

# PARTICIPANT HANDBOOK

## Mason County Mental Health Court

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*The mission of the Mental Health Court is to enhance public safety and reduce recidivism of criminal defendants who have a mental health diagnosis by connecting them with mental health treatment services and supports and to find an appropriate disposition of their criminal charges.*

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Mason County Courthouse  
Shelton, WA 98584  
360-427-9670 Ext 296

*Revised February 2025*

***This Mental Health Court has been developed because those in the justice system realize that helping a person to address the core issues that lead to criminal behavior is often better than putting someone in jail for an extended period.***

***We want you to succeed. If you do succeed in Mental Health Court, you and your family and the community will be much better for it.***

This handbook is designed to answer your questions and provide you with information about the Mental Health Court Program. In this program you will hear the word **accountability** repeatedly. As a participant, you are expected to comply with all aspects of this handbook, the Mental Health Court Program Contract, and all instructions given in court by the Judicial Officer. Your compliance is a fundamental part of accountability, and it will lead to your success in this program and in other areas of your life.

As you read through this information, you may have questions or there may be some things that are unclear. Please take the time to speak with your attorney, counselor, court case manager, or therapeutic program coordinator if you have any questions. You are encouraged to share this handbook with your family members, significant others, and/or close friends.

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## Mental Health Court Program Description

The Office of the Prosecuting Attorney decides who may be considered for Mental Health Court. The program is a post plea, court-supervised, comprehensive treatment program for non-violent offenders and otherwise appropriate candidates who have been diagnosed with a mental health disorder. Participation in Mental Health Court is voluntary and is a privilege.

The program includes regular court appearances before the judge/commissioner and the other team members. Treatment may include, but is not limited to, mental health treatment and/or substance use treatment, referral to community resources and services, regular attendance at recovery/support groups, and random drug and alcohol testing.

## What is the Typical Process for Acceptance into Mental Health Court

Again, the Mason County Mental Health Court (hereinafter MHC) is a post-plea program designed for defendants with mental health disorders. To be considered for MHC, you must enter a guilty plea and take responsibility for your conduct. After this, the prosecutor will review your case to determine if you are eligible and appropriate for MHC.

If deemed eligible by the prosecutor, the MHC team evaluates the appropriateness of the referral and then an applicant is either accepted into MHC or referred back for sentencing. The final decision will rest with the court.

In general terms the case processing will be as set forth below:

- 1) Defendant charged in Mason County Superior Court.
- 2) Defendant accepts responsibility for their conduct and enters a guilty plea.
- 3) The matter is set for sentencing.
- 4) Prior to sentencing, the matter is referred to the Mason County Prosecutor's Office for initial review.

- 5) The Mason County prosecutor conducts an initial review of the defendant's case and any exclusionary criminal conduct or other exclusionary concerns.
- 6) The matter is either deemed acceptable for MHC by the Mason County prosecutor and forwarded to the therapeutic court program manager or the case proceeds to sentencing.
- 7) The matter is reviewed by the therapeutic court program manager for assessment and information gathering to confirm that the defendant has been diagnosed with a mental health disorder or has been referred for a mental health evaluation.
- 8) After the evaluations are completed, the matter is referred back to the MHC team for evaluation and recommendation to the Superior Court regarding suitability for MHC.
- 9) The Superior Court makes the final determination regarding suitability after consideration of the MHC team's recommendation.
- 10) After entry into MHC, appropriate services are offered, and the defendant proceeds through MHC services- which include regular court hearings and specific required interventions.
- 11) The defendant either complies with MHC requirements or they do not. If compliance, then the case is dismissed at graduation. If non-compliance, then those violations will be addressed by the court. Violations could require community service, written assignments, jail time or termination. If termination occurs, then the matter is scheduled for sentencing.

**NOTE: Be advised if you are not accepted into MHC for any reason then your case will proceed to sentencing.**

## What are the Eligibility Criteria for Mental Health Court?

**NOTE: The information below refers to statutes and includes some language sections that have important legal definitions. You should talk with your attorney about this section and this entire document to clarify any questions you may have.**

In order to be eligible for MHC the following criteria must be met:

1. There must be an open criminal case within the jurisdiction of Mason County.
2. In order to be considered for MHC, the defendant must have entered a guilty plea.
3. The defendant and the current charge must be acceptable to the Mason County Prosecutor's Office.
4. The current charge must not be a violent offense as defined in RCW 9.94A.030.
5. The current charges and previous convictions must not be excluded by RCW 2.30.030.
6. The defendant must meet criteria for a mental health diagnosis within the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR).
7. The defendant must be competent per RCW 10.77.
8. Suitability for participation will also be examined. Factors of which include the ability to benefit from treatment, amenability to intense supervision, and therapeutic benefit of program participation.
9. The defendant must sign all necessary release forms so that the MHC team and all treatment providers can communicate with each other.

## Program Compliance, Accountability, and Confidentiality

### Program Compliance

- **Attendance** is mandatory for all program services, activities, appointments, and court appearances. You must provide your court case manager with written documentation from the hospital, physician, court, jail, or law enforcement if any of these are related to a missed obligation no later than the next business day.
- **Arriving late** to scheduled appointments, treatment sessions, activities and/or court appearances may result in a response.
- **Participation:** All program services require active participation and self-disclosure. Attendance alone does not equate to active program participation.
- **Contract Compliance:** You must pay close attention to complying with **all** terms of the Mental Health Court Program Contract, the Provider Treatment Plan, and any other court ordered requirements.
- **Every time** you have contact with a law enforcement officer or official business, you must report the incident to your attorney **and** your court case manager no later than the next business day.
- **All** program and contract violations and all illegal behavior must be reported to your attorney and your court case manager no later than the next business day.

### Program Honesty, Communication, and Accountability

- Honesty and communication are the most important behaviors within Mental Health Court
  - Honesty means being honest with yourself, your treatment providers, and with the therapeutic court team.
  - Communication means being proactive and keeping your treatment providers and therapeutic court team informed
- **You will** be routinely monitored and held accountable for **all** your actions

## Program Confidentiality

- You are required to sign Release of Information (ROI) forms so that all Mental Health Court team members have access to all information contained at all agencies and/or with any individuals providing services to you.
- The Mental Health Court team members will exercise discretion in what is discussed in court.
- For treatment services to be effective, it is critical that **absolute** confidentiality be maintained about what goes on in group sessions. In other words, you must not talk to others about anything that is said in your group(s). However, you may choose to talk about your own experience(s) in the group(s). If it comes to the attention of your counselor(s) and/or the court that you have violated this rule, you may be terminated from the program.

## What are the Requirements if I am Admitted into Mental Health Court?

In general, participants in the program will be expected to honor an approximate 12 to 24 months commitment. The program consists of three phases. With each successive phase, participants are monitored less frequently and less intensely, provided they continue to comply with their treatment plans and program requirements.

In the event of a violation of program rules, the judge or commissioner will issue a response. Violations may extend the participant's time in a phase, thereby extending the overall time in the program.

## Treatment Phases

Mental Health Court is designed with 3 highly structured, comprehensive program phases which typically last 12-24 months. However, this may vary depending on the participant's individual progress. On rare occasions, the team **may** allow the participant to remain in the program beyond 24 months.

Each program phase consists of specific treatment objectives with clearly defined requirements for advancement to the next phase. The judicial officer has discretion to stall phase advancement if there are new pending criminal charges.

### Phase 1:

#### **Minimum of 3 Months**

- Attend weekly court reviews
- Meet with court case manager weekly
- Develop a mental health treatment plan
- Engage in substance use education and treatment (if applicable)
- Develop a program plan, which may include requirements involving education, employment, community service, and housing.
- If required, drug/alcohol testing and achieve a minimum of 60 consecutive clean/sober days immediately before advancement to Phase 2
- If required, obtain or identify a sponsor/support person
- Minimum of 14 consecutive days with no violations prior to advancement to Phase 2
- Application for completion of Phase 1: must be given to your court case manager completely filled out at least two business days before your anticipated phase-up date.

Phase 2:

**Minimum of 5 Months**

- Attend court reviews every other week
- Meet with court case manager every other week
- Update and comply with mental health treatment plan
- Update and comply with substance use treatment plan (if applicable)
- Engage in MHC program plan requirements
- If required, drug/alcohol testing as required by treatment provider and achieve a minimum of 90 consecutive clean/sober days immediately before advancement to Phase 3.
- If required, maintain a sponsor/support person
- Minimum of 30 consecutive days with no violations prior to advancement to Phase 3
- Application for completion of Phase 2: must be given to your court case manager completely filled out at least two business days before your anticipated phase up date.

### Phase 3:

#### **Minimum of 4 Months**

- Attend court reviews every 3 weeks
- Meet with court case manager every 3 weeks
- Engage in all mental health treatment
- Complete a mental health treatment plan review
- Engage in all substance use treatment requirements (if applicable)
- Complete a relapse prevention plan (if applicable)
- Demonstrate a means to support ongoing basic needs (including, but not limited to, income, food, and stable housing)
- All legal financial obligations must be met
- If required, drug/alcohol testing as required by treatment provider and achieve a minimum of 120 consecutive clean/sober days immediately before graduation
- If required, maintain a sponsor/support person
- Minimum of 45 consecutive days with no violations prior to graduation
- Exit Interview must be completed with your court case manager at least one week before your anticipated graduation date

Treatment may deviate from the outlined schedule based on participant's progress. Graduation from Mental Health Court will be determined when all treatment plan goals and legal requirements are met.

## Graduation

- Minimum of 4 months in Phase 3
- Minimum of 45 consecutive days with no violations prior to graduation
- Exit Interview: must be completed with your court case manager at least one week before your anticipated graduation date. All information must be turned in during this exit interview.
- Demonstrate a means to support ongoing basic needs (including, but not limited to, income, food, and stable housing)
- All legal financial obligations must be met
- All treatment plan goals and legal requirements are met
- All pending termination petitions are resolved.

## Termination

Please keep in mind that the purpose of this MHC is to provide a platform for services while also holding defendants accountable. While we don't like to talk about termination, it does happen. If at any time it is evident by your actions that you are not appropriate for the program, you will be terminated. Actions that will likely lead to termination include new criminal conduct, repeated failures to follow program requirements, or any abusive behavior towards participants or team members.

The prosecutor's office has the discretion to file a petition to terminate for cause as deemed appropriate. Once a petition to terminate has been filed, you have the right to a hearing regarding the petition.

## What is Court Supervision Like?

Mental Health Court participants are required to appear in court on a regular basis. Prior to each court review, the judge/commissioner and other team members receive a written progress report prepared by your treatment providers. The progress report may discuss your mental health treatment, drug and alcohol testing results, attendance, progress towards goals, and participation and cooperation in any treatment programs. A mental health treatment plan will be developed with your mental health provider at some point during Phase 1. You may also be required to engage in substance use treatment. The MHC team will also review your progress completing MHC program requirements.

During the weekly, bi-weekly, or tri-weekly review hearings, be prepared to explain what you're focusing on in treatment and how you are complying with other MHC program requirements. The judge/commissioner may discuss what you are doing well, ask questions about your progress, and discuss any problems you may be having. If you are doing well, you may be rewarded with reduced program requirements or other incentives. If your progress report shows that you have a violation, the judge/commissioner will discuss this with you and determine a response to the violation in order to help you comply with your requirements in the program. Responses to violations may involve increased program requirements and could include a jail term. Other violations that could result in a response include, but are not limited to:

- New criminal activity
- Missing a urinalysis (UA) test
- Refusal or inability to submit to UA tests
- Diluted (low creatinine) test results
- Tampering with UA samples or testing devices
- Positive UA test results
- Failing to cooperate with counseling staff
- Not actively participating in program services
- Forging any document

- Failing to comply with any court order.
- Being violent or making threats of violence directed at program staff or participants.
- Failing to provide self-help meeting documentation.
- Violating any conditions of the Mental Health Court Program Contract, the Treatment Provider Participant Contract, or any other conditions that you must follow.
- Failure to appear in court or attend any other program sessions on the date and time that you are scheduled may result in the court ordering a response or issuing a bench warrant for your arrest.

If you have any questions regarding the program or your court appearances, you may contact your court case manager directly at (360) 427-9670 Ext. 295 or the program coordinator at (360) 427-9670 ext.296. If you have legal questions, please contact your attorney.

**If you are charged with a crime while in the program, you will likely be terminated from Mental Health Court.**

## What Will My Treatment Requirements Be?

Your counselors will provide you with information about your treatment requirements. While treatment plans may have many common characteristics, your plan will be unique to your individual needs. Your treatment plan requirements will be designed as a foundation for your success in the community. If you have questions about your treatment requirements, speak with your treatment provider.

## What about Drug/Alcohol Testing?

You are expected to be drug and alcohol free; therefore, you may be required to be tested regularly for drugs and alcohol. If you are required to have regular urinalysis (UA) testing, then you must understand that testing occurs on a random basis throughout the program. You will submit an initial baseline urine sample during your intake/assessment process with your treatment provider. Every sample is directly observed. Your treatment provider will give you all relevant information on the process for calling into a phone number to determine if you are required to provide a sample that day.

**You are required to call in EVERY day, 7 days a week, including weekends and holidays, as directed by your drug/alcohol testing facility to determine if you must provide a sample. Missing a call into the UA line is a violation.**

The Mental Health Court team is informed of all UA test results. Any refusals or inability to test, no shows/missed tests, and tampered with and/or low creatinine results are considered a positive UA test. If you get a positive test result, it is a violation, and you will be contacted immediately to appear at the very next court review for a response from the Judicial Officer.

### Low Creatinine

Creatinine is a normal by-product of daily life (waste) that appears in the urine and is cleared by the kidneys at a regular rate. It is used to measure how diluted or concentrated a specimen is. Every sample you provide is tested to determine the creatinine level. The normal creatinine level can be altered by the quantity of liquid that you drink. An out-of-range sample (or low creatinine) is the result of ingesting excessive amounts of fluid, causing the urine to become watery (also known as flushing) in an attempt to avoid detection of drugs and/or alcohol.

**All urine samples with a creatinine level below 20mg are treated as a positive UA test result**

## Medication Policy

You are required to provide a list of all prescription medications to your court case manager and treatment providers. All prescriptions must be taken as prescribed. Any changes to your medications must be discussed and approved by your medical provider and documentation of those changes must be provided to your MHC team.

## Designer Drugs

You are **NOT** to use any designer drugs, or any drugs sold as “not for human consumption” or “novelty collector’s item” while in Mental Health Court. Use of these substances is a violation.

Examples include, but are not limited to:

Synthetic Cannabinoids (Marijuana): Spice, K2, etc.

Designer Stimulants: Bath Salts, Khat, Molly, etc.

Other Designer Drugs: DMT, Kratom, Krokodil, Benzo Fury, BZP, Fly, BDO, Flakka, Gravel, Smiles, etc.

## Food, Beverages, and Other Substances

It is your responsibility to limit and avoid exposure to the products and substances that may lead to positive test results for drugs or alcohol. It is your responsibility to read product labels to know what is contained in the products you use and to inspect these products before you consume them.

Terms used to describe alcohol in products that must be avoided include denatured alcohol, SD alcohol, ethanol, or ethyl alcohol. Examples of items that may contain alcohol are mouthwash, over-the-counter medications (such as Nyquil), some nutritional supplements, non-alcohol beer and wine, and kombucha. Additionally, avoid excessive use of hand sanitizer as well as breathing fumes of products containing alcohol, such as perfumes or colognes, bug sprays, or other chemicals (lacquers or solvents). If you must use these products, use them sparingly, use a respirator, and avoid breathing the fumes.

Finally, do not ingest poppy seeds, as doing so may result in a positive UA. Refer to the “Substances to Avoid” document for more detail.

**You are responsible for everything that enters your body. It is never an acceptable excuse that you didn’t know that that item could result in a positive UA result.**

## People, Places, and Things

If you are seriously committed to living your life in recovery, you must change the people, places, and things in your life. As part of changing your people, places, and things and part of your Drug Court requirements, you are not permitted to spend time with people in active addiction or in locations where there is active drug use. Not only is doing so a violation, but if you ignore this fact, it will simply be a matter of time before you relapse.

You are not allowed to go into any establishment that requires you to be over 21 years old to enter. Examples of these establishments include (but are not limited to) bars, vape shops, taverns, pubs, cannabis stores, casinos, or other gambling establishments. Any visit to these establishments is a violation.

## Travel Requests

Any travel that may affect your treatment or program attendance must be approved by the MHC team. To get approval, you must fill out a written request and provide it to your court case manager at least two weeks prior to travel. If the request is for out-of-state travel, you will be required to sign a waiver of extradition.

## What about Recovery/Support Groups?

If you are required to engage in substance use treatment you may be required to attend a minimum number of recovery/support groups/meetings each week. The number of meetings will be determined by your substance use treatment provider. You must

attend each of these meetings on **separate days each week**. You may choose to attend more than one meeting on any given day, which you may find helpful and supportive; however, attending more than one meeting on the same day will only be counted as one meeting by the court. You must turn your signed meeting slip into your SUD treatment provider as directed. Your treatment provider will give you details on how to turn this slip into them.

## Graduation

Every graduation from Mental Health Court is a significant event, and yours will be the result of your hard work and your commitment. In recognition of the importance of your personal success and contribution to the welfare of the entire community, the Mental Health Court team will take the time to make your graduation ceremony reflect the significance of your accomplishment. Community leaders will be invited to attend your ceremony to share with you and your family in the celebration of this occasion.

At graduation, the judge/commissioner will dismiss your conviction(s). Having your charge(s) dismissed means that you will not have this felony(s) appear as a conviction on your criminal record. You should speak with your attorney regarding expungement and reinstating your firearm rights. Dismissal does not restore your firearm rights.

## Mental Health Court Team Contact Information

You will notice that the judge/commissioner's information and the prosecutor's information are not on this list. There are some ethical boundaries that limit their contact with you.

Ron Sergi	Public Defender	360-427-9670 ext 774
Susan Fraisure	Court Case Manager	360-427-9670 ext 295
Julie Hansen	Program Manager	360-427-9670 296

## Mason County Mental Health Court Contract

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

Case #: \_\_\_\_\_

1. I will participate in substance abuse treatment and other services as directed by the court and as set forth in my treatment plan.
2. I agree to be supervised by Mental Health Court and law enforcement.
3. I will obey all laws and maintain good conduct. I will obey all rules of the Mental Health Court/treatment program.
4. I will attend all treatment meetings, court dates, other scheduled appointments, and I will be on time.
5. I will not use or possess any controlled substance (including marijuana) or other drug without a valid prescription.
6. I will not use or possess alcohol.
7. I will not use or possess substances for the use or abuse as inhalants, commonly known as huffing.
8. I will notify my attorney and case manager of all contacts with law enforcement within one (1) business day.
9. I understand I am not allowed to go into any establishment that requires you to be over 21 years old to enter.
10. I understand that failure to fully participate, failure to appear, positive drug tests, or other program failures will result in sanctions being imposed against me which may include jail time and/or termination from the Mental Health Court Program.
11. I understand any jail time imposed will not be credited at time of sentencing if terminated from the program.
12. I understand that cell phones may not be used in court, treatment, group or individual sessions.
13. I understand that any attempt to falsify a drug test may be grounds for termination from Mental Health Court.
14. I understand that a missed UA test will be considered a positive test and will be subject to the same sanctions as a test which actually tested positive.

15. I will sign consent forms waiving confidentiality of any medical, treatment, or social service records. If I withdraw consent, I understand that I may be terminated from Mental Health Court.
16. I understand that a failure to appear for a court date may result in an immediate bench warrant.
17. I will keep the court, treatment provider, and the Mental Health Court Program Coordinator informed of my current address, all telephone numbers, and report any changes within 1 business day.
18. I have read, understand, and will follow all rules set forth in the Mental Health Court Participant Handbook.

I understand that upon successful completion of Mental Health Court, my plea of guilty will be vacated and my case dismissed with prejudice.

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Signature of Defendant

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Date

## Substances to Avoid

(These are substances that could produce positive results and will be considered a positive UA)

Alcohol (In Any Form)	Alcoholic beverages, vapors, medications containing alcohol (such as cough syrups and liquid-caps like Nyquil and Robitussin), energy drinks containing alcohol, and foods containing alcohol (including those with trace amounts like Kombucha and non-alcoholic beer).
Amphetamine	Any medications containing Pseudoephedrine such as Alka-Seltzer Cold, Claritin-D, Comtrex Acute, Contac Cold Maximum, Coricidin, Dayquil/Nyquil, Dimetapp, Dristan Maximum, Robitussin, Sinarest, Sudafed, Tavist Allergy, Tylenol Cold or Allergy.  <i>There are non-pseudoephedrine versions available for almost all of these. Check the label or speak with the pharmacist to make sure you are getting the correct type.</i>
Dextromethorphan "DM"	Cold and flu medications and cough suppressants such as Alka-Seltzer Cold, Comtrex Acute, Contac Cold Maximum, Coricidin, Dayquil/Nyquil, Dimetapp, Dristan Maximum, Robitussin, Sudafed, Triaminic, Tylenol Cold, Vicks 44.  <i>There are non-dextromethorphan versions available of almost all of these. Check the label or speak with the pharmacist to make sure you are getting the correct type.</i>
Supplements	Diet Pills, metabolism supplements, energy enhancers may have ingredients that will produce a positive UA. A good rule is to avoid anything labeled "Not for Human Consumption."
Cannabidiol (CBD)	All products containing CBD including, but not limited to Oils/tinctures, capsules, gummies, topicals, edibles, pens, isolate, patches, pet products, infused beverages, skincare products, suppositories, bath bombs, chewing gum, and honey.
Foods	ALL products containing poppy seeds. Common items like salad dressings, muffins, bread, hamburger buns, cookies, and crackers may contain poppy seeds.
Inhalants	Substances used or abused as inhalants, commonly known as huffing.
Midol	Non-steroidal anti-inflammatory drug, commonly taken for menstrual cramping.

*(Please initial beside each statement and sign below)*

- \_\_\_\_\_ I agree to talk with the pharmacy if I have any doubts whether any over-the-counter medications I am purchasing contain pseudoephedrine, dextromethorphan, or alcohol.
- \_\_\_\_\_ I understand that if I take any of these medications, supplements, or food products, it will **still** be counted as a positive.
- \_\_\_\_\_ I am responsible for remaining in full compliance with the abstinence policy
- \_\_\_\_\_ I understand that I am responsible for everything that enters my body.
- \_\_\_\_\_ I understand that all prescription medications must be listed to enable an accurate urine drug screen. Proof of prescriptions must be provided to either your caseworker or treatment provider or both.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature

# **MASON COUNTY MENTAL HEALTH COURT DILUTE UA POLICY**

Please be aware that diluted (more like water than urine) UAs will be considered a positive test, are not acceptable and can result in a sanction.

Please discuss the following steps with your doctor and inform him/her about the FRC requirements regarding UA testing.

1. Eat food at least one hour prior to testing.
2. Do **NOT** consume large quantities (2 or more large cups) of water, coffee or other fluids immediately before your test.
3. Do not take/drink diuretics (any food, liquid or medication which causes increased urination). Diet shakes, teas, over the counter diuretic pills, cranberry juice and some energy drinks are examples of diuretics.

**You are responsible to avoid behaviors which may cause a dilute UA!**

I have read or had this information read to me.

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Mental Health Court participant

Date

# Mental Health Court Completion of Phase 1 Application

(This paperwork is to be reviewed and filled out with your treatment provider(s) and court caseworker. After you have completed this paperwork, return it to your caseworker no later than 2 business days prior to anticipated advancement date. NOTE: If you do not turn this paperwork in on time or it is incomplete, you will not be eligible for advancement until your next review.)

Name: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Anticipated Date of Advancement: \_\_\_\_\_

Minimum Advancement Requirements:	X if complete	Counselor /Caseworker Initials
Weekly Court reviews with no unexcused absences		
Weekly meetings with Court Caseworker		
Develop a Mental Health Treatment plan with your Mental Health Provider		
Engage in Mental Health Court program requirements		
Engage in substance use education and treatment (if applicable)		
Develop a Program Plan, including education, employment, community service and housing		
Achieve a minimum of 60 days consecutive clean/sober immediately before advancement (if required)		
Obtain or identify a recovery support person		
Minimum of 14 consecutive days with no violations prior to advancement		
Turn in application for completion of phase 1 paperwork at least 2 business days prior to anticipated phase up date.		

Please answer the following questions on this page. Take your time, be specific and give details. Don't be afraid to be completely open and honest. Your team appreciates healthy feedback to better the program. This is your chance to tell your team why you should advance and just how amazing you truly are!!

1. What accomplishments have you achieved? What goals have you set and achieved? Have you experienced any significant breakthroughs or realizations in your recovery journey so far? Please provide specific details.

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## Mental Health Court Completion of Phase 2 Application

(This paperwork is to be reviewed and filled out with your treatment provider(s) and court case worker. After you have completed this paperwork, return it to your case worker no later than 2 business days prior to anticipated advancement date. NOTE: If you do not turn this paperwork in on time or it is incomplete, you will not be eligible for advancement until your next scheduled review.)

Name: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Anticipated Date of Advancement: \_\_\_\_\_

<b>Minimum Advancement Requirements</b>	X if Complete	Counselor / Caseworker initials
Attend court reviews every other week with no unexcused absences		
Meet with Court Case Manager every other week		
Update and comply with your mental health treatment plan		
Update and comply with substance use treatment plan (if applicable)		
Engage in Mental Health Court Program requirements		
Achieve a minimum of 90 consecutive clean/sober days immediately before advancement into phase 3 (if applicable)		
Minimum of 30 consecutive days with no violations prior to advancement to phase 3		
Complete and turn in (on time) phase up application at least 2 business days prior to anticipated advancement date		

Please answer the following questions on this page. Take your time, be specific and give details. Don't be afraid to be completely open and honest. Your team appreciates healthy feedback to better the program. This is your chance to tell your team why you should advance and just how amazing you truly are!!

1. What accomplishments have you achieved? What goals have you set and achieved? Have you experienced any significant breakthroughs or realizations in your recovery journey so far? Please provide specific details.

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2. What part(s) of Phase 2 of Mental Health Court had the most positive impact on you? (i.e. weekly court appearances, groups, meetings, education, etc.) WHY?

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3. What part(s) of Phase 2 of Mental Health Court had the least impact on you? Why?

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4. Is there anything you would change about Phase 2 of the Mental Health Court Program? If so, What and Why? Please be open and honest.

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## Mental Health Court Completion of Phase 3 Application

This paperwork is to be reviewed and filled out with your treatment provider(s) and court case worker. After you have completed this paperwork, return it to our caseworker no later than 2 business days prior to anticipated advancement date. NOTE: IF you do not turn this paperwork in on time or it is incomplete, you will not be eligible for advancement until your next review.

Name: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Anticipated Date of Advancement: \_\_\_\_\_

<b>Minimum Advancement Requirements:</b>	X if Complete	Counselor/ Caseworker Initials
Attend court reviews every three weeks		
Meet with Court Case Manager every three weeks		
Engage in all mental health treatment		
Engage in all substance use treatment requirements (If applicable)		
Complete a mental health treatment plan review		
Create a relapse prevention plan with substance abuse treatment provider (if applicable)		
Demonstrate a means to support ongoing basic needs (including, not limited to: income, food, stable housing)		
All legal financial obligations must be paid in full		
Achieve minimum of 120 days consecutive clean/sober immediately before advancement (If applicable)		
Minimum of 45 consecutive days with no violations prior to graduation		
Exit interview must be completed with your Court Caseworker at least 1 week prior to anticipated Graduation date		
Turn in application for completion of phase 3 paperwork at least 2 business days prior to anticipated graduation date		

Please answer the following questions. Take your time, be specific and give details. Don't be afraid to be completely open and honest. Your team appreciates healthy feedback to better the program. This is your chance to tell your team why you should advance and just how amazing you truly are!!

1. What accomplishments have you achieved? What goals have you set and achieved? Have you experienced any significant breakthroughs or realizations in your recovery journey so far? Please provide specific details.

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2. What part(s) of Phase 3 of Mental Health Court had the most positive impact on you? (i.e. weekly court appearances, groups, meetings, education, etc.), and why?

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3. What part(s) of Phase 3 of Mental Health Court had the least impact on you, and why?

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4. Is there anything you would change about Phase 3 of the Mental Health Court program? If so, what and why? Please be open and honest in your response.

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5. Why do you feel you are ready to graduate from the Mental Health Court program? What would you like your team to know? Please be specific.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mason County Therapeutic Court Program Intake (DCCM) Screening date:**

**Court Program:**  Drug Cr.  Mental Health Cr.  FRC  Veteran's Cr.

Referral Source: \_\_\_\_\_ Referral Date: \_\_\_\_\_ Case manager: \_\_\_\_\_

First Name:		Hair Color:	
Middle Name:		Date of Birth:	
Last Name:		Age at Screening:	
Suffix:		Marital Status:	
Alias:		Phone:	
Physical Address 1:		Work Phone:	
Physical Address 2:		Cell Phone:	
Physical City:		Citizenship:	
Physical State:		SSN:	
Physical Zip:		Occupation:	
Mailing Address 1:		Client (Parent) Florida Safe Families Network # (FSFN):	
Mailing Address 2:		County Case/File identifier #1:	
Mailing City:		County Case/File identifier #2:	
Mailing County:		Driver's License #:	
Mailing State:		Birthplace:	
Email:		NOTES:	
English as primary:			
Race:			
Ethnicity:			
Gender:			
Height:			
Weight:			
Eye Color:			

Court program approach:	Always: Post Sentence
Offer related to court participation:	Always: Cased dismissed

Case #:		Adjudication date:	
State:		Probation expiration date:	
County other:		Sentence:	
Lead Charge:		Jail status:	
Arrest offense	<input type="checkbox"/>	Jail admit date:	
Charged offense	<input type="checkbox"/>	Date released from jail:	
Adjudicated guilty/ withheld offense:	<input type="checkbox"/>	Total sentence points:	

Total offense Counts:		
Offense category:		
Offense date:		
Incident Offense:		
Arrest date:		
First appearance in court:		
Arraignment date:		
Preliminary hearing date:		
Pretrial hearing date:		
Custody status:		
Blood alcohol content: (BAC)		
Use or possession of weapon during offense:	Yes	No
Outstand warrants:	Yes	No
Current probation status:		
Pending criminal charges:	Yes	No
Prior conviction:	Yes	No
Yes, what:		
Currently charged with or previous adjudication of a violent felony or sex offense, other than domestic violence:	Yes	No
Related dependency cases:	Yes	No
Previously involved in the child welfare system as a child yourself:	Yes	No
Previous adjudications of domestic violence:	Yes	No
Previous court failure to appears:	Yes	No
Previous problem-solving court participant:	Yes	No

Currently involved in another problem-solving court in the same circuit:	Yes	no
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Primary Diagnosis:		
Secondary Diagnosis:		
Other Diagnosis:		
Other Diagnosis:		
Other Diagnosis:		
ASAM placement criteria:		
Recommended treatment modality/service:		
Prior substance use:	Yes	No
Prior substance use treatment:	Yes	No
Primary Drug of Choice:		
Secondary Drug of Choice:		
Tertiary Drug of Choice:		
IV drug User currently:	Yes	No
History of IV drug use:	Yes	No
Age began using drugs:		
Age began drinking alcohol:		
Currently in a substance use disorder treatment program:	Yes	No
Modality of treatment:		
Treatment provider/Agency:		
Date of admission:		
Summary of referral information:		
Date competency evaluation ordered:		
Date competency evaluation received:		
Is client competent:	Yes	No
Level of care at time of screening:		
Trauma exposed:		
History of Mental Health conditions:	Yes	No
If yes, list conditions diagnosed with:		

Current Medical Conditions: Mental Health:	Yes	No
What diagnosis/current condition dealing with at time of screening: List all:		
Current Medical Conditions: Physical:	Yes	No
What diagnosis/current condition dealing with at time of screening; List all:		
Medication Assisted Treatment: (MAT) for substance use disorder:	Yes	No
Yes, what form:		
Current Medications: List all and what they are for:	↓	
Med 1 + dosage:	For:	
Med 2 + dosage:	For:	
Med 3 + dosage:	For:	
Med 4 + dosage:	For:	
Med 5 + dosage:	For:	
Med 6 + dosage:	For:	
Pregnant at time of screening:	Yes	No
Any of the following: Hep B or C, HIV, Tuberculosis:	Yes	No
If yes, which one and when diagnosed with:		
Medical insurance status:		
History of Medical conditions:	Yes	No
If yes, please explain here:		

Number of children:	
Number of children under 18:	
Number of children currently involved in the child welfare system:	
Did client have custody of all their children at time of screening:	Yes No
Did client have visitation rights for all of their children not residing with them at the time of screening:	Yes No
Did client have contact with their primary family at the time of screening:	Yes No

Childs name:	Age:	Gender:	Where they live:	Who they live with:	DCYF : Y or N

Related parties to case:	Relation to other party to case:	Attorney to other party of case:

Number of times moved in last 3 years:	
Comments:	
Length of time at current physical address:	
Comments:	
Living situation at time of screening:	
Comments:	
Were you ever placed in a foster home while you were under the age of 18:	Yes No
Highest level of education:	
Current educational status:	
Possession of H.S. Diploma or GED:	Yes No
Current Employment status:	
Primary source of support:	
Gross monthly income from all sources:	
Indigent:	Yes No
Legally eligible for employment:	Yes No
Work Schedule:	Monday: Tuesday: Wednesday:

	Thursday: Friday: Saturday: Sunday:
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Transportation status:	
Comments:	
Ever served in military:	Yes                      No
Branch:	

Other screening notes:

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Anything else client feels the team should know about them?

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# MASON COUNTY MENTAL HEALTH COURT

## *Home Visit Authorization*

Name of Applicant: \_\_\_\_\_

Case #: \_\_\_\_\_

I, the above-name applicant/participant, do hereby certify that I understand the following to be true and correct:

1. I am an applicant/participant for the Mason County Mental Health Court program.
2. It is a requirement for that program that I reside in a drug & alcohol-free environment in Mason County, Washington.
3. I understand that it is also a requirement of the Mason County Mental Health Court program that I provide an accurate address, address changes must be approved by the team prior to moving and that my address will be verified to be clean and sober prior to entry/moving.
4. I understand that any animals will be restrained during all visits by court staff. (i.e. caged, on leash outside, muzzled, etc.)
5. I understand that I may lawfully refuse to consent to any search of my home by any government official.
6. I understand that I can revoke, at any time, any consent to any search of my home by any government official.
7. I understand that I am legally entitled to limit the scope of any consent to certain areas of the home.
8. I further understand that I will not be admitted to the Mason County Mental Health Court program if I refuse to permit an inspection of my home, or if I restrict such an inspection in any way.

I therefore choose to consent to a search of my home and waive any constitutional rights against such a search. I may still revoke this consent at any time, but doing so may result in my application for the Mason County Mental Health Court program being rejected.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**MASON COUNTY SUPERIOR ADULT MENTAL HEALTH COURT**  
**Mental Health Court Restitution Agreement**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that the total amount of restitution \$ \_\_\_\_\_ is added to the **Mason County Superior Mental Health Court Contract** and that full payment of restitution is a condition of successful graduation.

\_\_\_\_\_  
Signature of Defendant Date

\_\_\_\_\_  
Attorney Date



**THERAPEUTIC COURTS PARTICIPANTS NEEDS ASSESSMENT:**

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

**Date of assessment:** \_\_\_\_\_

**Housing:** \_\_\_\_\_ **Notes:** ↓

<input type="checkbox"/>	<b><u>Rental Assistance</u></b>	
<input type="checkbox"/>	<b><u>Clean/Sober housing</u></b>	
<input type="checkbox"/>	<b><u>Tent</u></b>	
<input type="checkbox"/>	<b><u>Referral for assistance</u></b>	

**What is your living situation right now?** \_\_\_\_\_

**Transportation:** \_\_\_\_\_ **Notes:** ↓

<input type="checkbox"/>	<b><u>Obtain License</u></b>	
<input type="checkbox"/>	<b><u>Take Driving Test</u></b>	
<input type="checkbox"/>	<b><u>Pay off debt</u></b>	
<input type="checkbox"/>	<b><u>Reinstatement Fee</u></b>	
<input type="checkbox"/>	<b><u>Obtain Vehicle</u></b>	

**What is your transportation status right now?** \_\_\_\_\_

**Employment:** \_\_\_\_\_ **Notes:** ↓

<input type="checkbox"/>	<b><u>Building a Resume</u></b>	
<input type="checkbox"/>	<b><u>Creating cover letter</u></b>	
<input type="checkbox"/>	<b><u>Interview skills</u></b>	
<input type="checkbox"/>	<b><u>Interview/work clothes</u></b>	
<input type="checkbox"/>	<b><u>Job seeking</u></b>	

**What is your employment status right now?** \_\_\_\_\_

**Education:** \_\_\_\_\_ **Notes:** ↓

<input type="checkbox"/>	<b><u>Classes for Diploma</u></b>	
<input type="checkbox"/>	<b><u>Classes for GED</u></b>	
<input type="checkbox"/>	<b><u>College classes</u></b>	
<input type="checkbox"/>	<b><u>Financial classes</u></b>	
<input type="checkbox"/>	<b><u>Other classes:</u></b> <small>parenting, stress, time management etc.)</small>	
<input type="checkbox"/>	<b><u>Other classes:</u></b>	

**Legal/Other:** \_\_\_\_\_ **Notes:** ↓

<input type="checkbox"/>	<b><u>Obtain state ID</u></b>	
<input type="checkbox"/>	<b><u>Child Support owed</u></b>	
<input type="checkbox"/>	<b><u>LFO's owed</u></b>	
<input type="checkbox"/>	<b><u>Warrant quashing</u></b>	
<input type="checkbox"/>	<b><u>Other legal issues</u></b>	
<input type="checkbox"/>	<b><u>Parenting Plan</u></b>	
<input type="checkbox"/>	<b><u>Letter of acceptance</u></b>	

	<u>Letter of support (etc.)</u>	
	<u>DV or anger management</u>	

**Pro-social:**

**Notes:**↓

	<u>Finding recovery support meetings</u>	
	<u>Finding recovery support person</u>	
	<u>Have fun clean/sober</u>	
	<u>Boundaries</u>	
	<u>Learn time management</u>	

**Health and Wellness:**

**Notes:**↓

	<u>Set up primary care physician</u>	
	<u>Set up primary dental care</u>	
	<u>Mental Health t.x.</u>	
	<u>Medication management</u>	
	<u>Trauma counseling</u>	
	<u>MAT/MOUD t.x.</u>	
	<u>Nutrition/cooking</u>	
	<u>Fitness</u>	
	<u>Childcare</u>	

1. What is the primary barrier to focus on first? \_\_\_\_\_  
\_\_\_\_\_
2. What is the secondary barrier to focus on after or while working on the first?  
\_\_\_\_\_  
\_\_\_\_\_
3. What is one thing you can do to help break down barriers starting today?  
\_\_\_\_\_  
\_\_\_\_\_
4. Is there anything you can think of that the team can start helping with/doing with you to help you break down barriers starting today? \_\_\_\_\_  
\_\_\_\_\_
5. Is there anything you think the team should know that hasn't been listed above? \_\_\_\_\_  
\_\_\_\_\_