



## NINETEENTH JUDICIAL DISTRICT

COLUMBIA COUNTY FAMILY TREATMENT COURT, 230 Strand St., St. Helens, OR 97051

### Summary

Columbia County Family Treatment Court (FTC) 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, ODHS Child Welfare, ODHS Self-Sufficiency, Iron Tribe Network, and the Justice Alliance of Columbia County.

The Family Treatment Court was created to provide a structured supervision and treatment program for individuals who are involved in the child welfare and/or juvenile justice system due to their untreated or unmanaged substance use and possible co-occurring mental health concerns. The goal is to help individuals get stable so they can become healthier, reunite their family and be removed from the cycle of active symptomology, crime, child welfare system involvement 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 Family Treatment 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 Family Treatment Court team for case history, and Columbia Community Mental Health for substance use treatment recommendations and eligibility. The Dependency Drug Court team will determine whether a candidate is a good fit for FTC and will be accepted into the program.

### **When Clients are Eligible to Refer to the Family Treatment Court Program**

- You suspect your client has a substance use concern, which in being untreated or unmanaged and has led to their involvement in the child welfare and criminal and/or juvenile justice system.
- Your client lives in Columbia County.
- Your client has an open ODHS child welfare case and an adjudicated juvenile dependency case with the Columbia County State Courts.
- Your client's case history does not have significant violent crimes and/or sex crimes.
- Your client does not have a Termination of Parental Rights Trial set with in 90 days of submitting the application.

### **How to Refer Cases**

1. Submit the Columbia County Family Treatment Court application and to Treatment Court Coordinator, Samantha Cernac, [Samantha.Cernac@ojd.state.or.us](mailto:Samantha.Cernac@ojd.state.or.us).
2. Be prepared to **attend** the pre-court Family Treatment Court team meeting on the assigned Monday between 3:00p.m. and 4:00p.m. in courtroom 311.
3. **Bring the completed entry packet and items on the provided check list** (page 3) to the pre-court meeting. This packet will be given to the team, so please make a copy for your records. **It is very important the "check list" items are completed for the pre-court Family Treatment 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 Treatment Court Coordinator will communicate this with you and an intake appointment will be scheduled for your client.
5. If your client is not incarcerated at the time off application, he/she/they will be expected to attend the Family Treatment 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**
- ✓ **Petition for entry into Family Treatment Court**
- ✓ **Specialty Court Case Management System (SCMS) ROI is reviewed and signed by Client**
- ✓ **Release of information for Columbia Community Mental Health**
- ✓ **Be prepared to attend pre-court Family Treatment Court team meeting**

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR

COLUMBIA COUNTY

In the matter of \_\_\_\_\_ )  
Child \_\_\_\_\_ )  
\_\_\_\_\_ )  
Parent \_\_\_\_\_ )

Case Number: \_\_\_\_\_

**Petition to enter Family Treatment Court**

**Order on Petition:**

COMES NOW the parent before the court on the petition to enter Family Treatment Court, if this petition is allowed by the court, the participant agrees as follows:

1. I will meet the program requirements and will fully participate in and successfully complete treatment. I will attend all treatment sessions through Columbia Community Mental Health.
2. I will attend all court appearances including but not limited to weekly, bi-weekly or monthly Family Treatment Court sessions.
3. If completion of Family Treatment Court is not already a condition of the dispositional order, I consent to that condition being added to the dispositional order.
4. I will complete a diagnostic evaluation regarding drug/alcohol treatment program as ordered by the court. I hereby authorize release of all treatment information by the provider to the court and Family Treatment Court team. Any such information shall not be utilized by the District Attorney for any prosecution but may be considered by the court in deciding whether I remain in the program. I agree to disclosure of confidential information to the treatment court team, in Family Treatment Court sessions or related thereto, of information regarding my treatment and/or progress therein.
5. If recommended, I will be willing to participate in a medication evaluation and make a treatment plan with my provider and counselor regarding any recommendations from the evaluation.
6. I will not knowingly associate with any person possessing or using illegal and/or illicit substances, including known substance users except in authorized treatment programs and community support groups.
7. I will not work with any police agency on drug cases or on cases where I may come into contact with illegal/illicit substances. Nothing in this provision shall prevent me from voluntarily providing historical information to a police agency regarding my involvement with illegal/illicit substances.
8. If I fail, without advance approval, to attend Family Treatment Court appearances for 30 days, I will automatically be suspended from the program.
9. A positive urinalysis test (missed, dilute, or failed to provide), missed treatment, commission of a new crime or any failure to abide by the terms of this agreement or

requirements of the Family Drug Court program, will result in sanctions imposed by the judge including, but not limited to incarceration (if you are on formal probation), additional treatment work, community service work, work crew, or termination from the program.

10. As a part of the treatment program, the court may also ask me to seek and maintain employment; attend vocational counseling, obtain a GED or high school equivalent.
11. I will abide by the expectations of Family Treatment Court Program. I have received a copy of these expectations, and have read and understand the expectations.
12. Upon successful completion of the treatment program and Family Treatment Court program, the Court will graduate me from the program. Completion of this program does not excuse me from completing the other terms of the Juvenile Dependency Court Dispositional Order.
13. I reside in Columbia County, and will continue to reside in Columbia County for as long as I am in the Family Treatment Court program.
14. I will keep the treatment provider and the court advised of my current address and all other contact information (home phone, cell phone, and e mail addresses) at all times during the program.

I have read the above statement and voluntarily agree to its terms.

Participant Name: (print)	Participant Signature	Date
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Address</div><div style="width: 20%;">City</div><div style="width: 20%;">State</div><div style="width: 30%;">Zip</div></div>		

Tele: (    ) \_\_\_\_\_

Defense Attorney's Signature	Date
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### DECLARATION

Participant's petition to enter Family Treatment Court is:

- ☐ Denied.
- ☐ Allowed, based on the agreements and waivers therein.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Treatment Court Coordinator



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

By signing this form, I, \_\_\_\_\_ or my authorized representative, consent to and authorize the Family Treatment 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.
- ☐ Honorable Nickolas Brajcich, Michael T. Clarke & Denise Keppinger, the judge who presides over this Program.
- ☐ Columbia Community Mental Health, including all employees of the treatment provider that are assigned to the specialty court team in connection with my participation in this Program.
- ☐ (Attorney for Parent) \_\_\_\_\_, the defense attorney (s) assigned to the specialty court team in connection with my participation in this Program.
- ☐ (Attorney for Child) \_\_\_\_\_, the defense attorney (s) assigned to the specialty court team in connection with my participation in this Program.
- ☐ Columbia County District Attorney's Office, the deputy district attorney assigned to the specialty court team in connection with my participation in this Program.
- ☐ \_\_\_\_\_, the Permanency Worker for ODHS Child Welfare assigned to the specialty court team in connection with my participation in this Program.
- ☐ Dana Forman & Christopher Sanders, the Assistant Attorney General for ODHS Child Welfare assigned to the specialty court team in connection with my participation in this Program.
- ☐ Kayla Blessing, the TANF Case Manager for DHS 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.
- ☐ \_\_\_\_\_, the CASA manager assigned to the specialty court team in connection with my participation in this Program.
- ☐ Iron Tribe Network, the recovery housing program 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.

☐ Toria Fraser, the Trial Court Administrator assigned to the specialty court team in connection with my participation in this Program.

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

I understand that my alcohol, drug, and/or mental health treatment records are protected under applicable state and federal law and regulations including, without limitation, ORS 3.450, the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 C.F.R. Parts. 160 & 164.

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

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

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

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

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

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

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

Any violation of federal law and regulations is a crime and suspected violations may be reported to the U.S. Attorney for Oregon (see <https://www.justice.gov/usao-or/our-locations>) or the Substance Abuse and Mental Health Services Administration (SAMHSA)( see <https://www.samhsa.gov/about-us/contact-us>).

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

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

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

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

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

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

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_ Position: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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



COLUMBIA 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 Family Treatment Court** comprised of the following organizations: Columbia County Sheriff's Columbia County Circuit Court, Columbia County Consortium, Justice Alliance of Columbia County Consortium, Columbia County District Attorney's Office, Columbia County Department of Community Justice Adult Division, Community Action Team, OHSU Scappoose MAT Program, St. Helens PD, St. Helens Municipal Court, Scappoose Municipal Court, Iron Tribe, Morrison Child and Family Services, CASA (Court Appointed Special Advocate), ODHS

Entity address: \_\_\_\_\_ Entity Phone: \_\_\_\_\_

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

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

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

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

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

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

**SECTION D: Purpose of the use or disclosure:**

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

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

**SECTION E: Signature:**

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

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

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

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Description of Authority to Act for the Individual: \_\_\_\_\_

**SECTION F: Prohibition of re-disclosure:**

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

**NOTICE PROHIBITING REDISCLOSURE OF PROTECTED HEALTH INFORMATION**

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

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

**NOTICE PROHIBITING REDISCLOSURE OF ALCOHOL OR DRUG TREATMENT INFORMATION**

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**SECTION G: Expiration and revocation:**

This authorization will expire (complete one):

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Contact Office: Medical Records

Telephone: (503) 438-2166

Fax: 503-397-5373

E-mail: medicalrecords@ccmh1.com

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

# COLUMBIA COUNTY FAMILY TREATMENT COURT PROGRAM



## PARTICIPANT HANDBOOK

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

### 10 Key Components of Drug Courts

- #1** Drug Courts integrate alcohol & drug treatment services with justice system case processing.
- #2** Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rights.
- #3** Eligible participants are identified early.
- #4** Drug courts provide access to a continuum of alcohol & drug treatment services.
- #5** Abstinence is monitored by frequent alcohol & drug testing.
- #6** A coordinated strategy governs drug court responses to participants' compliance.
- #7** Judicial interaction with each drug court participant is essential
- #8** Monitoring & evaluation measures the achievement of program goals and its effectiveness
- #9** Continuing interdisciplinary education promotes effective drug court planning, implementation and operations
- #10** Forging partnerships among drug courts, public agencies and community organizations generates local support and enhances drug court effectiveness.

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# **Welcome to the Family Treatment Court Program**

Welcome to the **Family Treatment Court Program**. If you are reading this handbook, it means that you have been accepted or are being considered for acceptance into the Family Treatment Court Program based upon a detailed review of your history of substance use. It also means that we are confident that the Family Treatment Court Program will help you to learn the skills and gain the support needed to assist you in making positive life changes.

As a participant in the Family Treatment Court Program, you will work frequently or have regular contact with members of the treatment court team which includes: the Judge, the Trial Court Administrator, Treatment Court Coordinator, Columbia Community Mental Health, Oregon Department of Human Services, Columbia County District Attorney's Office and your defense attorney as well as your child(ren)'s defense attorney. Members of the Family Treatment Court team want to see you succeed in this program and are willing to help you maintain sobriety by supporting you wholeheartedly in your efforts.

This handbook has been created to provide guidance to Family Treatment Court participants throughout the program. The handbook will be a great resource for you, as a participant in the program. It has been designed to answer your questions, summarize what is expected of you as a participant in the program and to provide an overall summary of the program.

## **Equity and Inclusion**

The Family Treatment 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.

# **Family Treatment Court Program**

## **Overview**

The Family Treatment Court Program is a five-phase intervention/treatment program for parents who struggle with substance use and have an open legal case with ODHS Child Welfare. It is a collaborative effort between the Circuit Court, Columbia Community Mental Health, and the Oregon Department of Human Services. By working together as a team, they seek to provide a variety of programs and consistent supervision geared toward supporting and helping you maintain sobriety.

The Family Treatment Court Program involves frequent court appearances, random substance use testing, supervision, groups, individual counseling and accountability. The court awards incentives for positive behavior and may impose sanctions for negative behavior. Participants whom the treatment court team determine have been doing well, either in treatment, the community or their personal life are eligible for incentives which may include movie tickets, gift certificates, sobriety tokens, or a variety of other incentives to be determined by the treatment court team, based upon need and level of accomplishment. Participants who do not comply with the rules may be given sanctions including spending additional time in their current phase of Family Treatment Court. There may also be a variety of other sanctions determined by the Family Treatment Court team. In some circumstances, participants may even be terminated from the program.

All of the staff working with the Family Treatment Court Program will assist you to make sure you understand what is expected of you and will help in any way that they can to make sure that you are able to succeed.

# **Family Treatment Court**

## **Team Members**

The Family Treatment Court Program Judge will make all decisions regarding your participation in the program with input from the treatment court team. In addition to the Judge, the treatment court team consists of members from Columbia Community Mental Health, Oregon Department of Human Services, the local defense consortiums, and volunteers who work together to create a safe and supportive environment for you to succeed. Prior to court hearings, the team members familiarize themselves with your progress so that they may discuss that progress with you during the hearing.

## **Progress Reports**

Before your court hearing, the team will review your activity during the week. The progress report will discuss your UA results, attendance, participation and cooperation in the treatment program, employment or other requirements that may have been imposed. The Judge may ask questions about your progress and discuss any issues you may be having. If you are doing well, you may be rewarded with reduced program requirements or, at times, other incentives like movie tickets, gift cards or other available incentives. If your progress reports show that you are not doing well, the Judge will discuss this with you and determine future action, which could include a treatment response or a sanction in order to help you remember your goals in the program. Treatment responses may include additional groups, increased one-on-one appointments with your counselor or specific treatment work. Sanctions can be anything from increased program requirements to spending more time in your current phase.

# **Court Hearings**

As a participant in the Family Treatment Court Program, you will be required to appear at weekly, bi-weekly or court hearings depending on what phase you are in. Failure to appear will result in sanctions being issued. If you have questions about your court appearances you may contact the Treatment Court Coordinator, treatment provider or your attorney.

# **Confidentiality**

State licensing requires that your identity and privacy be protected. In response to these regulations, The Families Treatment Court Program, 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 Use Information. This disclosure of information is for the sole purpose of hearings and reports concerning your specific ODHS court case. CCMH may require that you sign additional forms relative to your specific case within the treatment court.

# **Our Goal**

The goal of the Family Treatment Court Program is designed to help participants achieve and sustain a healthy life while increasing self-understanding and expand practical skills through community participation, relationships, life skills coaching and parenting classes. In addition, to support healing, expand parenting skills, create and or identify appropriate supports to assure successful reunification, and shorten the length of time children spend in resource care.



# Phases of the Family Treatment Court Program

The Family Treatment Court Program is a 12-month program divided into five phases. A participant must successfully complete each phase before transitioning to the next.

PHASE ONE	
<b>Key Concept:</b>	Recovery and Responsibility to Self
<b>Length of phase:</b>	A minimum of 8 weeks
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Weekly court appearances</li> <li>• Participate in recommended treatment and work on treatment goals</li> <li>• Attend 4 community support groups per week</li> <li>• Participate in all day treatment groups</li> <li>• Submit to all random UA's</li> <li>• Completed a weekly to do list</li> <li>• File application to advance to phase 2</li> <li>• Have at least 30 days of sobriety to advance to next phase</li> </ul>
PHASE TWO	
<b>Key Concept:</b>	Maintenance of Recovery and Responsibility to Others
<b>Length of phase:</b>	A minimum of 6 weeks
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Weekly court appearances</li> <li>• Participate in recommended treatment and work on treatment goals</li> <li>• Attend 4 community support groups per week</li> <li>• Participate in all day treatment groups</li> <li>• Submit to all random UA's</li> <li>• Completed a weekly to do list</li> <li>• Obtain a recovery support person/mentor</li> <li>• File application to advance to phase 3</li> <li>• Have at least 60 days of sobriety to advance to next phase</li> </ul>

<b>PHASE THREE</b>	
<b>Key Concept:</b>	Employment, Education, Life...
<b>Length of phase:</b>	A minimum of 4 weeks
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Bi-weekly court appearances</li> <li>• Participate in recommended treatment and work on treatment goals</li> <li>• Attend 4 community support groups per week</li> <li>• Participate in all day treatment groups</li> <li>• Submit to all random UA's</li> <li>• Continue to work with your recovery support person/mentor</li> <li>• Completed a weekly to do list</li> <li>• Working on employment, continuing education or service work</li> <li>• File application to advance to phase 4</li> <li>• Have at least 90 days of sobriety to advance to next phase</li> </ul>
<b>PHASE FOUR</b>	
<b>Key Concept:</b>	Reinforce a clean, sober and legal lifestyle
<b>Length of phase:</b>	A minimum of 4 weeks
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Bi-weekly court appearances</li> <li>• Participate in recommended treatment and work on treatment goals</li> <li>• Attend 4 community support groups per week</li> <li>• Participate in all day treatment groups</li> <li>• Submit to all random UA's</li> <li>• Continue to work with your recovery support person/mentor</li> <li>• Completed a weekly to do list</li> <li>• Attend a job readiness class if not already employed</li> <li>• Completing 4 hours of service work per week if not employed</li> <li>• File application to advance to phase 5</li> <li>• Have at least 90 days of sobriety to advance to next phase</li> </ul>

PHASE FIVE	
<b>Key Concept:</b>	
<b>Length of phase:</b>	A minimum of six months
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Monthly court appearances</li> <li>• Participate in recommended treatment and work on treatment goals</li> <li>• Attend 3 community support groups per week</li> <li>• Submit to all random UA's</li> <li>• Complete a weekly to do list</li> <li>• Complete a job readiness class if not already employed</li> <li>• Completing 4 hours of service work per week if not employed</li> <li>• Pursuing employment, continuing education or service work</li> <li>• Providing peer support for others in the program</li> <li>• Complete graduation phase work packet</li> <li>• Have at least 90 days of sobriety to advance to next phase</li> </ul>

## Program Rules

As a participant you will be required to abide by the rules of the program, including, but not limited to the following.

1. Work with your treatment counselor towards abstinence from the use of mind-altering substances as outlined in the Family Treatment Court Substance Use Policy.
2. Inform your doctor/dentist that you are in a substance use treatment program and **may not** take narcotic or addictive medications (see Appendix A).
3. Attend court sessions and treatment sessions as scheduled, submit to random substance use testing, and remain law abiding.
4. Do not associate with people who are active in their substance use.
5. Do not possess any weapons while in the Family Treatment Court Program.
6. Keep the treatment court team informed of your current address and phone number at all times.
7. Dress appropriately for court and treatment sessions.

# **Family Treatment Court Dress Code**

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

## **Appropriate clothing is defined as:**

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

## **Medication Management**

If a participant is taking medication upon entering the drug court program or begins taking medication at any point while in the program, the participant is expected to maintain regular medication management appointments. The participant is also expected to track medication with his/her treatment provider. If a participant wishes to discontinue or change medication, this will need to be discussed with the participant’s provider prior to any action being taken.

At some point during treatment, a participant’s counselor may recommend a medication evaluation. It is an expectation of the program that the participant will complete the evaluation. Any recommendations from the evaluation will be

discussed between the participant and the participant's counselor in order to make an appropriate treatment plan. If you are receiving or begin receiving medication through a provider other than Columbia Community Mental Health, you will be asked to sign a release of information in order for the Drug Court Team to stay informed of your prescriber's recommendations and your compliance with medication management.

## **Sick Leave**

A participant who is absent due to an illness or injury may be absent for no more than two days without providing a written doctor's note to the program coordinator and treatment provider. **In order to be excused from a treatment court related activity, a participant needs to have permission from the Treatment Court Coordinator and their counselor prior to missing the activity. A participant who has a scheduled doctor or dentist appointment that conflicts with a treatment appointment or treatment court appointment, must provide proof to the program coordinator and treatment provider that the participant did in fact attend the scheduled appointment.** The participant will always provide copies of any medication prescribed by a doctor or dentist to the program coordinator and treatment provider. If a participant is continuously ill and the program feels that the two-day rule is being taken advantage of, the program can ask the participant to provide a doctor's note at any time.

Any absence from the program for more than one day, for any reason, must be approved by the Family Treatment Court team **prior** to the absence. Requests for absences must be submitted in writing to the team (please see Appendix A).

## **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 barbiturate<sup>4</sup> and cannabinoid<sup>1-4</sup> levels. In addition, ibuprofen can cause a false-positive PCP level.

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

# **Possible Incentives**

Upon the recommendation of the treatment court team, participants may be given rewards or incentives for compliant behavior. Common incentives:

- Praise by the Court/Judge
- Gift Certificates
- Sobriety Tokens
- Promotion to Next Phase
- Certificates of Graduation

# **Sanctions**

Sanctions can be imposed for not meeting treatment or behavioral requirements. A participant may progress in treatment but if a participant's actions or attitude outside of treatment does not meet the program requirements the participant may not progress within the program.

# **Possible Sanctions**

Verbal Reprimand by Judge  
Written essays  
Day Reporting  
Community Service work  
Work crew (only if you are on formal Probation)  
Additional time in current phase  
Team Round Table Meeting  
Incarceration (only if you are on formal probation)

# Termination from Program

Arrests or a violation of any aspect of your treatment plan may result in you being terminated from the Family Treatment Court Program. Other violations, which could result in termination, include the following:

- Missing and/or positive drug tests;
- Altered drug test;
- Demonstrating a lack of program response by failing to cooperate with the coordinator or treatment program;
- Violence or threat of violence directed at treatment staff, other participants of the program or other clients of the treatment providers.

## Urinalysis Testing

1. You will be asked to provide Urinalysis tests (UAs) **randomly** throughout your entire treatment court program. You will be **observed** to ensure freedom from errors.
2. If you **miss a UA or have a dilute UA**, it will count as a positive UA.
3. If you have a **positive test** in any treatment court phase, you will
4. Creatinine levels will also be monitored for possible dilution.
5. It is your responsibility to know what foods and beverages can result in a positive UA. Some foods/drinks/activities that can cause a positive UA are:
  - Poppy seeds
  - Kombucha tea
  - Synergy energy drinks
  - CBD infused drinks or foods
  - Sharing vapes and/or cigarettes



## **Aftercare Phase**

In order to provide you with a continuing support system and to ensure that you can maintain your valuable recovery, you will be expected to participate in a **continuing care/aftercare phase**. Please take advantage of this opportunity to demonstrate to the treatment court team that you have gained the knowledge and skills necessary to make healthy and safe life choices.

## **Graduation**

Upon your successful completion of the aftercare phase of the treatment court program, you will graduate from the Family Treatment Court Program. Graduation from the Family Treatment Court Program is recognized as a very important event. Your family and friends will be invited to join you at a special ceremony as treatment court team congratulates you for successfully completing Phases I – V of the program and achieving your goal to establish a drug-free life.

## **Minimum Expectations**

- Daily attendance in substance use treatment groups
- Attendance in Family Treatment Court groups
- Complete Parenting Inside Out with CCMH
- Continued work and involvement in the ODHS Action Agreement
- Work on meeting the ODHS conditions of return and adherence to safety plan
- Consistently work on education/employment or some type of stable funding source

# Family Treatment Court Program

## Phone Numbers

- |   |                       |
|---|-----------------------|
| • Columbia County Circuit Court                 | 503-397-2327          |
| • Columbia Community Mental Health              | 503-397-5211          |
| • Toria Fraser – Trial Court Administrator      | 503-397-2327 x 70127  |
| • 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 |
| • Khori Elder-Recovery Support Team Liaison     | 971-328-2779          |
| • Regina Halverson-CCMH Peer Support Supervisor | 971-328-2754          |
| • UA Testing Phone #                            | 503-396-4501          |

Other:

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

# COLUMBIA COUNTY TREATMENT 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 BELOW THIS LINE

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Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Approved:      YES ( )      NO ( )



**19<sup>TH</sup> JUDICIAL DISTRICT**  
**Columbia County**  
**230 Strand Street, St. Helens, Oregon 97051**  
**Treatment Courts: 503-397-2327 ext. 334**

## **Columbia County Treatment Court** **Physician Disclosure Policy**

Name of Patient: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### **TO WHOM IT MAY CONCERN**

Effective June 14<sup>th</sup>, 2010, Participants of the Columbia County Dependency Drug Court Program are required to notify any medical provider from whom they seek medical treatment of the following information:

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

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

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

Physician’s Name \_\_\_\_\_

\_\_\_\_\_  
Physician’s acknowledgement of receipt of this notice

\_\_\_\_\_  
Signature of DDC participant

\_\_\_\_\_  
Name of Facility/Clinic

\_\_\_\_\_  
Date