



NINETEENTH JUDICIAL DISTRICT

COLUMBIA COUNTY BEHAVIORAL HEALTH COURT, 230 Strand St., St. Helens, OR 97051

Summary

Columbia County Behavioral Health Court (BHC) is a collaborative docket comprised of team members from each partner agency. The current partners are the Judge and assigned court staff from the Columbia County State Courts, Columbia Community Mental Health, Department of Community Justice, Columbia County District Attorney's Office, Community Action Team, Columbia County Sheriff's Office, and the Justice Alliance of Columbia County.

The Behavioral Health Court was created to provide a structured supervision and treatment program for defendants who are involved in the criminal justice system due to their untreated or unmanaged mental health concerns and possible co-occurring alcohol and other drug addictions. The goal is to help defendants get stable, so they can become healthier and be removed from the cycle of active symptomology, crime and justice system involvement.

Assigned members of this team meet regularly to case manage participants and provide accountability, regular services, referral and contact with each participant. The court docket is held regularly, with the ability to schedule appearances as needed to intervene in a timely fashion with participant infractions. The average length of stay in the Behavioral Health Court program is 12-24 months but may be as long as 36 months.

Eligibility of your client's referral will be screened by the DA and defense attorney for case history, and Columbia Community Mental Health for mental health diagnosis and eligibility. The Behavioral Health Court Team will determine whether a candidate is a good fit for BHC and will be accepted into the program.

When Clients are Eligible to Refer to the Behavioral Health Court Docket

- You suspect your client has a significant mental health 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. Some misdemeanor charges will be considered but on a case by case basis only.

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 Behavioral Health Court. If there are no concerns, please submit the Columbia County Behavioral Health Court application to Treatment Court Program Manager, Samantha Cernac, [at samantha.cernac@ojd.state.or.us](mailto:samantha.cernac@ojd.state.or.us).
2. Be prepared to **attend** the pre-court Behavioral Health Court Team meeting on the assigned Tuesday between 2:30p.m. and 4:00p.m. The pre-court meeting is held in the jury room for courtroom 202. Please remember, it is **not** the assigned Behavioral Health 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 Program Manager *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 Behavioral Health 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 will 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 Behavioral Health 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**

- ✓ **A copy of police report(s) for current case**

- ✓ **Releases of Information for any current primary care providers or mental health providers**

- ✓ **Petition for entry into Behavioral Health Court**

- ✓ **60 Day Waiver**

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

- ✓ **Be prepared to attend pre-court Behavioral Health Court Team meetings**

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

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

Defendant petitions for acceptance into Behavioral Health Court and agrees:

1. I have talked about Behavioral Health Court (BHC) with my attorney and I believe it would be beneficial for me.
2. I agree to cooperate with the BHC team and staff. I will cooperate in putting together the best treatment plan for me. I understand my treatment plan may include drug and alcohol treatment, and that I will be tested on a regular basis for drug and alcohol consumption. I understand my treatment plan may include a medication evaluation.
3. 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.
4. I agree that the BHC Judge may communicate with others about my participation in BHC without the presence of my attorney or me.
5. I agree to sign releases of information to give the court, my probation officer and the treatment provider access to my evaluation(s).
6. I agree to abide by the conditions of probation ordered by the court and the terms of any treatment court agreement.
7. I agree to pay supervision fees, fines, restitution and all other fees ordered by the court.
8. 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 any of the terms of this agreement may result in sanctions including but not limited to incarceration, or termination from

Behavioral Health Court. I understand that if I am terminated from BHC my probation could be revoked and I could go to jail.

9. I agree to appear in court as directed by the court or my probation officer. I agree the court can require me to appear at any time in addition to my regular scheduled court sessions.
10. I agree to keep the treatment provider, my probation officer and the court advised of my residential and mailing addresses as well as my phone number at all times during my participation in the treatment court. I will provide notice of any change within 24 hours.
11. I agree to permit the probation officer to visit me or my residence or work site, and abide by the directions of the probation officer.
12. I will not use or possess weapons, firearms, or dangerous animals.
13. I understand that if 45 days elapse after any warrants have issued because of my non-appearance in Behavioral Health Court that I will be suspended from the program.
14. By initialing below I agree that I will/I understand:
 - ____ Obey all laws.
 - ____ Obey all conditions of probation.
 - ____ Obey all Judges' orders.
 - ____ Obey all conditions and expectations of my treatment plan and treatment providers.
 - ____ Obey all housing rules.
 - ____ Be respectful to BHC staff and peers.
 - ____ Attend **all** treatment, program events or other appointments or activities; No **Excuses!**
 - ____ Not be tardy to court or appointments. I understand tardiness is unacceptable and will be sanctioned by the court.
 - ____ Not change treatment providers without permission from the BHC team.
 - ____ Be willing to participate in a medication evaluation and follow the recommendations which may include taking medications.
 - ____ Not stop my prescribed medications without permission of the prescriber (nurse practitioner or psychiatrist).
 - ____ Not use medications that are not mine.

- ____ Report any medications prescribed to me to my probation officer and treatment provider within 24 hours of receiving the prescription.
 - ____ Agree to abstain from the use of alcohol and drugs during the time I am participating in BHC. The treatment team and court must approve any prescription medications, drugs, and or narcotics prescribed by a doctor that are not approved by the BHC.
 - ____ Not visit any establishments where marijuana/cannabis, alcohol and/or gambling is the primary source of revenue.
 - ____ I will not apply for or possess a medical marijuana card and/or a card to grow marijuana.
 - ____ Comply with random home visits by my probation officer and treatment provider.
 - ____ Notify my probation officer and treatment provider of any contact with law enforcement within 24 hours of the contact occurring.
 - ____ Drug tests are mandatory. My refusal to give a drug test will be considered a violation of BHC rules and of my probation.
 - ____ Drug tests must be completed within the timelines identified.
 - ____ No dilute tests allowed. I cannot alter my drug test in any way. Any altered test will be considered a violation of BHC rules and of my probation.
 - ____ Dress respectfully and appropriately for court and treatment sessions. Clothing with images or language regarding gang affiliation, drugs and/or alcohol or sexual content is not allowed.
-

AGREEMENT

I have read this petition and the Notice to Defendants. I understand what I have read and hereby knowingly and voluntarily give up the rights listed on this petition. I petition the court for acceptance into the Columbia County Behavioral Health Court program, and enter into this agreement. Being duly sworn to tell the truth, I, the undersigned, do hereby swear that I am eligible to participate in the Columbia County Behavioral Health Court program and I meet the eligibility requirements listed in the Notice to Defendants.

Defendant's Name: (print)	Defendant's Signature	Date
---------------------------	-----------------------	------

Address	City	State	Zip
---------	------	-------	-----

Tele: () _____

Defense Attorney's Signature	Date
------------------------------	------

DECLARATION

Defendant's petition to enter Columbia County Behavioral Health Court is:

- Denied.
- Allowed

DATED this _____ day of _____, _____

Treatment Court Coordinator

Columbia County Behavioral Health Court Eligibility Form

Name of Prospective Client: _____

DOB: _____

Attorney: _____

Relevant Conviction(s)/Charge(s)

Case #	Year	Charge	Jurisdiction

For District Attorney's use only:

DA does not object to Behavioral Health 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 Behavioral Health Court

Reason for objection: _____

Comments:

Signature of District Attorney

Date

Eligibility Criteria:

1. Individuals who suffer from Mental Disease which includes any diagnosis of mental disorder which is a significant behavioral or psychological syndrome or pattern that is associated with distress or disability causing symptoms or impairment in at least one important area of an individual's functioning, as defined in the current Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5); of the American Psychiatric Association and have been;
2. Charged with:
 - a. A new felony crime
 - b. A probation violation for a current felony crime
 - c. A probation violation while on post-prison supervision.
 - d. A misdemeanor crime (on a case by case basis only)
3. Reside in Columbia County (up to one mile on either side of the county line).

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.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

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

Name of Attorney, OSB:
Attorney for Defendant

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

Circuit Court Judge



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

By signing this form, I, (FULL LEGAL NAME OF DEFENDANT) or my authorized representative, consent to and authorize the Columbia County Behavioral Health Court (“Program”) and the following individuals and entities:

- Julianne Heuer, the Program Manager for this Program.
- Samantha Cernac, the Program Coordinator for this Program.
- Alexandria Collins, the Program Assistant for this Program.
- Denise Keppinger, Michael Clarke & Nickolas Brajcich, 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’ Office, the deputy district attorney assigned to the specialty court team in connection with my participation in this Program.
- Department of Community Justice-Adult Division, the probation officer assigned to the specialty court team in connection with my participation in this Program.
- Columbia County Sheriff’s Office, the law enforcement officer 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>).

<p>OPTIONAL: <input type="checkbox"/> I consent to receiving courtesy text messages from the Program related to my participation in the Program. Cellphone #: ()</p> <p>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.</p>

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 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 Behavioral Health 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

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

COLUMBIA COUNTY BEHAVIORAL HEALTH COURT



PARTICIPANT HANDBOOK

Name: _____

10 Key Components of Treatment Court

#1 Treatment Courts integrate alcohol & drug treatment services/mental health 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 Treatment courts provide access to a continuum of alcohol & drug treatment services/mental health treatment services.

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

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

#7 Judicial interaction with each treatment court participant is essential

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

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

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

TABLE OF CONTENTS

Overview	3
Mission Statement	3
Equity and Inclusion	4
Eligibility criteria	4
Behavioral Health Court vs “Regular Court”	4
How to Enter the Program	5
Treatment Court Team	6
Program Requirements	6
Program Rules	7
Behavioral Health Court Hearings	9
Behavioral Health Court Dress Code	10
Drug Testing Protocol	11
Incentives and Sanctions	12
Phase of the Program	13
Graduation	14
Medication Management	15
Prescription Medication Policy	15
Over the Counter Medicines	16
Acceptable Over the Counter Medicines	17
Attendance and Absence Policy	18
Confidentiality	18
Termination	19
Weekly Schedule	20
Staff phone numbers	21

Appendix A:
 Absence Request Form
 Physicians Disclosure Form

Behavioral Health Court

The Columbia County Behavioral Health Court program is designed to help a person connect to and receive mental health treatment that will help a person become more stable and comply with the law. This program was started because the court acknowledged that some people may have committed crimes because they are affected by mental health condition(s) and/or substance use issues. The program was created to assist people in becoming more stable by developing recovery skills and/or coping skills to live successful lives.

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 stability and/or sobriety by supporting you wholeheartedly in your efforts.

This handbook has been created to provide guidance to Behavioral Health 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

Behavioral Health Court provides a supervised alternative case processing model for people who, but for an untreated mental illness or an unmanaged mental disorder, would not commit crimes. Behavioral Health Court assists in reducing risk to community safety by enhancing mental health treatment.

Eligibility Criteria

- Persons who are 18 or older.
- Persons who reside in Columbia County.
- Persons who are sentenced to formal probation in Columbia County or have been convicted of a misdemeanor crime,
- Persons who have a serious mental health diagnosis: Examples include: Schizophrenia, Bipolar Disorder or Major Depressive Disorder.
- Persons charged with:
 - A new felony crime
 - A probation violation for a current felony crime
 - A misdemeanor crime (on a case by case basis only)

Equity and Inclusion

The Behavioral Health 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.

Behavioral Health Court vs “Regular Court?”

“Regular” Court is designed to decide if a person did or did not commit a crime based on the evidence of a case. If the person is found to have committed the crime, a judge imposes a sentence and orders the person to complete the sentence. Court sentences usually include things as probation, fine, jail time and/or community service.

Behavioral Health Court is different. Instead of the receiving a “typical” sentence for the charge, the person is allowed to enter Behavioral Health Court as their sentence. The Behavioral Health Court team then focuses their attention on the whole person, including their mental health and substance use issues. The team creates a plan that looks at each person’s strengths and weaknesses. The goal is to help each person achieve stability so they can become a safe and healthy person in the community.

How People Enter the Program

You can be referred to the program by your defense attorney, the District Attorney’s Office, probation officer or mental health counselor.

The Behavioral Health Court Team must then decide if you meet the program eligibility. The Behavioral Health Court Team will review specific criteria to decide if you are eligible for the program. These include, but are not limited to:

- Your mental health diagnosis and treatment history
- Your criminal history
- Your willingness to participate in substance use and/or mental health treatment
- Community safety and victim impact

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.

- Circuit Court Judge
- Trial Court Administrator
- Deputy District Attorney
- Treatment Court Coordinator
- Treatment Counselor
- Probation Officer
- Columbia County Sheriff Deputy
- Defense Attorney
- Peer Mentor
- Community Action Team

Before the treatment court hearings, the treatment court team members meet and discuss your progress. This allows the team to discuss your progress with you during the treatment court hearing.

Program Requirements

- The length of the Behavioral Health Court Program is a minimum of 12 months but can continue for up to 36 months.
- Court hearings are a major part of the Behavioral Health Court Program. You will be required to attend all court hearings unless excused by the treatment court team. Court hearings are held every Tuesday.
- As a participant in the Behavioral Health 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, doctor 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. You will be given an instruction sheet identifying your UA color, the place to provide a sample, and times that you can provide a sample. If recommended by your treatment provider, you will be randomly tested for substance use at a minimum of two times per week. However, your UA color could be called several times per week. Positive, dilute or missed UA's could result in a court-imposed sanction. Tampering with any drug test will be deemed a positive test and could result in a court-imposed sanction or termination from the program.
- Comply with any additional probation requirements. This includes, but is not limited to payment of supervision fees, court ordered treatment/classes and/or work crew.
- Do not share vapes with another person.

Program Rules

- ✓ Obey all laws.
- ✓ Obey all conditions of probation.
- ✓ Obey all Judges' orders.
- ✓ Obey all conditions and expectations of my treatment plan and treatment providers.
- ✓ Obey all housing rules.
- ✓ Be respectful to BHC staff and peers.

- ✓ Attend **all** treatment, program events or other appointments or activities; No **Excuses!**
- ✓ Not be tardy to court or appointments. I understand tardiness is unacceptable and will be sanctioned by the court.
- ✓ Not change treatment providers without prior written permission from the BHC team.
- ✓ Be willing to participate in a medication evaluation and follow through with any recommendations which may include taking medications.
- ✓ Not stop my prescribed medications without permission of the prescriber (nurse practitioner or psychiatrist).
- ✓ Not use medications that are not mine.
- ✓ Work with your treatment provider to abstain from the use of substances, including Kratom, bath salts and Spice during the time I am participating in BHC.
- ✓ The treatment team and court must approve any prescription medications, drugs, and or narcotics prescribed by a doctor that are not approved by the BHC.
- ✓ Report any medications prescribed to me to my probation officer and treatment provider within 24 hours of receiving the prescription if received over the weekend or a holiday.
- ✓ Not visit any establishments where marijuana/cannabis, alcohol and/or gambling is the primary source of revenue.
- ✓ Do not apply for or possess a medical marijuana card and/or a card to grow marijuana.
- ✓ Comply with random home visits by my probation officer and treatment provider.
- ✓ Notify my probation officer and treatment provider of any contact with law enforcement within 24 hours of the contact occurring.
- ✓ UA testing is mandatory. My refusal to give a UA will be considered a violation of BHC rules and of my probation.
- ✓ UAs must be completed within the timelines identified.

- ✓ No dilute UAs allowed. I cannot alter my UA in any way. Any altered UA will be considered a violation of BHC rules and of my probation.
- ✓ No sharing vapes or cigarettes with anyone.
- ✓ Dress respectfully and appropriately for court and treatment sessions. (Please see the dress code section of your handbook.)

Behavioral Health Court Hearings

As a treatment court participant, you will be required to appear for treatment court hearings on a weekly, bi-weekly or monthly basis depending on what phase you are in. Court hearings are held on Tuesdays. Failure to appear on your assigned court day could 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. If you have questions about your court appearances you may contact the treatment court coordinator, probation officer or your attorney.

When you are in court for your hearing, you will need to act in a respectful way. Please see below for rules to follow while in court:

- Please sit in the jury section while waiting to be called on by the Judge.
- Do not talk while the Judge is talking or while other participants are talking to the Judge
- Dress appropriately for court (please see below for the courtroom dress code)

Behavioral Health Court Dress Code

While attending all Behavioral Health Court related functions, appropriate dress is expected and required. If you need assistance in determining appropriate dress, please contact a Behavioral Health 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 hats 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 swimsuits
- No cleavage.

If you do not have the money to purchase appropriate clothing, please discuss this with a Behavioral Health Court team member.

UA Testing Protocol

Random UA testing will occur while you are in the program. Each participant will need to complete a UA orientation at Columbia Community Mental Health to get placed on the UA hotline.

Participants will be required to provide a UA at least two times per week but **your color/number may be called several times per week.**

Columbia Community Mental Health (CCMH) will administer the UA's. **Monday through Friday, UA's will be given at Columbia Community Mental Health, at 58646 McNulty Way, St. Helens, Oregon 97051 from 10:30a.m. to 1:00p.m. and 1:30p.m. to 5:30p.m. Please note that UA cutoff time on Fridays is 2:45p.m.** Participants must be ready to provide a sample upon arrival. The treatment court program uses instant UA cups. Urine levels must reach the temperature strip on the UA bottle, or they will be considered invalid. Creatinine levels will also be monitored. Anyone caught trying to falsify a UA could be sanctioned by the Behavioral Health Court team.

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
- CBD infused beverages and/or foods
- Certain over-the-counter cold/flu/allergy medications (please see page 14 of the handbook for more information)

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 meeting milestones in the program.

Incentives are used to highlight when a participant or the group is doing well. Recovery coins, words of praise, and gift certificates are some of the rewards used as incentives.

Sanctions are used when a participant is not complying with the rules and expectations of the program. Homework, community service, work crew and jail time are some examples of sanctions that can be ordered.

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 UA or forged UA 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 ▪ 90 community support meetings in 90 days ▪ Team Round Table ▪ Additional community service hours ▪ Essay presented to Judge ▪ Work crew ▪ Jail or holding cell ▪ Reviewing the policies and procedures/handbook ▪ Termination from the program
--	--

Phases of the Behavioral Health Court Program

The Behavioral Health Court Program is a 12 month minimum program divided into two phases.

Phase 1

Frequency of court appearances – Every week

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 all conditions of probation
- Set up a payment plan with the court and probation office to pay off your fees and fines
- Have at least 90 days of documented sobriety to advance to phase 2
- Have no sanctions or probation violations for 90 days to advance to Phase 2

Phase 2

Frequency of Court Appearances – once per month

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
- Successfully manage your medications
- Engage in job search and job skills training or apply for Social Security
- Set up payment plan with the court in order to pay off your fees and fines
- Comply with all conditions of probation
-

Graduation

Participants in the Behavioral Health Court Program must meet the standards set below to graduate from the program:

- Participant must have 90 days of documented sobriety
- Participant must have stable housing
- Participant must be participating in pro-social activities

Participant must maintain all progress obtained in Phase 2 for 6 months prior to being allowed to graduate.

Medication Management

Participants in the Behavioral Health Court program are often prescribed medications to help reduce their symptoms. It is the expectation of the Behavioral Health Court program and team that all participants take their medications as directed by their mental health treatment provider. If a participant is not following the recommendations of their counselor in regard to taking their medications, a sanction could be imposed.

Prescription Medication Policy

Participants in the Behavioral Court Program are not allowed to use prescription pain medication without prior permission from their counselor. Participants who attend a doctor or dentist appointment must tell his/her doctor or other medical staff that he/she are in the Behavioral Health Court program and may not receive prescription pain medication without prior approval from their counselor.

If a participant is prescribed a medication of any kind, they must contact the treatment counselor and Treatment Court Coordinator 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.

If a participant is prescribed medication because of an emergency situation over the weekend, they must let the Behavioral Health Court team know first thing Monday morning.

Use of Over the Counter Cold/Flu Medicines

The primary goal in Behavioral Health Court is the support your recovery. We are concerned about any over-the-counter medications you might take. Some over-the-counter medications have interactions with medications that are prescribed by your physician or psychiatrist or may cause other problems. Before using any over the counter drugs, we always want you to speak with your physician or pharmacist about any concerns and then get permission from your Behavioral Health Court Program Manager, Coordinator or counselor.

Please see a list of acceptable over the counter medications on the next page.

Acceptable Medications

Nonsteroidal anti-inflammatory drugs (NSAIDs) have also been shown to interact with UDS immunoassays. Both ibuprofen and naproxen have been documented to cause false-positive barbiturate⁴ and cannabinoid¹⁻⁴ levels. In addition, ibuprofen can cause a false-positive PCP level.

Allergy/ Decongestants	Claritin® (Loratadine) Clarinex® (Desloratadine) Allegra® (Fexofenadine) Zyrtec® (Cetizine)	Nasal Decongestant	Ayr Saline® Humist® Ocean® NaSal® Salinex
Analgesics (pain relief)	Advil® Aleve® Aspirin® Bufferin® Tylenol® Motrin® Midol®	Nausea	Emetrol® Emecheck® Pepto-Bismol® Nauseatrol®
Cough and Cold	Organidin NR® Tablet Mucinex®- Chest Congestion Breonesin® Capsules Halls® Lozenges N'ice® Lozenges Sucrets® Lozenges Vicks® Cough Drops Vicks®Throat Discs	Personal Products Hand wash	Non-alcohol Soaps/water Antimicrobial soaps Betadine Hydrogen Peroxide
Diarrhea	Diasorb® Donnagel®Tabs Kaopectate® Kaopetolin® Kaodene® Lactinex® Imodium® AD Capsules and Tablets Pepto-Bismol® Rheaban® Bentyl® Tablets		

Attendance and Absence Policy

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

Participants will not be absent from any Behavioral Health Court related appointment (including mental health treatment) unless the participant has been given **prior** permission from the Behavioral Health Court team. Any absence from the program for an extended period of time (more than 1 day) must be requested in writing and approved by the team (see the Absence Request Form in Appendix A).

During the course of the program you may become ill. **If you are ill and are unable to attend a Behavioral Health Court related appointment, you must call the Treatment Court Coordinator, your counselor and the group instructor prior to the appointment. The Treatment Court Coordinator or counselor 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.

Confidentiality

State licensing requires that your identity and privacy be protected. In response to these rules, The Behavioral Health Court program and 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 court case. CCMH may require that you sign additional forms relative to your specific case within the Behavioral Health Court.

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:

- Violence directed at anyone
- Chronic abuse of the rules such as failing to comply with the probation officer, coordinator, or treatment provider
- Altering a drug test in any way
- Missing several drug and alcohol tests (UAs)
- Warrants or new arrests for a significant crime

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 Behavioral Health Court program, you have the right to a hearing prior to termination from the program. If you commit one or more violations while in the program and the Behavioral Health Court team recommends termination, you will be taken into custody. The court will schedule a show cause hearing in front of the treatment court judge where you and your defense attorney can advocate why you should not be terminated from the program.

If a participant misses one Behavioral Health Court hearing, outreach by the team will be done. If outreach is unsuccessful, a warrant will be

issued by the participant's probation officer or the court. 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 his/her defense attorney will have an opportunity to advocate why they shouldn't be terminated from the 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 remain in custody. The participant has the right to request a separate 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, he/she will be suspended from the program until a Show Cause for Termination hearing can be set.

A participant may also leave the program by choice. However, the participant is required to give the judge a 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.

MONTH: _____ YEAR: _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Behavioral Health Court Phone Numbers

Columbia County Circuit Court	503-397-2327
District Attorney’s Office	503-397-0300
Columbia County Sheriff’s Office	503-366-4611
Columbia Community Mental Health	503-397-5211
Julie Heuer - Program Manager	503-397-2327 x 70128
Sami Cernac - Program Coordinator	503.-397-2327 x 72137
Alex Collins – Program Assistant	503-397-2327 x. 72433
Probation	503-397-6253
Brianne Mares-CCMH A&D Counselor	503-397-5211 x 119
Defense Attorney- Shannon Mortimer	971-506-4382
Kayla Davis-CAT Case Manager	503-366-6591
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 ()