



Jackson County Mental Health Court

Contract

I, _____, have been informed of the requirements of Mental Health Court and have agreed to participate in the program. In order to be a participant, I understand that I must adhere to and I agree to adhere to the following Mental Health Court program requirements:

GENERAL

_____ Complete diagnostic and substance abuse evaluations for the development of my Mental Health Court treatment program as ordered by the Court.

_____ Consent in writing to authorize the release of all treatment information and related records by providers to the Court and the Mental Health Court team, and to communication of this and other information between members of the Mental Health Court team.

The Mental Court team includes the presiding judge of Mental Health Court, the Mental Health Court Coordinator, and representatives of Southern Oregon Public Defender, Inc., Jackson County Mental Health, Jackson County Community Justice (Probation), substance abuse treatment providers, Jackson County District Attorney’s Office, and City of Medford Police Department.

I understand that the purpose of disclosure and communication is to develop treatment plans, monitor progress in treatment and the Mental Health Court program, determine outcomes of participation in the Mental Health Court program, and assist in sentencing in the case of termination from the program.

_____ Comply with the orders of the Court.

_____ Comply with all general and special conditions of release. General conditions of release under ORS 135.250 include but are not limited to:

- Appear in Court or anywhere else as ordered by the Court or its designee.
- Obey any future order of the Court.
- Not leave the State without permission of the Court.
- Remain law abiding.
- Not frequent places or associate with persons using or possessing controlled substances or committing crimes.
- Not possess firearms or restricted weapons.
- I hereby permit any officer in Jackson County Community Corrections (hereinafter, “officer”) or their designee to visit my residence or worksite and I hereby agree to consent to the search of my person, vehicle or premises upon the request of an officer having reasonable grounds to believe that evidence of a violation will be found.

_____ Pay fines, restitution, or other fees as ordered by the Court.

- _____ Be truthful and honest in all communication with the Court, the Mental Health Court team and treatment providers. Promptly and truthfully answer reasonable inquiries by the Court, the Mental Health Court team and treatment providers.
- _____ Keep my attorney, the treatment provider, the Probation Department (if on probation), the Court and the Mental Health Court Coordinator advised of my current address at all times during the Mental Health Court program.
- _____ Promptly and truthfully answer all reasonable inquiries by the Mental Health Court team and by my treatment providers.
- _____ Return telephone calls from Mental Health Court representatives and treatment providers within 24 hours.
- _____ Reside in housing approved by the Mental Health Court team and will not change my residence without prior approval from a Mental Health Court team representative.
- _____ Obtain permission from my assigned probation officer, or if no assigned probation officer, a member of the Mental Health Court team before leaving Jackson County.
- _____ Not work with any police agency on drug cases or on cases where I may come in contact with illegal drugs. Nothing in this agreement shall prevent petitioner/defendant from voluntarily providing historical information to a police agency regarding the petitioner's involvement with criminal activity.

PARTICIPATE IN TREATMENT & ABSTAIN FROM ALCOHOL AND ILLEGAL DRUG USE

- _____ Participate in all treatment recommendations as directed by the Court, or my Mental Health Court program treatment providers, including attending appointments for case management, alcohol/drug treatment, individual therapy, group therapy and medication. This may also include 12 step and other recovery meetings. If directed, provide written confirmation of attendance at recovery meetings and other appointments.
- _____ Seek and maintain employment, participate in employment counseling, seek and obtain a GED, or other education and training as directed by the Court.
- _____ Take all medications as directed by your prescriber and only as prescribed. I will not obtain any prescriptions for controlled substances without prior permission from the Mental Health Court team. I will immediately notify the Mental Health Court team if medication is prescribed to me and provide the Mental Health Court team with a copy of my prescription. I understand that I am not allowed to take medication including over the counter or prescription medication that contain any of the following without prior approval by the Mental Health Court team:
 - i. Benzodiazepines
 - ii. Opiates
 - iii. Alcohol
 - iv. Ephedrine
 - v. Anabolic Steroids
 - vi. Marijuana
- _____ Do not use or possess alcohol or illegal substances.
- _____ Do not frequent places where alcohol is the chief item of sale (liquor stores, bars, taverns, etc.).
- _____ Do not associate with known illegal drug users and do not be in places where illegal substances are in possession or being used.

_____ Take a polygraph examination to measure program compliance, if so ordered by the Court.

DRUG TESTING

_____ I understand that drug testing (urinalysis, breathalyzer, or other testing methods), is required on a frequent and random basis. I understand that a positive or “dirty” drug test will lead to a sanction, including but not limited to community service work, increased treatment sessions and/or 12-step meetings, observed UA collections, alcohol monitoring, Antabuse, writing assignments, jail time, program termination, or other sanctions.

_____ I understand that the Mental Health Court Program will test for a variety of drugs and/or alcohol. Tests will also screen for adulterants (e.g. substances used to tamper with the sample).

_____ I agree to submit to drug testing as directed on the date requested. I understand that any refusal or failure to submit to a drug test will be considered a positive or “dirty” test result and will be subject to sanctions.

_____ I will not consume more than 6 ounces of fluid within the hour before submitting my UA.

_____ If I submit a sample that appears to have been tampered with or is diluted, it will be treated as a “dirty” or positive test result.

_____ I will not consume any foods or substances that are intended to alter drug test results. I agree not to eat foods or products containing poppy seeds or alcohol (e.g. mouthwash, hand sanitizer, and breath spray), as they may cause “false positive” results. I understand that poppy seed consumption or consumption of products or foods containing alcohol is not an excuse for a positive drug test.

I understand that if I violate any of these requirements there is the possibility of sanctions placed on me by the Circuit Court of Jackson County including, but not limited to: community service, jail time, fines and disqualification from the program.

I understand that the Court may modify at any time the conditions of my participation in the Mental Health Court program.

Participant, Date

Cynthia M. Boersma, Date
Jackson County Mental Health Court Coordinator

Jackson County Mental Health Court

Contact Sheet for Participant

The members of my Mental Health Court team are:

	Name	Contact
Jackson County Mental Health Case Manager		
Defense Attorney	Sara Collins	541-779-5636
Probation Officer		
Circuit Court Judge	Lisa Greif	541-776-7171 x108
Mental Health Court Coordinator	Cindy Boersma	541-776-7171 x215 Cynthia.m.boersma@ojd.state.or.us