

When Clients are Eligible to Refer to the Adult Drug Court Docket

- You suspect your client has a significant substance use concern, which in being untreated or unmanaged and has led to their involvement in the criminal justice system.
- Your client lives in Columbia County.
- Your client's case history does not have significant violent crimes and/or sex crimes.
- Your client has been charged with a new felony crime, a probation violation from a current felony crime.

How to Refer Cases

1. Discuss your client's case with the assigned DA and determine if there are any concerns about your client entering Adult Drug Court. If there are no concerns, please submit the Columbia County Adult Drug Court application to Treatment Court Coordinator, Julie Heuer, at julianne.m.heuer@ojd.state.or.us.
2. Be prepared to **attend** the pre-court Adult Drug Court Team meeting on the assigned Monday, between 1:15p.m. and 1:30p.m. The pre-court meeting is virtual. You will receive a link for staffing from the Treatment Court Coordinator. Please remember, it is **not** the assigned Adult Drug Court defense attorney's obligation to cover your appearance. **If you do not attend the pre-court meeting, your client's application will not be discussed. You will need to attend pre-court meetings until a decision is made about your client's application. If you cannot attend a pre-court meeting, you need to inform the Treatment Court Coordinator *prior* to the meeting.**
3. **The completed entry packet and items on the provided check list (page 3) must be completed prior to the to the pre-court meeting. It is very important the "check list" items are completed for the pre-court Adult Drug Court Team meeting as they are required for the team to complete the screening processes.**
4. If it is determined your client is appropriate for the program, the DA's office will communicate this with you and a Plea and Sentencing hearing will be scheduled for your client.
5. If your client is not incarcerated at the time off application, he/she/they will be expected to attend the Adult Drug Court court session(s) to observe prior to beginning the program.

Check List for pre-court team meeting:

- ✓ **Packet and Participant Handbook have been reviewed by Defense and Client**

- ✓ **Specialty Court Case Management System (SCMS) ROI is reviewed and signed by Client**

- ✓ **Releases of Information for any current primary care providers or treatment providers.**

- ✓ **Petition for entry into Adult Drug Court**

- ✓ **60 Day Waiver**

- ✓ **Release of information for Columbia Community Mental Health**

- ✓ **Be prepared to attend pre-court Adult Drug Court Team meetings**

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR COLUMBIA COUNTY

STATE OF OREGON,)	Case No. _____
Plaintiff,)	
vs.)	Charge(s): _____
)	_____
_____)	
Defendant.)	TREATMENT COURT PETITION AND AGREEMENT

Defendant petitions for acceptance into treatment court and agrees:

1. If a Grand Jury Indictment has not been filed, I give up the right to a preliminary hearing and/or grand jury indictment and agree to proceed on the District Attorney’s information in circuit court.
2. I understand criminal charges or civil actions arising out of the same episode or transaction may be severed and prosecuted or litigated separately. I give up my former jeopardy rights as to all treatment court related criminal charges and civil actions arising out of the same act or transaction or same criminal episode.
3. I give up my rights to speedy trial.
4. I give up my right to hearing on alleged violations while participating in the treatment court with the exception of a termination review hearing.
5. I agree to apply for enrollment in the Oregon Health Plan, private insurance, or veterans’ health benefits within seven (7) days of acceptance into the treatment court if I am not presently enrolled.
6. I agree to successfully complete the diagnostic evaluation as ordered by the court and to successfully complete the treatment program to the satisfaction of the treatment provider.
7. I agree to sign releases of information to give the court, my probation officer and the treatment provider access to my evaluation and to give the court and my probation officer access to treatment records.
8. I agree to abide by the conditions of probation ordered by the court and the terms of any treatment court agreement.
9. I agree I will not work as an undercover agent with any police agency on cases where I may come into contact with illegal drugs. Nothing in this agreement shall prevent me from voluntarily providing information to police regarding illegal drugs.
10. I agree to pay supervision fees, fines, restitution and all other fees ordered by the court.
11. I agree that any violation of probation or the treatment court program including but not limited to drug use, new criminal activity, non-compliance with treatment, failure to appear in court, failure to pay financial obligations or any failure to abide by the terms of this agreement may result in sanctions including but not limited to incarceration, modification of the treatment program or termination from drug court.

12. I agree to appear in court as directed by the court or my probation officer.
13. I agree that the court may extend the probation period for additional time to allow me to successfully complete my requirements.
14. I agree to keep the treatment provider, my probation officer and the court advised of my residential and mailing addresses at all times during my participation in the treatment court.
15. I agree to remain in the State of Oregon unless written permission to leave is granted by Department of Community Justice.
16. I agree to find and maintain full-time employment, approved schooling, or a full-time combination of both, unless physically unable to do so. Any waiver of this requirement must be based on a finding by the court stating the reasons for the waiver.
17. I agree to permit the probation officer to visit me or my residence or work site, and report as required and abide by the directions of the probation officer.
18. I will not possess weapons, firearms, or dangerous animals.
19. I agree to participate in a mental health evaluation as directed by the probation officer or treatment counselor, and follow the recommendation of the evaluator. I am aware that this may also include recommendations regarding medication management.
20. I agree to immediately report, as directed, to the Columbia Community Department of Community Justice. 901 Port Avenue, Saint Helens, OR 97051. 503-397-6253.
21. I agree to submit to breath, blood, and saliva or urine tests at the direction of the evaluator, probation officer, court, or treatment provider and I agree to pay all costs.
22. I agree to notify the probation officer and treatment provider of all prescription drugs I am taking and provide copies of the prescriptions upon request.
23. I agree to actively participate in Columbia County treatment court program, obey all rules of the treatment court, and appear in court as directed by the court, probation officer, evaluator, or treatment provider.
24. I understand that if 45 days elapse after any warrants have issued because of my non-appearance in Adult Drug Court that I will be suspended from the program.
25. I agree to appear for treatment court as ordered.

Columbia County Adult Treatment Court Eligibility Form

Name of Prospective Client: _____ **DOB:** _____

Attorney: _____

Relevant Conviction(s)/Charge(s)

<i>Case #</i>	<i>Year</i>	<i>Charge</i>	<i>Jurisdiction</i>

For District Attorney's use only:

DA does not object to drug court

Charges to be dismissed:

Dispositional departure from prison to probation:

Count ____ Crime _____

Sentencing gridblock ____ Months DOC if probation is revoked ____

Count ____ Crime _____

Sentencing gridblock ____ Months DOC if probation is revoked ____ Consecutive? Y / N

Count ____ Crime _____

Sentencing gridblock ____ Months DOC if probation is revoked ____ Consecutive? Y / N

Count ____ Crime _____

Sentencing gridblock ____ Months DOC if probation is revoked ____ Consecutive? Y / N

DA objects to drug court

Reason for objection: _____

Comments:

Signature of District Attorney

Date

Eligibility Criteria:

- Substance Use Disorder Diagnosis
- 18 years of age or older
- Resident of Columbia County, Oregon
- Medium to high risk according to the Public Safety Checklist
- Will have a suspended prison sentence at the time of entry

The prosecution and defense attorney shall perform their tasks as part of the program eligibility and admission process as swiftly as possible, including working with victims and stakeholders in the legal system to shorten the time to entry into the specialty court.

The program allows offender with non-drug charges and different levels of criminal charges to participate and does not automatically disqualify individuals with a current charge, or criminal history, associated with drug dealing or violence. The program only disqualifies individuals based on current or prior offense if empirical evidence and available treatment services suggest that those individuals cannot be safely and/or effectively managed in the specialty court program.

All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of the Participant Handbook shall be acknowledged through a signed form and entered in the court file.

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IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF COLUMBIA

STATE OF OREGON,)	No.
Plaintiff,)	
)	60 DAY WAIVER
vs.)	ORS 136.290
)	
_____ ,)	
Defendant.)	
)	
)	

Comes now defendant, _____, with counsel _____ and advises the court that s/he understands that he has the right to trial within 60 days of his/her incarceration or the court shall release defendant on his/her own recognizance, and not withstanding this right elects to waive this right.

Defendant

, OSB #
Attorney for Defendant

It is so ordered this ___ day of _____, 20__.

Circuit Court Judge

COLUMBIA COMMUNITY MENTAL HEALTH
AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

SECTION A: The name of the person, or class of persons, who may authorize the requested use or disclosure:

I, _____, DOB: _____, or my authorized representative, authorize Columbia Community Mental Health to disclose my protected health information as described in Section B below. I understand that:

1. My treatment, payment, enrollment in a health plan or eligibility for benefits will not be conditioned upon my authorization of this use or disclosure.
2. I am entitled to a copy of this authorization.

SECTION B: Entity authorized to receive or use the individual's protected health information:

Name or specifically describe the person and/or organization to whom you are authorizing us to disclose or who may use the protected health information described below:

Entity name: Columbia County Adult Drug Court comprised of the following organizations: Columbia County Sheriff's Office, Columbia County Circuit Court, Columbia County Consortium, Justice Alliance of Columbia County Consortium, Columbia County District Attorney's Office, Columbia County Department of Community Justice Adult Division, Community Action Team, OHSU Scappoose MAT Program, St. Helens PD, St. Helens Municipal Court, Scappoose Municipal Court, Iron Tribe, ODHS

Entity address: _____ Entity Phone: _____

Check this box if you authorize this entity to disclose the information selected below to Columbia Community Mental Health:

SECTION C: Protected health information to be used and/or disclosed:

Specifically and meaningfully describe the type of protected health information you are authorizing to be used or disclosed.

- Information related to Mental Health Records
- Information related to Substance Use Disorder Records
- Information related to HIV, AIDS, Hepatitis B or Hepatitis C Records
- Information related to Intellectual/Developmental Disability Records

Specifically and meaningfully describe the protected health information you are authorizing to be used or disclosed.

- | | |
|--------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Coordination of Care/Communications | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Physician Orders/Medication List | <input type="checkbox"/> Lab Reports (Ex: UA, ECG, blood work, MRI/CT) |
| <input type="checkbox"/> Social/Occupational Records | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Referral/Treatment Status | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Assessment(s) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Treatment Plan | |
| <input type="checkbox"/> Progress Notes | |
| <input type="checkbox"/> History and Physical | |
| <input type="checkbox"/> Psychological Testing/Evaluation | |

SECTION D: Purpose of the use or disclosure:

Describe the reason for the use or disclosure of this information.

The statement "at the request of the individual" is a sufficient description of the purpose when you initiate the authorization and do not, or elect not to, provide a statement of the purpose.

SECTION E: Signature:

I, _____, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to you. I understand that, by signing this form, I am confirming my authorization that you may use and/or disclose to the persons and/or organizations named in this form the protected health information described in this form.

Signature: _____ Date: _____

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

Description of Authority to Act for the Individual: _____

SECTION F: Prohibition of re-disclosure:

This authorization is for the use or disclosure of health information involving mental health services.

NOTICE PROHIBITING REDISCLOSURE OF PROTECTED HEALTH INFORMATION

You are prohibited from making any further disclosure of this information unless expressly permitted to do so by the written consent of the person or his/her personal representative who is authorizing its use or disclosure. (ORS 179.505(14))

This authorization is for the disclosure of health information involving alcohol or drug treatment.

NOTICE PROHIBITING REDISCLOSURE OF ALCOHOL OR DRUG TREATMENT INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). 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 alcohol or drug abuse patient.

SECTION G: Expiration and revocation:

This authorization will expire (complete one):

On ____/____/____

*If no expiration date is entered, this authorization will expire three (3) years from the signature date.

Right to revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will *not* affect any action you took in reliance on this authorization before you received my written notice of revocation.

Contact Office: Medical Records

Telephone: (503) 438-2166

Fax: 503-397-5373

E-mail: medicalrecords@ccmh1.com

Address: 58646 McNulty Way, St. Helens, OR 97051



**OREGON SPECIALTY COURT
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

By signing this form, I, _____, or my authorized representative, consent to and authorize the Adult Drug Court (“Program”) and the following individuals and entities:

- Julianne Heuer, the coordinator for this Program.
- Michael T. Clarke & Denise Keppinger, the judge who presides over this Program.
- Columbia Community Mental Health, including all employees of the treatment provider that are assigned to the specialty court team in connection with my participation in this Program.
- Shannon Mortimer, the defense attorney assigned to the specialty court team in connection with my participation in this Program.
- Columbia County District Attorney, the deputy district attorney assigned to the specialty court team in connection with my participation in this Program.
- Community Justice Adult Division, the probation officer assigned to the specialty court team in connection with my participation in this Program.
- St. Helens PD, the law enforcement agency assigned to the specialty court team in connection with my participation in this Program.
- Toria Fraser, the Trial Court Administrator assigned to the specialty court team in connection with my participation in this Program.
- Community Action Team, the housing services agency assigned to the specialty court team in connection with my participation in this Program.

to disclose my information and communicate with one another regarding my eligibility and/or acceptability for the Program, to monitor my progress in and compliance with substance abuse and/or mental health treatment services, and to monitor my compliance with Program requirements and directives. This includes sharing with each other my assessment results, diagnostic conclusions, prescribed medications, unprescribed substance use, screening results, referrals to treatment and other services, treatment attendance records, progress in treatment, compliance with treatment, and compliance with Program requirements and directives. My information may also be disclosed in connection with an audit or evaluation of the performance of the Program and to determine whether the Program is following best practices such as the Oregon Specialty Court Standards.

I understand that my alcohol, drug, and/or mental health treatment records are protected under applicable state and federal law and regulations including, without limitation, ORS 3.450, 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), and 45 C.F.R. Parts. 160 & 164.

I understand that I have no legal right to participate in the Program and that this consent is required in order to participate in this Program. This consent form is used to obtain information to assess my compliance and progress toward achieving the Program's objectives. The Program is separate from treatment programs and other services I may receive while in the Program.

I understand that my treatment provider may not condition treatment, payment, enrollment, or eligibility for the treatment provider's benefits on the provision of this consent.

If I sign this consent my information will be disclosed to the people or programs listed on this form. The information disclosed to an entity covered under the HIPAA Privacy Rules may only be redisclosed with my written authorization or under other provisions of the HIPAA Privacy Rules. Information disclosed pursuant to this authorization may no longer be protected by the HIPAA Privacy Rules if it is disclosed to people or programs that are not subject to the HIPAA Privacy Rules. For example, the judge and attorneys who receive the information are not subject to the HIPAA Privacy Rules. However, the other federal regulations that protect my information will continue to apply. If my information is disclosed to a person or entity not covered by the HIPAA Privacy Rules, that person or entity may only redisclose my records with my written authorization or under other provisions of the federal regulations.

Identifying information including treatment status and compliance with Program requirements may be disclosed in the normal course of court proceedings open to the public and recorded in court data information systems available to the public, and I hereby authorize such disclosure. I understand that it is possible that an observer could make the connection between specialty court participation and substance abuse and/or mental health treatment. I understand that information disclosed during court proceedings will no longer be protected by the HIPAA Privacy Rules.

I understand that my treatment records and other treatment related information cannot be used to investigate, initiate, or substantiate criminal charges against me. However, federal laws and regulations do not protect information related to the commission of a crime, or any threat to commit a crime, while on Program premises or against Program personnel. Additionally, federal laws and regulations do not protect information related to suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I understand that I may revoke this consent at any time. If I revoke my consent orally, I agree to confirm my revocation in writing. I understand that this consent agreement is a condition of the Program and if I revoke my consent I will be terminated from the Program. Revoking my consent will not affect any information that was previously disclosed.

This consent will expire upon my completion of, or separation from, the Program.

Any violation of federal law and regulations is a crime and suspected violations may be reported to the

U.S. Attorney for Oregon (see <https://www.justice.gov/usao-or/our-locations>) or the Substance Abuse and Mental Health Services Administration (SAMHSA)(see <https://www.samhsa.gov/about-us/contact-us>).

OPTIONAL: I consent to receiving courtesy text messages from the Program related to my participation in the Program. Cellphone #: () .

I understand that standard text and data charges may apply. I understand that I may revoke my consent to receive text messages at any time by notifying the Program’s court coordinator or by replying STOP to a text message from the Program. Unless revoked, my consent to receive text messages will remain in place so long as I am a participant in the Program.

You may sign this Consent using either: (i) an original signature on a printed document; or (ii) an electronic signature. If using an electronic signature, you may electronically sign either by typing “s/” followed by your name (example: s/ John Doe) or by using electronic signature software that includes a Security Procedure (defined in ORS 84.004) designed to verify your electronic signature.

I have read and understand the contents of this consent. I fully understand my rights and I am signing this consent voluntarily. I understand that, by signing this consent form, I am authorizing disclosure of my protected health information, as outlined above, to the persons and/or entities listed on this form. I further understand that this consent will be in effect for the duration of time I am in the Program. I am not under the influence of drugs or alcohol.

Printed Name: _____

Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Witness Name: _____ Position: _____

Witness Signature: _____

Date: _____

COLUMBIA COUNTY ADULT TREATMENT COURT



PARTICIPANT HANDBOOK

Name: _____

10 Key Components of Drug Court

#1 Drug Courts integrate alcohol & drug treatment services with justice system case processing.

#2 Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rights.

#3 Eligible participants are identified early.

#4 Drug courts provide access to a continuum of alcohol & drug treatment services.

#5 Abstinence is monitored by frequent alcohol & drug testing.

#6 A coordinated strategy governs drug court responses to participants' compliance.

#7 Judicial interaction with each drug court participant is essential

#8 Monitoring & evaluation measures the achievement of program goals and its effectiveness

#9 Continuing interdisciplinary education promotes effective drug court planning, implementation and operations

#10 Forging partnerships among drug courts, public agencies and community organizations generates local support and enhances drug court effectiveness.



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Adult Treatment Court

Welcome to the Columbia County Adult Treatment Court Program. The treatment court team is confident that this program will help you learn the skills and gain the support needed to assist you in making positive life changes.

As a participant in the treatment court program, you will work frequently with members of the treatment court team. We want to see you succeed in this program and are willing to help you maintain sobriety by supporting you wholeheartedly in your efforts.

This handbook has been created to provide guidance to treatment court participants throughout the program and will be a great resource for you. The handbook has been designed to answer your questions, summarize what is expected of you, and provide an overall summary of the program.

Mission Statement

The mission of the Columbia County Adult Treatment Court Program is to decrease substance use among adult offenders through comprehensive and coordinated treatment and support services provided by community partners and the criminal justice community, in an effort to reduce crime and increase public safety.

The Treatment Court Team

The treatment court team consists of the following members who work together to create a safe and supportive environment for you to succeed in the program.

- Circuit Court Judge
- Trial Court Administrator
- District Attorney's office
- Treatment Court Coordinator
- Treatment Counselor
- Probation Officer
- St. Helens Police Liason
- Defense Attorney
- Community Action Team

Prior to the treatment court hearings, the treatment court team members familiarize themselves with your progress. This allows the team to discuss your progress with you during the treatment court hearing.

Equity and Inclusion

The Adult Drug Court Team is committed to equity and inclusion. Our community partners offer a variety of treatment options which are trauma informed and responsive to various cultures, communities, and abilities. We also welcome feedback from the participants, community members and community partners.

Eligibility Criteria

Eligibility Criteria:

- Diagnosed Substance Use Disorder
- 18 years of age or older
- Resident of Columbia County, Oregon
- Medium to high risk according to the Public Safety Checklist
- High level of treatment needs
- Suspended prison sentence at the time of entry

The prosecution and defense attorney will process applications as swiftly as possible, including working with victims and stakeholders in the legal system to minimize the time prior to entry into the treatment court.

The program allows offenders with non-drug charges and different types of criminal charges to participate. The program does not automatically disqualify individuals with a particular charges or criminal history. The program only disqualifies individuals based on current or prior offense if empirical evidence and available treatment services suggest that those individuals cannot be safely and/or effectively managed in the treatment court program.

All participants will receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of the participant handbook is acknowledged through a signed form entered in the court file.

Program Requirements

- The length of the Adult Treatment Court Program is a minimum of 18 months. Participants will not have the option of graduating early. The maximum amount of time that a participant can spend in the treatment court program is 3 years.
- Court hearings every week, bi-weekly, or monthly (depending on phase) are a major component of the Adult Treatment Court Program. You will be required to attend all court hearings unless excused by the treatment court team.
- As a participant in the Adult Treatment Court Program, you will be required to attend all treatment sessions as recommended by your treatment provider. This includes individual and group sessions, educational sessions, doctors' appointments, medication management appointments, and other treatment related activities.
- You must report to your probation officer as directed. Your probation officer will provide you with a schedule identifying the days you must report.
- Urinalysis (UA) testing is required by the program. To get added to the UA hotline, you will attend an orientation appointment at CCMH and give an initial UA. You will need picture ID and proof of your OHP coverage for this appointment. The UA technician will provide you with an information sheet that will include the UA hotline phone number and times that you can provide a sample. You will be randomly tested for substance use at a minimum of twice per week. Positive, dilute or missed UA's could result in a treatment intervention or a court-imposed sanction. Tampering with any UA will be deemed a

positive test and could result in a court-imposed sanction or termination from the program.

- Participants will be required to volunteer, engage in job search, GED program, or post-secondary education while in the program. Based on your progress in the program, the treatment court team will decide and notify you when this will be expected of you.

Attendance and Absence Policy

Attendance is a crucial part of your participation in the Adult Treatment Court Program. Attendance is defined as showing up on time for all services and appointments that are required in the treatment court program. Failing to show up on time to any appointment could result in a sanction by the treatment court team.

Participants will not be absent from any treatment court related appointment unless the participant has gained prior permission from the treatment court team. Any absence from the program for an extended period of time (more than 1 day) must be requested in writing on an Absence Request Form and approved by the team (see Appendix A).

During the course of the program you may become ill. **If you are ill and are unable to attend a treatment court related appointment you must call the treatment court coordinator, probation officer, and the counselor or instructor prior to the appointment. The coordinator, probation officer, and the instructor can approve your absence for being ill but may also request that you see a doctor and provide proof of your illness.** If anyone on the team feels that this policy is being abused they can ask that you provide documentation from a doctor. Please see the next page for information regarding over-the-counter medications approved by the Adult Drug Court team that you may use if you become ill.

Approved Over-the-Counter Cold & Sinus Medications

Cold and Flu:

- Coricidin HBP
- Tussin DM (Safeway brand)
- Robitussin Cough Gels
- Tylenol Cough and Sore Throat

Allergy:

- Alavert (non-drowsy)
- Bendadryl Allergy
- Claritin Reditabs (non-drowsy)
- Benadryl Dye Free Allergy
- Allergy Relief Dye Free & 24hr Relief (Safeway Brand)

Nasal Sprays:

- Nasalcrom

There may be other brands that could be approved. When in doubt ask the Pharmacist.

Do not use any medications that list Alcohol, Dextromethorphan, Ephedrine, or Phenylephrine Hydrochloride (HCl) as an ingredient!

Treatment Court Hearings

As a treatment court participant, you will be required to appear for treatment court hearings on weekly, bi-weekly or monthly basis depending on what phase of the program you are in. Failure to appear will result in a warrant being issued for your arrest. If you are arrested or turn yourself in, you will be held in jail until you can appear before the court or until the treatment court team feels you should be released. If you have questions about your court appearances you may contact the Adult Treatment Court Coordinator, probation officer, or your attorney.

Adult Drug Court Dress Code

While attending all Adult Drug Court related functions, appropriate dress is expected and required. If you need assistance in determining appropriate dress, please contact an Adult Drug Court team member.

Appropriate clothing is defined as:

- Neither too tight nor revealing.
- Shirts must fully cover the stomach and chest.
- Skirts and dresses need to be close to the knee, not too short.
- No sleeveless, dirty or torn clothing. (Torn items include new items that have the “worn” look)
- No head coverings or sunglasses.
- No visible underclothing.
- No t-shirts with inappropriate graphics such as logos for alcohol or other drugs or offensive messages.
- No short shorts.
- No sweat suits.
- No swim suits
- No cleavage.

Supervision Protocol

Participants in the Adult Treatment Court Program will be placed on formal probation with the Columbia County Department of Community Justice Adult Division. Columbia County Department of Community Justice Adult Division charges a \$40.00 per month supervision fee that each participant is expected to pay. The treatment court probation officer will meet with each participant and assign them a reporting schedule. Participants must report to their probation officer as directed.

Urinalysis Testing Protocol

Random, and observed, urinalysis (UA) testing will occur while you are in the program. You will be issued a UA testing instruction sheet at your UA orientation appointment at CCMH. This sheet will include: The UA hotline phone number, call in hours, and times you can provide a UA. The Adult Drug Court Coordinator will inform you of your UA color at your intake appointment.

Participants will be required to provide multiple UAs per week. In addition, you could be asked to provide a UA at any time by a Drug Court team member. **UA's will be provided at Columbia Community Mental Health, at 58646 McNulty Way, St. Helens, Oregon 97051 from 11a.m. to 5:00p.m. Monday-Friday.** Participants must be ready to provide a sample upon arrival. Specimen levels must reach the temperature strip on the UA bottle or they will be considered invalid. Creatinine and ph levels will also be monitored. Anyone caught trying to falsify a UA could be sanctioned by the treatment court program.

Please note, it is the participant's responsibility to know what foods and beverages can result in a positive UA. Some foods and beverages to avoid that can cause a positive UA are:

- Poppy Seeds
- Kombucha tea
- Synergy organic energy drinks
- Cherry chia seeds
- CBD infused foods and beverages

Prescription Medication Policy

Participants in the Adult Treatment Court Program are not allowed to use prescription medication without prior permission from the treatment court team. Participants who attend a doctor or dentist appointment must tell physicians or other medical staff that they are in the treatment court program. Participants must have their doctor sign the Physician's Disclosure Statement (see Appendix A) located in the drug court office and return this form to the adult treatment court coordinator within 24 hours, or first thing Monday morning if the participant attends a doctor or dental appointment on a weekend.

If a participant is prescribed a medication they must contact the treatment counselor immediately to gain authorization to fill the prescription. The treatment counselor will monitor the use of any medication during individual counseling sessions and report any abuse of the medication to the treatment court team.

Incentives and Sanctions

Incentives and sanctions are imposed by the treatment court team on an individual basis. The team will take many factors into consideration when implementing incentives and sanctions. The team may give an incentive for positive behaviors and achievements and may impose sanctions for negative behaviors and not achieving milestones in the program. Below is a list of achievements and choices that may cause the treatment court team to impose an incentive or a sanction. When the participant is not attending treatment and is continuing to use test positive for substances, the team may also implement a treatment response.

RESPONSES TO BEHAVIOR	
POSITIVE BEHAVIOR	POSITIVE RESPONSES
<ul style="list-style-type: none"> ▪ Attending court appearances ▪ Negative drug test results ▪ Attendance and participation in treatment ▪ Attendance and participation in support meetings ▪ Completion of GED ▪ Job promotion ▪ Compliance with treatment plan 	<ul style="list-style-type: none"> ▪ Recognition by the Judge ▪ Certificates of achievement ▪ Decreased court appearances ▪ Phase advancement ▪ Program graduation ▪ Gift cards or activities (as funding permits)
NEGATIVE BEHAVIOR	NEGATIVE RESPONSES
<ul style="list-style-type: none"> ▪ Missed court appearances ▪ Missed appointment with probation officer ▪ Missed support meetings ▪ Violation of court order ▪ Positive drug test ▪ Missed drug test (considered a positive drug test) ▪ Tampered drug test or forged test documentation ▪ Missed treatment ▪ Inappropriate behavior at treatment facility ▪ New arrest ▪ Driving while license suspended/revoked ▪ Failure to perform ordered sanctions ▪ Noncompliance with treatment plan ▪ Dishonesty 	<ul style="list-style-type: none"> ▪ Reprimand from the Judge ▪ Increased court appearances ▪ Increased drug testing ▪ Community service hours ▪ Essay presented to Judge ▪ Work crew ▪ Jail ▪ Reviewing the policies and procedures/handbook ▪ Sit sanction in the courtroom ▪ Day reporting ▪ Team Round Table ▪ Termination from the program

Transportation

It is the responsibility of the participant to provide transportation to and from treatment court related activities. The treatment court program may be able to assist with gas cards, a bike or bus passes if funding is available. Please contact the Adult Treatment Court Coordinator for more information if you are having transportation issues.

Graduation

Participants in the Adult Treatment Court program must meet the standards set below to graduate from the program:

- Participant must have 90 consecutive days of documented sobriety
- Participant must be maintaining a job, be engaged, be involved in school, or some type of regular volunteer work
- Participant must have a payment plan with the court to repay fees, fines and restitution
- Participant must be engaged in pro-social activities
- Participant must have successfully completed all 5 phases of the Adult Treatment Court Program

Termination

The program is designed to make it difficult for a participant to leave the program. However, certain participant behaviors may cause the team to consider termination. They are:

1. Violence directed at anyone
2. Chronic abuse of the rules such as failing to comply with the probation officer, coordinator, or treatment provider
3. Altering a drug test in any way
4. Having multiple positive drug or alcohol tests
5. Missing several drug and alcohol tests
6. Warrants or new arrests for a significant crime (on a case by case basis)

Violations of program rules are typically addressed through a series of graduated sanctions that could eventually lead to termination. The participant has a right to request a hearing and the alleged violation will be filed as a probation violation

As a participant in the Columbia County Adult Treatment Court Program you have the right to a hearing prior to termination from the program. If a participant commits one or more violations while in the program and the treatment court team recommends termination, the participant may be taken into custody. The court will schedule a show cause hearing in front of the treatment court judge where the participant and the defense attorney can advocate why the participant should not be terminated from the program.

If a participant misses a treatment court hearing, a warrant will be issued by the participant's probation officer. Once the participant has been taken into custody on the warrant, a show cause hearing in front of the treatment court judge will be scheduled. The participant and their defense attorney will have

an opportunity to advocate why they shouldn't be terminated from the treatment court program.

At the conclusion of a show cause hearing, the treatment court judge will make the decision about termination. If the participant is terminated by the treatment court judge, the participant will remain in custody. The participant has the right to request a probation violation hearing or admit to the violation and be sentenced during the show cause hearing. If the participant is not terminated from the program they can be released from custody and will report directly to their probation officer and the treatment court coordinator. Participants who are not terminated should start attending all treatment court related activities immediately.

If a participant absconds from the program for more than 45 days, they will be suspended from the program until he/she is in custody and a show cause hearing can be held.

A participant may also leave the program by choice. However, the participant is required to give the judge a verbal or written report as to the reasons for leaving. The participant will then be scheduled for a probation violation hearing which could result in a probation revocation or other sanctions through the probation department.

General Rules

As a participant, you will be required to abide by the rules outlined in the participant contract, including, but not limited to the following:

1. I will not use or possess illicit substances or any other form of intoxicant without a valid prescription.
2. I will not share vapes or cigarettes with anyone else.
3. Inform your doctor(s) and or dentist(s) that you are in a treatment program and may not take narcotic medications without prior approval from the treatment court team.
4. Attend court sessions and treatment sessions as scheduled, submit to random alcohol and drug testing, and obey all laws.
5. Do not associate with people who are actively engaged in substance use.
6. Do not possess any dangerous weapons while in the treatment court program.
7. Keep the treatment court team informed of your current address and phone number at all times.
8. Consent to a search of your person, property, place of residence, vehicle and/or personal effects as a condition of participation in the treatment court program when requested by a probation officer or other law enforcement officer.
9. Dress appropriately for court and treatment sessions.

Phases of the Treatment Court Program

Treatment court is an 18-month program divided into five phases. A participant must successfully complete each phase before transitioning to the next.

Phase 1 – Recovery and Responsibility to Self

Length of phase – 90 days minimum

Frequency of court appearances – Weekly

Requirements:

- Make all required court appearances
- Participate in recommended treatment and work on treatment goals
- Participate in case planning and personal goal setting
- Submit to random UA testing
- Comply with day reporting or community service work as directed by the treatment court team
- Attend and document 4 community support groups per week
- Obtain a peer support person
- Obtain neurobehavioral screening or psychological evaluation as directed by the treatment court team
- Complete applicable screening tools
- Create a payment plan to pay court and supervision fees if employed
- Comply with all conditions of probation
- Complete application to advance to phase 2
- Have at least 30 days of documented sobriety to advance to phase 2

Phase 2 – Recovery Maintenance and Responsibility to Others

Length of Phase – 90 days minimum

Frequency of Court Appearances – Every other week

Requirements:

- Make all required court appearances
- Continued participation in recommended treatment and work on treatment goals
- Participate in case planning and personal goal setting
- Attend and document 4 community support groups per week
- Submit to random UA testing
- Engage in job search or job skills training
- Participate in community service work if not employed
- Continue education (if applicable)
- Review (or create if you have not done so already) your payment plan to pay court and supervision fees if employed
- Complete applicable screening tools
- Comply with all conditions of probation
- Complete application to advance to phase 3
- Have at least 30 days of documented sobriety to advance to next level

Phase 3 – Employment, Education, Life Skills

Length of Phase – 90 days minimum

Frequency of court appearances – every other week

Requirements:

- Make all required court appearances
- Continued participation in recommended treatment and work on treatment goals
- Participate in case planning and personal goal setting
- Submit to random UA testing
- Attend and document 3 community support groups per week
- Continue participation in job search or job skills training
- Participate in community service work if not employed
- Continue education (if applicable)
- Review (or create if you have not done so already) your payment plan to pay court and supervision fees if employed
- Complete applicable screening tools
- Comply with all conditions of probation
- Complete application to advance to phase 4
- Have at least 45 days of documented sobriety to advance to phase 4

Phase 4 – Reinforce a Clean, Sober, and Legal Lifestyle

Length of phase – 90 days minimum

Frequency of court appearances – every other week

Requirements:

- Make all required court appearances
- Continue participation in recommended treatment and work on treatment goals
- Participate in case planning and personal goal setting
- Submit to random UA testing
- Attend and document 3 community support groups per week
- Participate in community service work if not employed
- Continue participation in job search or job skills training
- Continue education (if applicable)
- Review (or create if you have not done so already) your payment plan to pay court and supervision fees if employed
- Complete applicable screening tools
- Comply with all conditions of probation
- Complete application to advance to phase 5
- Have at least 60 days of documented sobriety to advance to next level
- Develop your aftercare plan with treatment counselor

Phase 5 – Aftercare

Length of phase – 6 months minimum

Frequency of court appearances – Once per month

Requirements:

- Make all required court appearances
- Continued participation in recommended treatment and working on relapse prevention skills
- Random UA testing
- Attend and document 2 community support groups per week
- Continued participation in community service work if not employed
- Continued participation in job search or job skills training
- Continuing education (if applicable)
- Review (or create if you have not done so already) your payment plan to pay court and supervision fees if employed
- Complete applicable screening tools
- Comply with all conditions of probation
- Have at least 90 days of documented sobriety to graduate
- Exit interview

Treatment

The Columbia County Adult Treatment Court will offer wrap around services to its participants. The level of treatment will be determined based on the results of a certified and accredited substance use assessment and a mental health assessment

Alcohol and drug treatment		
Treatment Type	Duration	Location
Detox	3-5 days	Portland or Saint Helens
Residential	30 days to 6 months	Various locations
Intensive outpatient	6 months to 1 year	CCMH
Outpatient	4 to 6 months	CCMH
Aftercare	2 to 6 months	CCMH

Mental Health Treatment		
Treatment Type	Duration	Location
Inpatient	1 to 30 days	Various Locations
PTSD	Varies	CCMH
Outpatient	Varies	CCMH

Release of Information and Confidentiality

State licensing requires that your identity and privacy be protected. In response to these regulations, drug court, its team members, and partners have developed policies and procedures that guard your privacy. You will be asked to sign **Consent for Disclosure of Confidential Substance Abuse Information**. This disclosure of information is for the sole purpose of hearings and reports concerning your specific treatment court case. Columbia Community Mental Health may require that you sign additional forms relevant to your specific case within the treatment court.

Participants will not disclose the name, presence, or personal history of other participants to anyone. Participants will not disclose other participants group disclosures. Failure to abide by the confidentiality rules outline can result in being removed from treatment and or terminated from the treatment court program.

Adult Treatment Court Phone Numbers

Columbia County Circuit Court	503-397-2327
District Attorney's Office	503-397-0300
Officer Dylan Gaston	503-397-3333
Columbia Community Mental Health	503-397-5211
Ronelle Landreth- Treatment Counselor	503-438-2244
Julie Heuer - Program Coordinator	503-397-2327 x 70128
Katherine Warner- Program Assistant	503-397-2327 x 71622
Marissa Dunne - Probation Officer	503-366-4674
Defense Attorney: Shannon Mortimer	971-506-4382
UA Testing Phone #	503-396-4501
Other:	

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COLUMBIA COUNTY SPECIALTY COURTS

ABSENCE REQUEST FORM

Any absence from the program for an extended period (more than 1 day) must be requested in writing and approved by the team. Please provide as many details as possible.

Name: _____

Dates of absence: From _____ To: _____

Reason for absence: _____

Where are you going/staying? _____

Who is going with you? _____

Do you need a travel pass from PO? YES () NO ()

Plans for UAs if called: _____

Date: _____

Signature: _____

DO NOT WRITE BELLOW THIS LINE

.....

Received by: _____

Date received: _____

Approved: YES () NO ()



19TH JUDICIAL DISTRICT
Columbia County
230 Strand Street, St. Helens, Oregon 97051
ADULT DRUG COURT 503-397-2327 ext. 334

Columbia County Adult Treatment Court
Physician Disclosure Policy

Name of Patient: _____ Date of birth: _____

TO WHOM IT MAY CONCERN

Effective June 14th, 2010, Participants of the Columbia County Adult Treatment Court Program are required to notify any medical provider from whom they seek medical treatment of the following information:

“I am a participant in the Columbia County Adult Treatment Court Program and required to disclose that I have an addiction to chemical substances. Unless absolutely medically necessary in the treatment of an illness or injury, I am NOT to be prescribed a medication containing a narcotic/addictive drug or any other type of medication that may interfere with the treatment of my addiction.”

The participant must request that the Practitioner write on the participant’s file that the patient is a Treatment Court participant, sign and date the entry. A copy of this form in the participant’s file may suffice of this notation. The participant is required to obtain a signed copy of this form to be brought to the Court no later than 12pm (noon) on the next business day.

Failure of the participant to comply with this Policy will result in a sanction determined by the Treatment Court Team.

Physician’s Name _____

Physician’s acknowledgement of receipt of this notice

Signature of ATC participant

Name of Facility/Clinic

Date