be represented by a Defense Attorney assigned to the Mental Health Docket. This attorney will represent me for the duration of my program, or I can choose to hire a private attorney at any time.

\_\_\_\_\_ **4. Confidentiality with Attorney:** I understand that attorney-client privilege is maintained throughout my participation in the MHC. The MH Defense Attorney will

not disclose confidential information to the MHC team without my consent. The Attorney will attend and advocate for me throughout all phases of the MHC program, to include at staffing, court reviews and admonishment hearings. The MH Attorney is not my "best interest" attorney or ad litem, they are representing me and advocating for me.

\_\_\_\_\_ **5. Mental Health Court Reviews and Hearings:** I understand I am required to appear at all Mental Health Court Reviews as instructed by any member of the Mental Health Court team. The Mental Health Court team is comprised of representatives from Hays County Probation Office, Defense Attorneys, Court Case Managers, treatment providers, Hays County Criminal District Attorney's Office, and the Judge. I understand that MHC is an open court and that my case will be discussed in front of other participants and any members of the public who may be in attendance. I also understand that court reviews will not be recorded by a court reporter unless I or my attorney so request since reviews are informal and non-adversarial in nature

\_\_\_\_\_ **6. Probation and Community Supervision:** I understand that Hays County Probation Officers will conduct supervisory contacts concerning me. These contacts may occur at my home, my work, the treatment center, the courthouse, or anywhere deemed necessary and confidential. I will report when and where as directed by the officers so as to keep open communication and remain in compliance. Representatives from the Local Mental Health Authority (LMHA) may also conduct these supervisory contacts. I understand and agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant and with or without probable cause. This search can be conducted by the MHC Probation Officer, Law Enforcement Officer or MHC staff. I specifically consent to the use of anything seized, as evidence in my MHC reviews.

\_\_\_\_\_ **7. Address Change and Travel:** I understand I must maintain my residence of record within Hays County and get approval from my probation officer before changing residence. I understand I must notify my probation officer and Mental Health Court team members of any changes in phone number (or contact phone number) within 24 hours of a change. I understand that when traveling within Texas during the course of the program I will notify court personnel in advance of my travel plans, including the county/counties that I intend to be visiting. Before leaving the state or country, I understand that I am expected to notify MHC staff and my attorney, and the explicit permission is required before leaving the state. I understand the court must be informed of my destination, the length, and the purpose of my trip before engaging in interstate or international travel.

\_\_\_\_\_ **8. Employment:** I understand that during the early phases of treatment and recovery, I may not be allowed to work or gain employment. However, within time and as directed by the MHC team; I will seek employment, job training and/or further my education as approved by the MHC team. If I am already employed, I need to disclose my employment information and provide proof of employment. Participants are encouraged to work.

\_\_\_\_\_ **9. Treatment Plan:** I agree to attend and participate in all scheduled appointments with the Mental Health Court staff and treatment providers as ordered by the Judge and/or defined in my treatment plan. I understand that this is essential to my success in the program and my participation and commitment to these tasks will help me to be successful in achieving my goals. This includes but is not limited to meeting with the psychiatrist, taking prescribed medications, attending residential treatment and/or outpatient treatment, aftercare and relapse prevention treatment, support groups, classes, therapy, or any other supplementary treatment, counseling, or education considered essential to attaining my goals. I understand that depending on my income, I may be responsible for some or all treatment costs. I will communicate to my probation officer and Mental Health Court staff if I am facing financial difficulties.

\_\_\_\_\_ **10. Psychiatric Medications:** I agree to take medications as recommended by my prescriber for my mental health symptoms. I understand it is my duty to communicate any concerns or questions I have about my medications with the prescriber. I agree to receive treatment and medications under the care of one prescriber only. I understand refusal or repeated failure to take my medications will result in sanctions being imposed by the Judge and it may be required for another adult to verify my medication compliance. I agree to reports any and all medications, prescribed or over the counter to my treatment provider and the MHC team.

\_\_\_\_\_ **11. Drug and Alcohol Testing:** I understand that I may be required to provide urine samples at any time during my participation in the program. Failure to provide a timely, valid sample may result in sanctions. Payment of any urinalysis fees are the responsibility of the participant to include confirmations on contested presumptive positive tests.

\_\_\_\_\_ **12. Drugs and Alcohol:** I will not use alcohol, illegal drugs, synthetic drugs (K2, Spice, Bath Salts, etc.) or medications not prescribed to me and I will not share any of my legally prescribed medications with someone else. I will not use prescription drugs without a valid prescription and will disclose to the MHC team prior to taking the medications except in case of an emergency, in which disclosure can be the next day. I must disclose to the prescriber writing the prescription that I am a participant in the Mental Health Court. I will not enter an establishment whose primary purpose is to sell alcoholic beverages, nor will I remain at a location where alcohol is the main item for sale or consumption.

If there is a relapse in drugs or alcohol, I understand that it is in my best interest to share this information with my probation officer and Mental Health Court staff so that I can be assessed for further treatment and avoid being discharged from the program. I understand that statements made by me to any MHC team member regarding drug use will not be used against me for further prosecution, I must be honest with all members of the Mental Health Court team about my recovery and understand this program is meant to support me in the community. MHC staff will discuss with you the best course of treatment, however sanctions may be required and implemented to remain in compliance with the program. If there is continued violations, I understand it is up to the Judge's discretion if I am to continue in the program or be discharged.

\_\_\_\_\_ 13. **Criminal Activity:** I will not unlawfully use or possess a firearm or other weapon, and I will disclose the presence of any weapons possessed by anyone in my household. I will not violate the law or associate with any person engaged in criminal activity or affiliate with gang members. I will not commit any criminal law violations. If/when contacted by law enforcement, I shall report such contact to my Defense Attorney or Probation Officer within 24 hours regarding any potential charges and the receipt of any new citations. I understand that any new offenses may result in my discharge from the

\_\_\_\_\_ 14. **Release of Information:** I consent to allow information concerning me to be given to all Mental Health Court team members as needed to carry out official tasks for the program. Includes but not limited to: urinalysis testing, group attendance, medical and psychiatric treatment, appointment compliance and overall program progress.

\_\_\_\_\_ 15. **Commencement Ceremony:** I can be recognized publicly by the Judge and the MHC team for progress and achievements during the Mental Health Court. I will receive a certificate to acknowledge my accomplishments and advancement to each phase in the program. At the end of the program a Specialty Court Commencement Ceremony will be held to celebrate my graduation and I am expected to be in attendance. At this time, I will also be terminated from probation. If I have conditions of probation remaining, for example restitution, I may be transferred to regular probation to complete my conditions.

\_\_\_\_\_ 16. **Mentor Program and Alumni Participation:** I understand that I have the opportunity to participate in the Mentor Program and Alumni Association. If I choose to be mentor, I will be trained to mentor incoming participants and provide support and guidance to others during their time on their program. As a mentor, I will be asked to participate in meetings, fundraisers and social activities that support current and past participants.

\_\_\_\_\_ 17. **Sanctions:** I understand I must abide by the conditions ordered by the Judge of the Mental Health Court including my individual treatment plan. Failure to comply may result in sanctions including, but not limited to, admonishment, verbal reports, written reports, increased drug/alcohol testing, increased treatment requirements, jail time, or involuntary termination of the program. The sanctions will be up to the Judge's discretion to revoke my probation and sentence me in accordance with the provisions of the law or transfer my case to regular probation.

\_\_\_\_\_ 18. **Removal:** If it is claimed that I have failed to comply with the rules or requirements of the Mental Health Court, I give up the right to a hearing or an attorney and agree to proceed with imposition of any non-jail sanction except removal from the Mental Health Court. Before I can be terminated from Mental Health Court, I am entitled to a full hearing with counsel. Jail sanctions will be decided with counsel present.



## Phases

### **Phase I – Acute Stabilization: Show up and be Honest**

- **Three months** minimum in the phase
- Get established with a psychiatric provider, case worker with 30 days of Phase 1
- Get established with a counselor within 45-60 days of Phase 1
- Take medication as prescribed with verification
- Regular attendance and communication with case worker and court MHC staff
- Regular attendance at supervision and court hearings
- Clean time of at least 14 days with no dilutes or failures to provide
- Payment as determined by the court
- Being Honest

### **Phase II – Pro-Social Habitation**

- **Five months** minimum in the phase
- Continue taking medications as prescribed with verification
- Compliance with attending psychiatry appointments, case worker appointments, therapy appointments, and appointments with MHC staff
- Good communication with court staff and treatment providers
- Regular attendance at supervision and court hearings
- Begin Pro-Social Activities. This could include support group, mentor, recovery coach, volunteering, organization, community group
- Begin Sober Support network. This could include support group, sponsor, support group, recovery coach
- Enroll in Court-Ordered classes if required to complete to reinforce coping skills and psychoeducation related to symptoms and emotional wellness
- Clean time minimum of 45 consecutive days with no dilutes or failures to provide
- Payment as determined by the court
- Begin/maintain employment, school, etc.

### **Phase III – Adaptive Habitation and Continuum of Care**

- **Four months** minimum in the phase
- Compliance with attending psychiatry appointments, case worker appointments, and appointments with MHC staff
- Good communication with court staff and treatment providers
- Regular attendance at supervision and court hearings
- Continue Pro-Social Activities
- Continue Sober Support network
- Complete Court-Ordered classes by end of Phase III to reinforce coping skills and psychoeducation related to symptoms and emotional wellness
- Join Alumni Association and participate in Mentor Program if interested
- Begin/maintain employment, school, etc.
- Clean time minimum of 60 consecutive days with no dilutes or failures to provide
- Payment as determined by the court