

Clark County, WA
District and Superior Court

MENTAL HEALTH COURT PARTICIPANT HANDBOOK



Revised 01/01/2022



Clark County, Washington
Mental Health Court
Participant Handbook

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Welcome

Welcome to the Clark County Mental Health Court (MHC). This handbook is designed to be an overview of what to expect as a participant in MHC. It provides a basic outline of the program and is a resource to turn to for the many questions you may have as you move through the program. You are expected to read the handbook and review it often so that you can easily comply with MHC's mission of promoting a healthy and productive lifestyle. If you can't find an answer in the handbook, please contact a Team member for help.

As a participant of MHC, you will be expected to follow the instructions given to you by the Judge and the MHC Team. You will also be expected to follow all supervision and program rules and complete the treatment plan developed by you and your assigned treatment provider.

You are encouraged to share this handbook with your family, significant other, and friends (people in your support system) so they can support you in achieving your goals. They are also welcome to attend your scheduled court sessions with you.

Introduction and Mission Statement

MHC is a Clark County Therapeutic Specialty Court that treats both misdemeanor and felony defendants on a combined docket. MHC offers eligible participants the chance to enter an alternative treatment and sentencing program for defendants with serious and persistent mental illness, and facing criminal charges. This intensive collaborative team approach is a partnership of people interested in supervising and assisting participants willing to make changes in their lives using best practice and evidenced-based approaches.

As of January 1, 2018, MHC was expanded to include a "pre-plea" program that accepts both misdemeanor and felony offenses. To participate pre-plea, the defendant must waive his or her right to a speedy trial and voluntarily agree to enter and abide by the conditions set forth in the program contract. If a defendant successfully completes the pre-plea program (graduates), the defendant's pending charges will be dismissed, with prejudice. The court also accepts post-plea District Court cases.

The mission of Mental Health Court is to promote public safety, reduce criminal activity associated with offenders with a mental illness, and enable the participants to live productive and law-abiding lifestyles within our community.

Goals

1. Promote public safety.
2. Reduce criminal recidivism by providing assessment, education, and treatment for criminal offenders with mental illness and/or co-occurring disorders.
3. Monitor treatment compliance through frequent court contact and supervision.
4. Engage and retain participants in appropriate treatment resources.



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5. Require strict accountability from program participants and impose immediate sanctions for unacceptable behaviors and rewards for positive choices.
6. Reallocate resources to provide an effective alternative to traditional prosecution and incarceration of non-violent/non-sex offenders.
7. Reduce costs within the County's criminal justice system and jail through early identification practices, expediting cases connecting and re-routing eligible program participants to local community resources in lieu of incarceration.

Team Members

The judge serves as the lead of the MHC team and presides at all team staffings and court sessions. The judge and other team members will make all decisions regarding your participation in the MHC program based upon input from the various team members, providers, and other support services. In addition to the judge, the MHC team may consist of the following members:

- Defense Attorney (your attorney)
- Prosecuting Attorney/City Attorney
- MHC Coordinator
- Treatment Agency Representatives
- Probation Officer from Clark County District Court Probation Division
- Law Enforcement Representative

Prior to each MHC session the team members will meet to review your case and assess your compliance with MHC requirements and progress toward recovery, which will be discussed with you during the court session. Others you may see regularly in court include the Judicial Assistant, Superior Court Clerk, MHC Program Associate, and representatives from various community groups and resource agencies.

Participant Rights

All participants have the right to courteous, dignified and reliable delivery of service. Participation in MHC is voluntary. Participants will be informed of changes in the program, rules and policies as early as possible. Equal treatment and services will be delivered without regard to age, race, color, sex, sexual orientation, religion, national origin, ancestry, or physical disability.



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Program Terms and Conditions

All MHC participants shall be engaged in individualized, comprehensive, and integrated mental health and/or substance abuse treatment and rehabilitation services as determined by the assessment and treatment provider. In being accepted into the Mental Health Court Program and as a part of a participant's sentence, the participant must abide by the contractual terms and conditions:

TERMS and CONDITIONS:

1. I will obey all laws.
2. I will not consume alcohol, marijuana, or any non-prescription drugs.
3. I will comply with my prescribed medication regimen.
4. I will appear at all hearings as ordered by the Judge and maintain contact with the Probation Officer via phone or office appointments as directed.
5. I will promptly inform the Probation Officer and Team of any change in my address and phone number.
6. I will attend **all** scheduled appointments with the treatment providers as outlined in my treatment plan. The Mental Health Court treatment program shall meet the individual needs of each participant. Each treatment plan shall reflect the specified treatment objectives based on identified areas and length of time in treatment will be according to individual progress.
7. I understand that I cannot have excessive or unexcused absences from any appointments, employment, schooling, training, probation, case management, community service, drug screens, treatment, medical or other obligations.
8. I will comply with the terms of my supervision.
9. I authorize my treatment providers to release any medical information regarding my treatment or any testing to the Probation Officer, Program Coordinator, the Judge, my lawyer and the prosecutor. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by law.
10. I waive confidentiality of my medical records, to include any test results, and authorize my treatment providers to discuss my case with the court, my lawyer and the prosecutor in my case.
11. I understand and agree that there may be discussions about my case, my treatment program, and my condition which will take place out of my presence or the presence of my lawyer.
I must report any new arrests, police contact or criminal proceedings which arise against me to the Probation Officer and Team. If I miss a court appearance, a warrant may be issued for my arrest. If the warrant is outstanding for more than two (2) months, I may be terminated from the Mental Health Court. If terminated from Mental Health Court, the Judge has authority to further sentence me.
12. I understand that failure to meet any of the conditions listed above or below, will be cause for termination from Mental Health Court. In addition to following the above terms, I am responsible for complying with any of the conditions listed below:



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I understand that the court may impose fees and costs including a filing fee, Program/Monitoring Fee, attorney recovery fees, restitution or other fees. If imposed, the court will set a payment plan on these fees to be paid as indicated below. Other fees for testing may be imposed by the court at the Judge's discretion.

Court Reviews

You are required to attend the MHC review docket to discuss your progress. Dockets are held on Wednesdays at 1:30 pm on the second floor of the Clark County Courthouse, located at 1200 Franklin Street, Vancouver, WA 98660.

Based on your progress in the program, you may be required to appear for court reviews more or less often. Typically, participants are required to appear as follows:

- Phase 1 & 2 – weekly on Wednesdays
- Phase 3 – twice monthly, on 2nd and 4th Wednesdays
- Phase 4 – once monthly, on 4th Wednesdays

Court is generally not in session on the 5th Wednesday of each month. Check your return to court form after each court appearance, as there may sometimes be exceptions to this schedule.

Prior to each court review, the Team will meet to discuss participants' progress in the program and make recommendations to the Judge regarding any action that needs to be taken.

Supervision

You are required to meet with the assigned probation officer as directed by the Judge, in addition to court appearances. The frequency of these visits depends on your progress in the program. The probation officer will discuss the conditions of your supervision with you initially and as you advance through the program. The MHC law enforcement officer, sometimes accompanied by the probation officer, may also make home and work visits on a random schedule or as needed based on your individual situation.

Alcohol and Drug Testing

It is the goal of MHC to help participants with a co-occurring substance use disorder maintain sobriety, not only to succeed in the program but also to succeed in life after the program. Therefore, we use frequent and random drug/alcohol testing as needed to promote this goal. Testing is normally conducted at the probation office or at Lifeline Connections.

If you fail to appear or cannot provide a specimen, the Team will consider this as a failed test and sanctions may be applied. If the test indicates a positive result, and you contest the result, your specimen will be forwarded to the laboratory for confirmation.



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Medications

All medications must be pre-approved by your treatment provider prior to taking them. When going to the doctor or dentist, please make sure to bring the *Physician's Letter* (see Appendix) for your physician to sign. If an emergency room visit is necessary, it is important that you identify yourself as a MHC participant and request non-narcotic and non-alcoholic medications. It is your responsibility to know what is contained in the medications you consume. Participants are required to bring their prescribed medications to their Probation Officer appointments.

Treatment

Mental health treatment is required for all MHC participants. In some cases, co-occurring substance use disorder treatment may also be required. The treatment agency to which you are assigned will coordinate your treatment and may refer you to additional treatment and/or mental health services if needed. There may be a treatment fee. After your intake session, you and your counselor will develop a treatment plan that may involve both individual and group counseling as well as either in-patient or out-patient treatment. The schedule will be determined by the treatment provider, and attendance is required. You may be required to attend more individual sessions or groups depending upon your treatment plan. Each treatment plan is individualized to best meet your particular needs.

You are responsible for attending all scheduled appointments. Treatment misses must be excused by your treatment agency and made up later. Your attendance and level of participation at counseling sessions will be reported to the team as part of your weekly progress reports. You must contact your case manager or your counselor if you are unable to attend or will be late to a scheduled session. Unexcused misses could result in sanctions.

Program Fees

You are responsible for paying a \$150 MHC program fee, which may be paid in installments unless waived due to indigency. You will be required to pay any costs associated with monitoring devices, such as Electronic Home Confinement with alcohol monitoring, SCRAM, etc. You are responsible for any rescheduling fee associated with missed appointments. Payment information may be reported to the Judge as part of your regular progress reports. Inability/failure to timely pay fees will not automatically result in termination from the program. At a minimum, program fees must be paid according to the following schedule if financially able to do so:

Phase	Amount Due During Phase	Total Paid
Phase 1	\$0	\$0
Phase 2	\$50	\$50
Phase 3	\$50	\$100
Phase 4	\$50	\$150



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Program Structure

The MHC Program offers a four-phased structured approach with the first phase focusing on orientation and engagement, and the last focused on participant independence and community reintegration.

Phase	Months in Phase	Court Review
Phase 1: Orientation/Engagement	2 months minimum	Weekly
Phase 2: Intensive Treatment	2 months minimum	Weekly
Phase 3: Community Engagement	4 months minimum	Twice monthly
Phase 4: Maintenance	4 months minimum	Monthly

Phase Advancement and Promotion

In order to advance to the next phase, you have the primary responsibility of completing all phase requirements in collaboration with treatment and supervision and requesting permission to phase up. The time it will take to complete MHC depends upon your progress through the phases. If you do not complete all of the components of a phase, you will spend more time in that phase. Each phase will be specifically tailored to you, but all participants will have the same basic components.

Phase 1: Orientation/Engagement (Minimum 2 months)

Phase Requirements

- Attend court weekly or as directed by the MHC Team.
- Meet with probation officer weekly or as directed by the MHC Team.
- Attend all treatment groups and individual sessions
- Begin to develop coping skills to deal with triggers and substance use risks
- Identify five strengths to promote your own recovery
- Work to establish stable housing and transportation
- Take medications as prescribed and submit to medication monitoring if directed by the MHC Team

Advancement Criteria for Phase 2

- Minimum of two months in Phase 1 since opting in with contract
- Complete mental health assessment and treatment plan, and provide copies to probation officer



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- Complete Substance Use Disorder (SUD) assessment (if required) and treatment plan, and provide copies to probation officer
- Stable in treatment plan with no sanctions or unexcused absences from scheduled services for 14 consecutive days (court, treatment, meetings, drug tests, 1:1s, community service, etc.)
- Complete a risk/needs assessment and case plan with the probation officer
- Complete Phase 1 Competency Checklist (see back of handbook for copy)

Phase 2: Intensive Treatment
(Minimum 2 months)

Phase Requirements

- Attend court weekly or as directed by the MHC Team.
- Meet with probation officer twice monthly or as directed by the MHC Team.
- Complete the “Seven Dimensions of Wellness” Worksheet (see Appendix for copy)
- Complete a current budget and verify that they are current on fines/restitution if financially able to do so
- Attend all treatment groups and individual sessions
- Learn about their Mental Health and/or Substance Use Disorder diagnosis and be able to describe symptoms of illness, list medications they treat, and any side effects
- Attend two community support groups or pro-social activities during this phase
- Identify and contact a support person to assist in recovery
- Continue to develop and implement coping skills to deal with triggers and substance use risks
- Use strengths to assist in recovery
- Describe housing situation: is it stable, long-term, affordable, and what the participant wants
- Describe the importance of medications in recovery
- Describe important relationships and issues that impact recovery, positively and negatively
- Discuss with the Team options for continued care and planning ahead beyond MHC



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Advancement Criteria for Phase 3

- Minimum of two months in Phase 2.
- Stable and making progress in treatment plan with no sanctions or unexcused absences from scheduled services or sanctions for 30 consecutive days (court, treatment, meetings, drug tests, 1:1s, community service, etc.)
- If applicable, provide clean drug/alcohol screens for a minimum of 30 days.
- Update case plan with probation officer
- Make first payment of \$50 toward MHC fee if financially able to do so
- Complete the “Seven (7) Dimensions of Wellness” Worksheet
- Complete Phase 2 Competency Checklist (see back of handbook for copy)

Phase 3: Community Engagement
(Minimum 4 months)

Phase Requirements

- Attend court twice monthly as directed by the MHC Team, usually on second and fourth Wednesdays
- Meet with probation officer twice monthly or as directed by the MHC Team
- Complete a current budget and verify that they are current on fines/restitution if financially able to do so
- Attend all treatment groups and individual sessions
- Describe their Mental Health and Substance Use Disorder diagnosis and be able to describe symptoms of illness, list medications, symptoms they treat, and any side effects
- Build a relationship with a support person to assist in recovery
- Continue using coping skills to deal with triggers and substance use risks
- Use strengths to assist in recovery
- Describe housing situation: is it stable, long-term, affordable, and what the participant wants
- Describe the importance of medications in recovery



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- Describe important relationships and issues that impact recovery, positively and negatively
- Continue to develop and participate in health activities such as community support groups, pro-social events, etc.
- Put in place the initial pieces of the Continued Care plan, and have it set up to follow through with the plan and treatment during Phase 4 of the MHC program

Advancement Criteria for Phase 4

- Minimum of four months in Phase 3.
- Stable and making progress in treatment plan with no sanctions or unexcused absences from scheduled services for 30 consecutive days (court, treatment, meetings, drug tests, 1:1s, community service, etc.)
- If applicable, provide clean drug/alcohol screens for a minimum of 30 days
- Update case plan with the probation officer
- Make second payment of \$50 toward \$150 MHC fee, if financially able to do so (\$100 paid to date)
- Complete Phase 3 Competency Checklist (see back of handbook for copy)

Phase 4: Maintenance
(Minimum 4 months)

Phase Requirements

- Attend court once monthly as directed by the MHC Team, usually on the fourth Wednesday.
- Meet with probation officer once monthly or as directed by the MHC Team.
- Complete a current budget and verify that they are current on fines/restitution if financially able to do so
- Attend all treatment groups and individual sessions
- Develop a Continued Care plan (based on treatment and WRAP plan)
- Continue to contact previously identified support person to assist in recovery
- Describe housing situation: is it stable, long-term, affordable, and what the participant wants



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- Describe long-term financial stability
- Continue to develop and participate in healthy activities such as community support groups, pro-social events, etc.

Advancement Criteria for Commencement

- Minimum of four months in Phase 4, and minimum of one year in the program.
- Stable and making progress in treatment plan with no sanctions or unexcused absences from scheduled services for 30 consecutive days (court, treatment, meetings, drug tests, 1:1s, community service, etc.)
 - If applicable, provide clean drug/alcohol screens for a minimum of 30 days
 - Update case plan with the probation officer
 - Make third payment of \$50 toward \$150 MHC fee, if financially able to do so (\$150 paid to date)
 - Complete the “Seven (7) Dimensions of Wellness” Worksheet
 - Complete Phase 4 Competency Checklist
 - Complete an exit interview with the MHC Coordinator and/or Team at least two weeks prior to scheduled commencement date. Review the Continued Care plan, final probation case plan, 7 Dimensions of Wellness, risk levels and how it applies to recidivism, feedback to improve the program, etc.

Commencement

Once all requirements for MHC have been met, including treatment, being substance-free, and payments including restitution if ordered, you will graduate from MHC with a sense of pride knowing that you have completed a rigorous program to enable yourself to make healthy decisions in your life and achieve your goals.

At your commencement ceremony, you will be recognized by the MHC Team and presented with a token of your success. You will also be given the opportunity to speak to the other participants about your journey and what you’ve experienced and learned throughout the course of the program.

After commencement, the team encourages you to maintain some level of involvement with MHC. During this time, you are encouraged to support the participants still going through the phases and attend court meetings to share your story if you feel comfortable doing so.



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Conclusion of MHC

Once you have successfully completed the program, you will be done with all requirements of MHC. If you were on the pre-plea program, your case will be dismissed with prejudice. If you were on the post-plea program, you will be placed on true bench probation through the end of jurisdiction on your case(s).

Incentives and Sanctions

MHC provides incentives to encourage your progress. Incentives may be received for excellent participation, clean holiday time, a new job, college attendance, driver's license reinstatement, etc. Incentives are given to recognize successes you have achieved in the MHC program.

If you fail to comply with the Mental Health Court Program rules, you may be sanctioned. Sanctions are progressive and become stiffer for repeat violations. In higher phases, the expectation is that you will not have any sanctions; therefore, the sanctions imposed may be stiffer than for lower phases. Sanctions are individualized to your situation and should not be compared against sanctions given to other MHC participants.

Incentives include:

- Verbal recognition
- Decreased supervision
- Awards/Certificates
- Gift Cards
- Any other incentive deemed appropriate for the participant's positive actions

Sanctions include:

- Verbal admonishment
- Increased supervision
- Written assignments
- Community Restitution (Community Service hours/Work Crew)
- Jail commitment
- Any other sanction deemed appropriate for the participant's actions or lack thereof

Termination

Warrants, new arrests, or noncompliance could result in you being terminated from the Mental Health Court Program and sentenced on your pending charge(s).

Noncompliance violations which could result in termination include consistently missing drug tests or testing positive, missing treatment or supervision appointments, repeatedly breaking the program rules, and violence or threats of violence directed at other participants, treatment staff, or other MHC team members.



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Receipt and Review of Participant Handbook

Name: _____

Cause No.: _____

I, _____, acknowledge the receipt of the Clark County Mental Health Court Participant Handbook. By my signature below, I attest that I have been provided with a copy of the Participant Handbook and that I have reviewed it prior to agreeing to participate in the Mental Health Court. Furthermore, I acknowledge that I have been made aware of the Mental Health Court program rules and my responsibilities.

Participant Signature

Participant Printed Name

Date

Defense Attorney Signature



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Appendix



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Mental Health Court Operations Team Contact List

Judge:	Kelli E. Osler	
Judicial Assistant:		
Program Coordinator:	Beth Robinson 1200 Franklin St. Vancouver, WA 98660	(564) 397-2431 beth.robinson@clark.wa.gov
Program Associate:	Julie Senn 1200 Franklin St. Vancouver, WA 98660	(564) 397-5175 julie.senn@clark.wa.gov
Probation Officer:	Erin Welch 707 W. 13 th St. Vancouver, WA 98660	(564) 397-4166 erin.welch@clark.wa.gov
Defense Attorney:	Christina Phelan 108 E Mill Plain Blvd Vancouver, WA 98660	(360) 213-2040 cphelan@mbavancouverlaw.com
Prosecutor (City):	Adriane Drozdek PO Box 1995 Vancouver, WA 98668	(360) 487-8500 Adriane.Drozdek@cityofvancouver.us
Prosecutor (County):	Greg Harvey 1013 Franklin St Vancouver WA 98660	(564) 397-2261 gregory.harvey@clark.wa.gov
Law Enforcement:	CCSO	
Treatment Services:	Lifeline Connections Sea Mar/CSNW Columbia River MH	(360) 397-8246 (360) 558-5795 (360) 993-3000

Other Reference Numbers

Clark County District Court main number	(564) 397-2424
Clark County DC Probation Division	(360) 397-2436
Clark County Mental Health Crisis Line	(800) 626-8137 or (360) 696-9560
Consumer Voices Are Born (CVAB)	(360) 397-8050
REACH Too	(360) 773-8054
Val Ogden Center	(360) 253-4036
Council for the Homeless Housing Hotline	(360) 695-9677
NAMI	(360) 695-2823



Clark County Mental Health Court Program Flowchart Wednesdays at 1:30 PM

START PROGRAM (12 month *minimum* program with a \$150 program fee if found to be financially able to pay)

Phase 1: Orientation/Engagement: (Minimum two months)

- Attend court & PO meetings weekly
- Engage in treatment and determine a treatment plan
- Attend all treatment groups & 1:1s
- Random UAs, PBT, or other testing
- Competencies: learn about diagnosis and Rx, coping skills, strengths, stable housing
- Develop case plan with PO
- Complete full risk assessment with PO

Ask for Help!

Phase 2: Intensive Treatment (Minimum two months)

- Attend court weekly
- Report to PO 2x/month
- Attend all treatment groups & 1:1s
- Follow your case plan
- Random UAs, PBT, or other testing
- Develop a Support Person
- Pay \$50 MHC fee unless waived by court for indigence, and develop a payment plan for LFOs and restitution
- Competencies: budget, Support Person, strengths, housing, financial stability, Rx, relationships, continued care
- Update case plan with PO

Phase 3: Community Engagement (Minimum four months)

- Attend court 2x/month
- Report to PO 2x/month
- Attend all treatment groups & 1:1s
- Demonstrate skills, supports
- Random UAs, PBT, or other testing
- Pay \$50 MHC fee (\$100 to date) unless waived by court for indigence, and follow payment plan for LFOs and restitution
- Competencies: Support Person, healthy and enjoyable pro-social pursuits, continued care plan
- Update case plan and risk assessment with PO

Phase 4: Maintenance (Minimum four months)

- Attend court & PO meetings once monthly
- Develop continued care/WRAP plan
- Attend all treatment as instructed and transition to continued care plan if recommended
- Random UAs, PBT, or other testing
- Pay \$50 MHC fee (\$150 to date) unless waived by court for indigence, and finalize LFOs and restitution payments
- Competencies: payment plan, continued care plan, support system
- Update and finalize case plan with PO
- Complete final exit interview

Rewards Used:

- Decreased Requirements
- Decreased Court Appearances
- Gift Certificates
- Praise & Recognition
- Community Events
- Raffle prizes

Sanctions Used:

- Writing assignments
- Increased court / meetings
- Longer stay in program due to behavior
- Community Service / Work Crew
- EHC / SCRAM
- Jail stays

***** Judge's Discretion *****

Possible Termination:

- Bench Warrant status
- New Charges / Illegal Behavior
- Unsuccessful discharge from treatment program
- Chronic Non-Compliance / Continued Dishonesty

If terminated, you will be sentenced on your original case.

Commencement!



Clark County Mental Health Court Phase Advancement Criteria

Questions?

Coordinator Beth Robinson
(564) 397-2431
beth.robinson@clark.wa.gov

PO Erin Welch
(564) 397-4166
erin.welch@clark.wa.gov



To Apply for Commencement:

- Have been in Phase 4 for a minimum of three months
- Develop a Continued Care plan with treatment provider
- Stable in treatment plan with no unexcused absences or sanctions for past 30 days
- At least 30 days court clean time
- No new law violations
- Pay \$50 MHC fee (\$150 total payments) unless waived by court for indigence, and finalize LFOs and restitution payments
- Complete Phase 4 competency checklist payment plan, continued care plan
- Finalize case plan with PO
- Have support system in place
- Review progress, checklist, and case plan with Team in court prior to phasing up.
- Complete final exit interview



Commencement!



To Apply for Phase 3:

- Have been in Phase 2 for a minimum of two months
- Address issues around medications, housing, finances, and/or other needs, so that each of these issues is stabilized or you have a plan to stabilize each of these areas
- Stable in treatment plan with no unexcused absences or sanctions for past 30 days
- At least 30 days court clean time
- No new law violations
- Follow case plan and make progress
- Develop a Support Person
- Pay \$50 MHC fee unless waived by court for indigence, and develop a payment plan for LFOs and restitution
- Complete Phase 2 competency checklist: budget, Support Person, strengths, housing, financial stability, Rx, relationships, continued care
- Review progress, checklist, and case plan with Team in court prior to phasing up.

To Apply for Phase 4:

- Have been in Phase 3 for a minimum of four months
- Continue to stabilize issues around medications, housing, finances, and/or other needs, so that each of these issues is stabilized or you have a plan to stabilize each of these areas
- Stable in treatment plan with no unexcused absences or sanctions for past 30 days
- At least 30 days court clean time
- No new law violations
- Update case plan risk assessment with PO
- Pay \$50 MHC fee (\$100 total payments) unless waived by court for indigence, and develop a payment plan for LFOs and restitution
- Complete Phase 3 competency checklist: Support Person, healthy and enjoyable pro-social pursuits, continued care plan
- Review progress, checklist, and case plan with Team in court prior to phasing up.

To Apply for Phase 2:

- Have been in Phase 1 for a minimum of two months
- Completed MH assessment, have treatment plan
- Completed SUD assessment (if required), have treatment plan
- Stable in treatment plan with no unexcused absences or sanctions for past 14 days
- No new law violations
- Develop case plan with PO
- Complete risk assessment with PO
- Complete Phase 1 competency checklist: learn about diagnosis and Rx, coping skills, strengths, stable housing
- Review progress, checklist, and case plan with Team in court prior to phasing up.



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RELEASE OF CONFIDENTIAL INFORMATION

I, _____, Date of Birth: _____, authorize **Clark County Mental Health Court Team** and: _____
_____ to disclose the following information:
Name of Agency

Notice: Participant or patient may furnish agency name once it is determined at a later date.

_____ Initial

Initial

- _____ Chemical dependency / substance abuse evaluation and/or treatment
- _____ Mental health evaluation / treatment records
- _____ Domestic violence / anger management treatment
- _____ Psychosexual evaluation / treatment
- _____ Medical evaluation / treatment
- _____ Other: _____

To disclose the following information: All reports, evaluations, progress reports, treatment requirements, prior criminal history, medical and psychological history and personal history (including testing results) concerning me to each other and to any prosecuting authority or Court in Clark County, Washington, with jurisdiction:

The purpose of the disclosures authorized in the consent is:

1. To improve public safety by allowing communication and multidisciplinary case management and release planning;
2. To enable treatment providers to communicate continuing care plan referrals to the above agency;
3. To incorporate into a Court sentencing report;
4. To inform prosecuting authorities and/or the Court whether you have followed the Court's order, and;
5. To insure the receiving agency that pertinent information is available so it can conduct an accurate evaluation of you and/or treatment.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164 in addition to Washington State confidentiality provisions under RCW 70.96A, RCW 70.02, RCW 71.05, RCW 71.34, RCW 10.97, and RCW 13.50. I understand that there exists a potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected by this subpart. I understand that this authorization shall remain in effect for the duration of my supervision unless revoked prior to that time. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Initial

- _____ There has been a formal and effective termination or revocation of my release from confinement, probation, or other proceeding under which I was mandated to treatment, or
- _____ Specify other time when consent can be revoked and/or expires: _____

I further acknowledge that the information to be released was fully explained to me and this is given at my own free will.

Signature of Client

Date

Signature of Witness

Date

The records contained herein are protected by Federal Confidentiality regulations 42 CFR Part 2 and 45 CFR part 164. The federal rules prohibited further disclosure of this information to parties outside of the Clark County Corrections unless such disclosure is expressly permitted by the written consent of the person whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. PROHIBITION ON RE-DISCLOSURE: "This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient to this purpose."



Clark County, Washington Mental Health Court Participant Handbook

Physician's Letter

The Physician's Letter must be signed by your doctor/prescriber each time a medication is prescribed. For a printable version of the document, go to:

<https://www.clark.wa.gov/sites/default/files/dept/files/district-court/Specialty%20Courts/PhysicianLetterAllCourts.pdf>

****THERAPEUTIC COURT PARTICIPANT: PLEASE ATTACH YOUR
MEDICAL DISCHARGE SUMMARY TO THIS FORM****



Clark County District Court
Therapeutic Specialty Courts
1200 Franklin Street
PO Box 5000
Vancouver, WA 98666-5000
Tel. (360) 397-2431



To Prescribing Physician / Psychiatrist / Dentist / Urgent Care / Other Health Care Prescriber:

Please note that your patient or prospective patient is a participant in one of the Clark County District Court Therapeutic Specialty Court programs (Veterans Court, DUI Court, Substance Abuse Court, Mental Health Court).

If a current participant is prescribed any potentially addictive medication, we require that they have an honest discussion of their substance use/addiction history with you, leaving it to your discretion whether the medication to be prescribed or other alternative non-narcotic medication should be considered. We hope that you or your representative will sign this letter and provide our program with a comprehensive list of medications being prescribed to our participant and acknowledge that the participant has discussed their substance use history with you. If you have any questions, please contact Beth Robinson, Program Coordinator at (360) 397-2431 or beth.robinson@clark.wa.gov.

Print name of Participant: _____

Name of Facility: _____ Date: _____ Time seen: _____ Time out: _____

REASON FOR VISIT:

PLEASE LIST MEDICATION(S) USED DURING THIS VISIT AND/OR PRESCRIBED TODAY:

Name of Rx: _____ Quantity: _____ Dosage: _____ Refill: _____ Other: _____

Name of Rx: _____ Quantity: _____ Dosage: _____ Refill: _____ Other: _____

Name of Rx: _____ Quantity: _____ Dosage: _____ Refill: _____ Other: _____

Other general comments: _____

Prescriber to initial here _____ if the patient has disclosed to you any pertinent information: (i.e. pregnancy, if they are on Medically Assisted Treatment, or if the patient has informed you of any other medications that will affect what you are prescribing today).

What was disclosed: _____

Prescriber signature _____ Date _____ Participant signature _____ Date _____

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:

I, (Name of defendant) _____, authorize all Clark County District Court Therapeutic Specialty Court program members and (Prescriber) _____ to communicate with and disclose to one another the following information:

(Defendant's initials) _____ my diagnosis, prescription, testing results, information related to client physical or mental health condition.

The purpose of the disclosure is to coordinate and integrate medical and behavioral health treatment services. I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically at the conclusion of Drug Court Participation.

Dated: _____ Signature of Patient: _____

PROHIBITION ON REDISCLOSURE: This notice accompanies a disclosure of information concerning a client in mental health and/or alcohol/drug treatment, made to you with the consent of the client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2 prohibits unauthorized disclosure of these records). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any patient. [Updated 11/2018]



Clark County, Washington
Mental Health Court
Participant Handbook

Special Request Form

The Special Request Form should be used any time you need to be excused from a program requirement, travel outside the allowed area, or any other special circumstances apply. The form must be submitted in advance, and documentation may be required. For a printable version of the document, go to:

<https://www.clark.wa.gov/sites/default/files/dept/files/district-court/Specialty%20Courts/PhysicianLetterAllCourts.pdf>

Clark County District Court Therapeutic Specialty Courts

Leave / Excused / Special Request Form

This form is to be used to submit written permission to be excused from any program requirements, travel outside the 6-county area, or request any other "specialized circumstance" to the Therapeutic Court Team.

Date: _____

Name: _____

Treatment Provider/ Case Manager: _____

Therapeutic Court Requirement that will be affected: Please check appropriate boxes.

<input type="checkbox"/> Group sessions	<input type="checkbox"/> Individual session	<input type="checkbox"/> Leave county / state
<input type="checkbox"/> Miss drug test	<input type="checkbox"/> Community meeting	<input type="checkbox"/> Miss / change court date
<input type="checkbox"/> Miss group	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Date of Event(s): _____		Where: _____

REQUEST: (Please be specific. Include dates, times, & who/what/where/why for your request.)

Client Signature _____ Date _____ Judge/Coordinator/Case Mgr. Signature _____ Date _____

☐ Approve ☐ Disapprove

☐ **Special Conditions:** **When leaving town for extended period of time, it is common practice to report for a UA immediately upon return**

***This form must be submitted PRIOR to your request ***

(Your Therapeutic Court payments & compliance in the program may be factors in the team's decision)

H:\Therapeutic Courts\FORMS\operational forms\TSC\Leave Special Request form.docx



Clark County, Washington
Mental Health Court
Participant Handbook

Latest copies of the MHC phase up and commencement applications may be obtained from the Coordinator, Program Associate, or Probation Officer.

For more information, go to <https://www.clark.wa.gov/district-court/therapeutic-specialty-courts>