

START Court Referral Packet



Success
Through
Accountability
Restitution and
Treatment

Multnomah County, Oregon

Updated 3/1/22

START Court Referral – About START Court

What is START Court?

START Court stands for Success Through Accountability Restitution and Treatment. It is an adult drug court program which focuses on serving individuals who are involved in the criminal justice system primarily due to substance use disorder and associated mental health conditions. Our goal is to reduce the cycle of addiction and incarceration and promote long-term recovery, habilitation and community safety.

START Court follows the well-established interdisciplinary drug court model and strives to meet proven best practices. This includes regular court appearances, substance use and mental health treatment, intensive supervision with collaborative case management, random and frequent drug testing, incentives and sanctions. There are five phases to the program which take a minimum of one year to complete.

More information about drug courts can be found at <https://www.nadcp.org/>.

The START Court Team

The START Court team includes a Judge, probation officers, defense attorney, deputy district attorney, treatment counselors, mentors, correction technicians, program coordinator, and other community social service agencies. The team works together to support a collaborative case plan.

Expectations of participants in START Court

In addition to the START Court special conditions of probation (page 5), participants are expected to show up and be honest about their progress and struggles. The START team understands the complexities of substance use disorder and is committed to responding fairly and supporting participants during their recovery journey while balancing community safety.

Equity and Inclusion

The START 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.

Program Contacts

Todd Roberts DCJ START Unit Manager	todd.r.roberts@multco.us	503-793-6009
Maria Randall DCJ Lead START PO	maria.randall@multco.us	503-313-0633
Natalie Reyes OJD Program Coordinator	natalie.a.reyes@ojd.state.or.us	971-718-1289

Please send referrals to: start-court-program-referrals@multco.us

START Court Referral - Checklist

If the defendant meets the eligibility criteria (page 4) , please send the following information to start-court-program-referrals@multco.us. If any information is missing, the screening will not be completed.

Include with referral – required:

- A completed Oregon Judicial Department release of information (pages 7-9)
- A completed START Referral Information sheet (pages 10-12)
- An ASAM assessment completed within the last six months

Other – required:

- The defendant meets eligibility criteria (page 4)
- The defendant has received a copy of the START Court Participant Handbook (email start-court-program-referrals@multco.us for PDF)
- The defendant has reviewed the START Court conditions of probation with their defense attorney (page 5)
- The defendant has reviewed the Contested Probation Violation notice with their defense attorney (page 6)

START Court Referral – Eligibility

In order to be considered for the START Court program, the defendant must meet eligibility criteria below:

Disposition:

- Downward departure from prison (366 days or more DOC) on a Multnomah County case
- Must have at least 18 months of supervision left on Multnomah County probation. If less than 18 months are remaining, the court must have ability to extend.
- Must have at least 90 sanctioning units available. If the presumptive sanctioning units have been exhausted, defendant must sign a waiver agreeing to increase the available sanctioning units to at least 90.

Qualifiers:

- Must score as “high” or “very high risk” on the LSCMI or WRNA.
- Completed ASAM within the last 6 months showing a diagnosis of substance dependence.
- Does not have a pending out of county case(s) that are likely to result in prison sentences.
- Must live in Multnomah County. If the defendant is going to enter START after a DOC sentence, the defendant must agree to release to Multnomah County.
- Not being supervised on formal probation out of county. May be on supervision for other cases and from other jurisdictions if the defendant has a qualifying Multnomah County case and is not being formally supervised by another county.
- No sex offender, domestic violence or gang conditions of probation (not a disqualifier – may be reviewed on case by case basis).
- If the defendant has a felony DUII, defendant has been screened and denied entry into DUII Intensive supervision Program (DISP).
- If the defendant has a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder, the defendant has been screened and denied entry into Mental Health Court.
- Does not have any treatment first cases on conditional discharge status. All treatment first cases must be closed (dismissed or revoked).

If there are any questions about the eligibility criteria, please reach out to one of the program contacts (listed on page 2).

START Conditions of Probation

The special conditions below will be imposed if the defendant is sentenced to participate in START court. These must be reviewed by the defense attorney with the defendant prior to submitting a referral.

SPECIAL CONDITIONS OF PROBATION PURSUANT TO ORS 137.540(2):

AS DEFENDANT IS A START DRUG COURT PARTICIPANT, THE FOLLOWING CONDITIONS ARE REQUIRED TO SATISFY THE TREATMENT NEEDS OF THE DEFENDANT, FOR THE PROTECTION OF THE PUBLIC, AND/OR THE REFORMATION OF THE DEFENDANT

1) MULTNOMAH COUNTY DRUG PACKAGE

- a. Participate in a drug evaluation, and enter and successfully complete any course of treatment, including after and follow-up care, determined to be necessary and as designated by the evaluator or the probation officer.
- b. Refrain from knowingly associating with persons who illegally use or possess controlled substances outside of a treatment setting.
- c. Not use or possess inhalants or intoxicants unless prescribed by a licensed physician.

2) MULTNOMAH COUNTY ALCOHOL PACKAGE

- a. Participate in an alcohol evaluation and enter and successfully complete any course of treatment, including after and follow-up care, determined to be necessary and as designated by the evaluator or the probation officer.
- b. Not consume or possess alcoholic beverages.
- c. Not enter or frequent establishment whose primary income is derived from the sale of alcoholic beverages, unless, with prior written approval of defendant's probation officer, the defendant is actually employed and on-duty therein.

3) ABIDE BY PROBATION OFFICER DIRECTIVES RELATING TO THE DEFENDANT'S SUBSTANCE USE DISORDER AND MENTAL HEALTH TREATMENT.

4) PURSUANT TO ORS 137.540(1)(c), NOT BE DISCHARGED FROM HOUSING WHERE THE DEFENDANT HAS BEEN MANDATED TO STAY BY THE COURT OR PROBATION OFFICER.

5) ABIDE BY ALL REQUIREMENTS ESTABLISHED IN THE START DRUG COURT PARTICIPANT MANUAL

6) PROMPTLY AND TRUTHFULLY ANSWER ALL REASONABLE INQUIRIES MADE BY A MEMBER OR DESIGNEE OF THE START COURT TEAM.

START Program
Multnomah County Courthouse
1200 SW First Ave
Portland, Oregon 97204



Circuit Court of the State of Oregon
Fourth Judicial District
Multnomah County, Oregon

Contested Probation Violation Hearings

In order to participate in the START court program, I understand that I am required to submit to random urinalysis to test for the presence of controlled substances, alcohol, marijuana and other prohibited substances. I also understand that urinalysis testing will also detect if I submit a diluted urine sample.

I know that if a random urinalysis indicates the presences of any prohibited substance or a diluted sample, I have a right to request the sample be tested by an independent laboratory contracted with the START court program for confirmation. I understand that the laboratory is not in the state of Oregon.

If the laboratory results confirm the presence of any prohibited substance or a diluted sample, I will be given notice of the results. If I wish to dispute the findings, I have the right to request a probation violation hearing.

I further understand that the toxicology report conducted by an independent laboratory contracted with the START court program for confirmation will be admissible evidence for the probation violation hearing. As consideration for my participation in the START court program I waive any statutory or constitutional right to have the state call a witness for the probation violation hearing from the laboratory or treatment provider. I do have the right to have my attorney subpoena the toxicologist or other relevant witnesses for the probation violation hearing.

Acknowledging all this, I knowingly waive my right to require the state to have the laboratory witness to appear in person for any contested probation violation hearing. I agree that if a laboratory witness testifies at the probation violation hearing that the testimony will be by telephone or by any other two-way electronic communication device, including but not limited to satellite, cellular or other interactive communication device.

In special circumstances, I acknowledge that my attorney retains the right to request that the witness appear in person if necessary to assure due process. It is up to the START court judge to make the determination if the witness is needed to personally appear for the hearing. The judge may take into account several factors, including but not limited to: 1) The ability to evaluate the credibility and demeanor of the witness in person is critical to the outcome of the proceeding; 2) The issue or issues the witness will testify about are so determinative of the outcome that face-to-face cross-examination is necessary; 3) The exhibits or documents the witness will testify about are too voluminous to make telephone testimony practical; and 4) The failure of the witness to appear personally will result in substantial prejudice to a party to the proceeding.

Defendant Signature

Date

Printed Name



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

By signing this form, I, _____ or my authorized representative, consent to and authorize the Success Through Accountability Restitution and Treatment (START) Program and the following individuals and entities:

- Multnomah County Circuit Court, 4th Judicial District
- Multnomah County District Attorney's Office
- Metropolitan Public Defenders Office, Firm of Program's Defense Attorney
- Multnomah Defenders Inc., Secondary Firm of Program's Defense Attorney
- Multnomah County Department of Community Justice (DCJ), Probation Office
- Multnomah County Sheriff's Office (MCSO), Law enforcement agency that provides security, transport, and jail-related services
- Vigilnet Northwest, Electronic Monitoring Providers
- Volunteers of America Oregon, Treatment agency on the team
- Holistic Healing Behavioral Healthcare, Treatment agency on the team
- CODA Inc., Treatment agency on the team
- Fora Health, Treatment agency on the team
- Recovery Works Northwest, Treatment agency on the team
- Native American Rehabilitation Association, Treatment agency on the team
- Central City Concern, Treatment agency, employment, education and resource partner on the team
- Southeast Works, Employment, education and resource partner on the team
- Human Solutions, Employment, education and resource partner on the team
- Bridges to Change, Treatment agency and housing partner on the team
- Multnomah County Health Department, medical service provider on the team
- Millennium Health LLC, primary laboratory for drug testing services

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 laws 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 will be 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 laws 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: _____

Witness Name: _____

Position: _____

Witness Signature: _____

Date: _____

START Court Referral

STAFF USE:
SID: _____
SWIS: _____
FBI: _____
PPO: _____
UA #: _____

Personal Information

Date: _____ Completed by: _____

Name: _____ Preferred name (if different): _____

DOB: _____ Gender: F/M/_____ Preferred Pronouns: _____

Primary Language if other than English: _____

Race Identity: African-American or Black / Asian / Caucasian / Latinx / Native American / Pacific Islander

Case Information

Multnomah County referral case(s): _____

Deputy District Attorney assigned to referred case(s): _____

Defense attorney on referred case(s): _____

Other open cases (include non-Multnomah County cases): _____

If in custody, does the defendant have holds? Yes No If yes, what jurisdiction/authority: _____

Is the defendant on formal supervision: Yes No If yes, where: _____
(*not eligible for START if on formal supervision in another county)

Is the defendant on bench probation: Yes No If yes, case(s): _____

Does the defendant have a current treatment first case: : Yes No If yes, case number(s): _____

Does the defendant have a current DUII case or probation: Yes No If yes, case number(s): _____

Has the defendant ever been found GEI or unable to assist: Yes No If yes, case number(s): _____

Has the defendant ever been diagnosed with of schizophrenia, schizo affective disorder, or bipolar? Yes No

Has the defendant been screened for DISP or Mental Health Court? Yes No

If yes, outcome: _____

Has the District Attorney's office offered START or do they agree to START if accepted? Yes No

Additional Information

Ever Been in Military: Yes No

Children: Yes No

Custody: Yes

Open DHS: Yes No

Names and Ages: _____

Contact Information

Phone number: _____ Message Phone: _____

Name/Relationship: _____ Email address: _____

Address: _____ How long: _____

Lives with: _____ On supervision: Yes No

Minors in the home: Yes No If yes, parent/guardian: _____

Parent Phone: _____

Treatment History

Outpatient: Yes No

Outpatient Completed: Yes No

If yes, where: _____

Inpatient: Yes No

Inpatient Completed: Yes No

If yes where: _____

Mental/Physical Health

Mental Health Diagnosis: Yes No

If yes date/practitioner: _____

Current medications: _____

Medications past: _____

Additional Information/Other

Please make sure you have reviewed the checklist on page 3 and all documents are being submitted.