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Mental Health Court Carson City Justice Court

Mission Statement

“The Mental Health Court is a multi-disciplinary partnership that is dedicated to providing comprehensive mental health services to eligible defendants with the goal of these defendants leading a stable and crime-free life.”



Welcome!

Welcome to the Carson City Justice Court's Mental Health Court (MHC) Program. This handbook is designed to answer your questions, provide overall information about the MHC Program, and explain what will be required of you as a MHC participant. As a participant, you will be expected to comply with the MHC rules, follow the instructions given by the Judge and comply with the treatment plan developed for you by the MHC Team. This program was created to give adults who are facing criminal charges and who have a mental health diagnosis an opportunity to seriously address their mental health needs. Participants must sign a contract agreeing to be a part of this program.

By choosing to participate in the MHC Program, you are choosing perhaps the best opportunity you will ever have to reclaim and rebuild your life. Family members are encouraged to participate in classes on enabling and codependency to assist them in recognizing behavioral patterns. Participants must attend all doctor and counseling appointments, support meetings, substance abuse counseling (if applicable) and other ancillary services.

The MHC Program is incentive and sanction based. Participants will receive rewards for excellent behavior, as well as punishment for failing to comply with the rules of the MHC Program.

Please Note: Read this handbook very carefully because it is your responsibility to be familiar with its contents. We encourage you to share this information with your family and friends who support your recovery.

The Mental Health Court Team

Judge John Tatro serves as the presiding Judge of the MHC Team and has committed to overseeing all team meetings and MHC hearings. The Judge makes all decisions regarding your participation in the MHC program based upon input from the various team members, treatment providers, and other support services. In addition to the Judge, the MHC Team consists of the following members:

1. Defense Attorney
2. District Attorney
3. Parole and Probation
4. Licensed Psychologist
5. Carson City Sheriff's Office
6. Carson City Justice Court Staff
7. Department of Alternative Sentencing
8. Community Counseling Center's Treatment Coordinator
9. Carson Counseling and Supportive Services
10. Douglas Counseling and Supportive Services



Frequently Called Numbers

Community Counseling Center
205 S Pratt Ave.
Carson City, NV 89701
(775) 882-3945

Department of Alternative Sentencing
885 E. Musser Street, Suite 2080 (2nd floor)
Carson City, NV 89701
(775) 887-2528

Color Code Testing
(775) 283-4723

State of Nevada Public Defender's Office
511 E. Robinson Street, Suite 1
Carson City, NV 89701
(775) 684-1080

Carson Counseling & Supportive Services
1665 Old Hot Springs Road Ste 150
Carson City, NV 89706
(775) 687-0870

Douglas Mental Health Clinic
1538 U.S. Hwy 395 N
Gardnerville, NV 89410
(775) 782-3671

Justice Court Clerk's Office
885 E. Musser Street, Suite 2007 (2nd floor)
Carson City, NV 89701
(775) 887-2121 Option 4

Carson City District Attorney's Office
885 E. Musser Street, Suite 2030 (2nd floor)
Carson City, NV 89701
(775) 887-2072

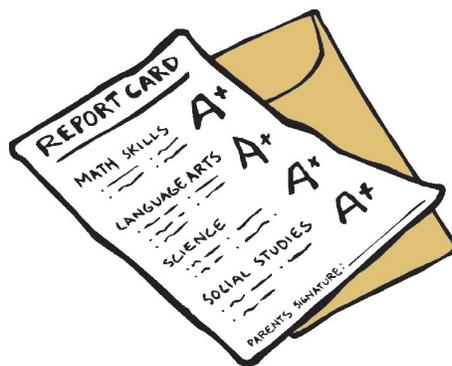


Progress Reports

Prior to each MHC hearing, the MHC Team will meet to review your case, discuss your progress, and make recommendations to the Judge. A progress report will be presented by the Treatment Coordinator from all Treatment Providers. The entire MHC Team will review and discuss the progress report, which will discuss your attendance, program participation, cooperation in the treatment program, drug/alcohol testing results (if applicable), adherence to prescribed medications and overall compliance with conditions and rules.

At the MHC hearing, the Judge may ask questions about your progress and discuss any problems you may be having. You will be expected to discuss openly and honestly how you are progressing in treatment and what issues may be affecting you. If you are doing well, you may be rewarded with incentives.

If the MHC Team concludes from its consideration of your progress reports that you are not making progress or complying with the rules and requirements, the Judge will discuss this with you and determine future action. This may include sanctions to help you remember and pursue your goals in the program and to move toward or maintain your recovery.



Mental Health Court Hearings

As a MHC participant, you will be required to appear at the MHC hearings on a regular basis. Failure to appear will result in a warrant being issued for your arrest and detention in jail until you can appear before the court.

If you have questions about your court appearances, you may contact the treatment coordinator or your attorney. While the MHC hearing is more informal than other court proceedings, participants still need to be concerned with their courtroom behavior and courtroom attire. The following behavior at the MHC hearings will not be tolerated:

Arriving late and/or leaving early: Court begins at 2:30 p.m. every Thursday and ends when the Judge declares the docket to be concluded. An important part of the MHC Program is your attendance and attention for the duration of the court hearings unless specifically excused by the court. You are responsible for arranging other obligations to accommodate your attendance at the MHC hearings. You will need permission to miss a court appearance.

Talking: Remember that while the MHC hearings are more informal than other court proceedings, you are nevertheless in a courtroom in a formal court proceeding and are expected to conduct yourself accordingly. Chatting or visiting and movement in and out of the courtroom are not appropriate during the MHC hearings.

Attire, food and mobile phones in the courtroom: Please wear appropriate clothing to court. This includes pants and skirts being on the waistline, and blouses being at or below the waistband. Tank tops, halter tops, backless tops, shorts, and jeans are not appropriate and not allowed. Men should wear shirts with collars. T-shirts are not considered appropriate. No caps/hats or sunglasses. Food, drinks (with the exception of water), mobile phones and/or other electronic devices are not permitted to be powered on in the courtroom.

Graduation Criteria

Possess a minimum of 6 months of sobriety.

Receive no sanctions for 90 days.

Exhibit no criminal behavior.

Attend NA/AA meetings 3 times per week.

Receive approval from your treatment counselor, the MHC Judge and Team.

Graduation from the MHC Program represents a great accomplishment and is recognized as a very important event. Your family and friends that support you will be invited to join you at a special graduation ceremony as the MHC Team congratulates you for successfully completing the program, and for achieving your goal to establish a stable lifestyle. Your attorney will discuss any legal remedies to which you may be entitled.



Community Sobriety Support Group Participation

Participation in a sobriety support group *may be* required because such groups help you examine, understand and recover from your addiction through the guidance, support, and encouragement of others who are in recovery from addiction and understand what you are going through.

Participants must attend each meeting in its entirety-staying only long enough to have an attendance slip signed is not permissible and may result in a sanction. Participants must also bring proof of attendance to court to be given to the MHC Treatment Provider to examine for compliance. Failure to do so will be dealt with in court.



Participant Fees

You will be required to pay the following fees:

1. Participants pay a Mental Health Court fee of \$5.00 (per week) to the Department of Alternative Sentencing.
2. Participants pay a Probation Supervision fee of \$20.00 (per month) to the Department of Alternative Sentencing.
3. The Department of Alternative Sentencing will set up fee payment alternatives for participants who have the inability to pay.
4. While participants are Medicaid or SSI approved, treatment fees may be set aside.
5. Community Counseling Center will set up payment plans to enable participants to attend treatment who have the inability to pay.
6. No additional fees for color code testing.

Confidentiality

State and federal regulations such as the Health Insurance Portability and Accountability Act (HIPAA) require that your identity and privacy be protected. To comply with these regulations, the MHC Team has developed policies and procedures to guard your privacy. You will be required to sign a Consent for Disclosure of Confidential Substance Abuse Information and a Release of Information in order to participate in the program. Failure to sign a release prevents proper programming and participants will not receive the full benefits of the MHC Program.



Incentives

Incentives may be awarded by the Judge following consultation with the MHC Team when you comply with the MHC rules and requirements while also demonstrating progress. Various incentives will be given to participants who demonstrate certain levels of progress and cooperation. Incentives may include but are not limited to:

1. Recognition and praise by the Judge
2. Courtroom recognition
3. Certificates of Achievement
4. Transportation passes/bus passes/gas cards
5. Reduction in mandatory court appearances
6. Movie/special event tickets
7. Haircut certificates
8. Gift certificates
9. Store incentive chips



Mental Health Court Sanction Guideline

The table below outlines the schedule of responses to a variety of behaviors. The Judge may choose any of the sanctions as indicated on the table after considering an individual's behavior and case history and recommendation from the MHC Team. Sanctions may be imposed by the Judge, following consultation with the MHC Team when you do not comply with MHC rules and requirements and/or do not demonstrate progress. There is a wide range of sanctions available that the Judge can impose.

RESPONSES TO BEHAVIOR	
VIOLATIONS	AVAILABLE SANCTIONS
<ul style="list-style-type: none"> ▪ Missed court appearances ▪ Missed appointment with probation officer ▪ Missed support meetings ▪ Missed treatment (1st offense) ▪ Missed treatment (2nd offense) ▪ Missed drug test (considered a positive drug test) ▪ Positive drug test ▪ Tampered drug test ▪ Inappropriate behavior at treatment facility ▪ Violation of court order ▪ New criminal charges ▪ Failure to perform sanctions ▪ Noncompliance with treatment plan ▪ Forged 12 step meetings ▪ Dishonesty 	<ul style="list-style-type: none"> ▪ Written essay ▪ Community service ▪ Increased court appearances ▪ Increase in counseling ▪ Daily journaling ▪ Termination from program ▪ Supervised medication consumption ▪ Daily check in with DAS ▪ Stay away orders ▪ SCRAM bracelet ▪ Increased urine testing ▪ Increased CCSS appointments ▪ Additional 12 Step meetings ▪ Jail

Termination From MHC Program

New arrests or serious or repeated violations of the MHC rules and requirements or any aspect of your treatment plan may result in being terminated from the MHC Program. Violations that could result in termination include, but are not limited to the following:

1. Tampered drug test.
2. Continuing refusal to take prescribed medication.
3. Inappropriate behavior at treatment facility.
4. Forged 12 step support meetings or community service hours.
5. Demonstrating a lack of program response by failing to cooperate with the MHC Team or treatment program.
6. Violence or threat of violence directed at MHC staff, treatment staff, other participants of the program or other clients of the treatment provider.
7. Repeated non-compliance with MHC rules.
8. Discharge from counseling or failure to follow counseling rules and guidelines.
9. Failure to participate at an appropriate level will result in discharge from the program.
10. Failure to make your program a priority when planning your personal responsibilities will result in discharge from the program.



Search and Arrest Requirements

As a participant in MHC, you are required to submit your person, property, vehicle, place of residence and/or personal effects to search and seizure for narcotics, drugs, or other contraband at any time of the day or night, with or without a search warrant by an Alternative Sentencing Officer. The results of any such test shall not be utilized by the District Attorney's Office for any prosecution of criminal charges against you. Situations will be reviewed on a case-by-case basis.

Any law enforcement officer is authorized to arrest a MHC participant whom the officer observes:

1. Violating any criminal law punishable by incarceration.
2. Ingesting a controlled substance, including marijuana or alcohol.
3. Being under the influence of a controlled substance, including marijuana, alcohol, over-the-counter or other prohibited synthetic drugs.
4. Possessing alcohol, drugs, or drug paraphernalia.

Participants who are arrested will appear before a Judge and will be required to appear at the next MHC hearing.



Chemical Testing (Drug & Alcohol Screening)

You will be required to submit to random drug testing throughout your participation in the MHC. Testing measures may include urinalysis, breathalyzer, residue testing, saliva strips, patch testing or other testing devices. The results of any such test shall not be utilized by the District Attorney's Office for any prosecution of criminal charges.

When you provide a sample for testing you will be directly observed by trained staff to ensure the absence of tampering or other errors.

1. If you refuse to provide a sample when asked, you will be treated as if you had tested positive.
2. If you miss a test or provide a sample that is determined to be diluted or otherwise adulterated, it may be considered a positive (dirty) test and other sanctions may occur.
3. Tampering with a test may result in termination.



Personal Matters and Wellness

The MHC enjoys a strong relationship with local treatment providers and the sobriety community. These groups have emphasized to the MHC that personal/romantic relationships in the first year of participating in the MHC program are not encouraged among participants. Personal/romantic relationships can distract you from complying with your treatment plan, may increase your stress level and ability to cope. In addition, it should be noted that participants are strictly prohibited from entering into romantic relationships with other MHC participants and doing so may be cause for termination. Further instruction by your treatment provider must be followed.

This is your time to work on matters that resulted in consequences that earned you entrance into the MHC. Each participant's personal matters will be dealt with on an individual basis.

Wellness is an important component to your overall well being. During the MHC Program you will be encouraged to see the doctor, dentist, eat healthy foods and be active. Doing these things will aid you in living a healthy lifestyle.



Aftercare

In order to provide you with a continuing support system and to ensure that you can maintain your stability and sobriety (if applicable), at the end of your participation in MHC, you will be invited to participate in an alumni group that offers support and guidance as you continue on with your stability. Please take advantage of this opportunity for your continuing success. You will be required to prepare an Aftercare Plan with your treatment provider to assist you with maintaining your stability.

Your participation will also be an opportunity to prove to yourself, to those that care about you, and to the MHC Team that you are committed to a new life as a productive, law-abiding, and stable member of society.



Conclusion

The goal of the MHC Program is to help you achieve a stable and productive lifestyle. Your acceptance into the MHC Program means that the MHC Team has concluded that you can succeed. The Judge and other MHC Team members will be there to guide and assist you throughout your participation, but the final responsibility for success or failure will be yours. To succeed, you must honestly desire to change your life and work hard with those who will be available to help you reach your goals.



Forms

**CARSON CITY JUSTICE COURT
MENTAL HEALTH COURT
CHECKLIST**

PARTICIPANT NAME: _____

DATE: _____

✓ Assessment Appointment with Community Counseling Center	
205 South Pratt Avenue Carson City, Nevada 89701 (775) 882-3945	Scheduled: <input type="checkbox"/> Completed: <input type="checkbox"/> Schedule Today: <input type="checkbox"/>
✓ Appointment with Public Defender's Office	
511 East Robinson Street Carson City, Nevada 89701 (775) 684-1080	Scheduled: <input type="checkbox"/> Completed: <input type="checkbox"/>
✓ Color Code Testing Appointment with Department of Alternative Sentencing	
885 East Musser Street, 2 nd Floor Carson City, Nevada 89701 (775) 887-2528	Scheduled: <input type="checkbox"/> Completed: <input type="checkbox"/>

ALL PARTICIPANTS NOT ALREADY ENROLLED AND ATTENDING COUNSELING AT THE COMMUNITY COUNSELING CENTER MUST ATTEND GROUP AT 5:00 P.M.

COURT ORDERED REQUIREMENTS/SANCTIONS	
<input type="checkbox"/> 12 Step Meeting List	<input type="checkbox"/> Most Recent Pay Stub/Job Search Forms
<input type="checkbox"/> Proof of Completed Community Service Hours	<input type="checkbox"/> Receipts for Court Costs, Fees, Drug Court Payment
<input type="checkbox"/> GED Classes/Tutoring Proof of Hours/Attendance	<input type="checkbox"/> Proof of all Appointments with Therapists/Psychiatrists
<input type="checkbox"/> Prescription Verification	<input type="checkbox"/> Current Housing Arrangement with all occupants listed
	<input type="checkbox"/> Name of Partner Boy or Girlfriend/Significant Other

All items that have been checked must be brought to your appointment, along with this checklist.	
Please be aware, failure to produce any of the items indicated may result in a sanction.	

Next Court Date: _____

Next Appointment Date/Time: _____

MENTAL HEALTH COURT CONTRACT

Having been accepted into the Carson City Mental Health Court, I agree to the following:

1. I understand that Mental Health Court is a one-year **minimum** voluntary program. Time spent in another court does not count towards the year.
2. I understand that I must be honest with the court and members of the team concerning my mental health and my recovery program, including releases. Failure to be honest will result in increased sanctions.
3. I will sign any releases of information as required in order for the court to obtain the information needed for my participation.
4. I will attend all court hearings as scheduled. I will be appropriately dressed for court.
5. I understand that I will start attending court weekly with the possibility of attending less frequently up to once a month based upon my progress.
6. I will check in with the Department of Alternative Sentencing as directed.
7. If I am on state felony or gross misdemeanor probation out of the District Court, I will check in with my probation officer as directed by the Division of Parole and Probation.
8. I will make a screening appointment with the Carson Counseling and Supportive Services or Douglas Counseling and Supportive Services.
9. I will keep all appointments with the psychiatrist, the nurse, or my therapist as scheduled. I understand that missing one of these appointments **will result** in at least 8 hours of community service and potentially jail time.
10. I will attend and participate in any group or individual counseling session I am assigned to and I will be on time and appropriately dressed. Failure to attend will result in a **minimum** sanction of 4 hours of community service.
11. I agree to take my mental health medication as directed by the doctor. I will not adjust the dosage or discontinue taking the medication without consulting with the doctor or nurse.
12. I understand that I will be subject to random alcohol and drug testing.
 - a. I understand that a “dilute” test will be considered a positive test and also dishonest and will be sanctioned as such. I understand that consuming too much fluid throughout the day may cause a “dilute” test. I understand that a “dilute” test is considered an attempt to hide a relapse.
 - b. I understand that coming into contact with certain everyday products may provide a positive 80-hour alcohol test. I have read and signed the Alcohol Disclosure.
 - c. I understand that I may not use creatine or consume anything with poppy seeds.
13. I understand that I may not take any medication (over the counter or prescription) without first obtaining permission of the Mental Health Court Administrator.
 - a. I have received the “Approved Mental Health Court Medication” list.
 - b. I understand that a positive or invalid test due to taking a legal medication without permission is a positive test and will be treated as such.
14. I understand that, if I receive any financial assistance, I will be required to complete community service at one hour for every \$10 of assistance.
15. I understand that I will be expected to have or secure employment prior to my graduation. If it has been determined that I am unable to work due to a disability, I will apply for SSI/SSDI and any other appropriate benefits. If I am able to work and do not secure employment, I will be expected to complete volunteer service hours. Any sanction that is ordered is expected to be completed by my next court appearance.
16. I understand that I am required to obtain my high school diploma or GED, if I do not already have one, prior to graduation, unless exempted by the court.
17. I understand that Mental Health Court participation costs \$5.00 per week and that I am to pay that to the Department of Alternative Sentencing; however, I **may** be permitted to do 1 hour community service per week instead.
18. I understand that there is a \$20.00 monthly probation fee to the Department of Alternative Sentencing. If I am unable to pay the monthly probation fee, I **may** be permitted to convert those fees into community service.
19. I understand that once I have agreed to participate in the Mental Health Court, if I decide to quit the program, I will be returned to my sentencing court and that I am at risk of having my suspended sentence revoked.
20. I understand that these are general guidelines, that I am an individual and will be treated as such. Further, that the guidelines of MHC may change during my time participating in the court and changes may apply to my program.
21. I understand that the Public Defender in MHC is on the MHC Team, and therefore, does not represent me, but rather represents my interests in successful completion of the program. If I have any questions regarding my original case, I must contact my original defense attorney.

SIGNED: _____

DATE: _____

ATTORNEY _____

DATE: _____

MENTAL HEALTH COURT REFERRAL

Please complete all fields and fax to the Mental Health Court Coordinator at : 775-882-6126

Defendant's Name _____ DOB _____

Gender _____ Race _____ SS# _____

Arresting Agency _____ Agency Case # _____ Arrest Date/Time _____

Original Court _____ Case # _____ Judge _____

Name of Public Defender _____

Code	Charge	Type (G, GM, F)

Where has this person received mental health care? _____

Diagnosis? _____

Attach any of the following if available: __Booking sheet, __case information sheet, __psychiatric evaluations, __P.C., __PSI, __Substance abuse evaluation and/or history

Referred by _____

Relationship _____

Phone number _____

Date Referred _____

Mental Health Court Use ONLY

Accepted _____

Rejected _____

Other _____

Comments _____

Substance Abuse Issues: _____

Date: _____

RELEASE FORM

FOR THE RECIPIENT OF THE INFORMATION

If any of the requested records contain information regarding alcohol or drug treatment, the information is protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the use or 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.

I hereby authorize: Department of Alternative Sentencing 885 E. Musser Street Ste 2080 Carson City, NV 89701 (775) 887-2528 Fax: (775) 887-2302
 Community Counseling Center 205 S. Pratt Avenue Carson City, NV 89701 (775) 882-3945 Fax: (775) 882-6126
 Carson Counseling & Supportive Services 1665 Old Hot Springs Road Ste 150 Carson City, NV 89706 (775) 687-0870 Fax: (775) 687-5103

To use, share, or release health information and records obtained during the course of treatment of:

Patient Name: _____ Date of Birth: _____
Address: _____ Patient's Phone: _____
_____ Social Security No.: _____
_____ Date of Death: _____

- 1. The information is to be shared with, used by, or disclosed to the following person or organization: The Carson City Justice Court – Mental Health Court and its affiliates or the following:

Person/Entity Name: _____
Address: _____
Phone Number(s): _____

- 2. Purpose: The purpose of this use or disclosure is:

At the request of the patient and/or parent/guardian.
 Other: _____

- 3. Information to be used or disclosed:

The information to be used, shared, or disclosed includes only those items checked below, with respect to services provided on or around (insert dates of service): _____ . If this line is left blank, the treatment dates covered by this authorization are from preadmission to discharge and claims resolution. I understand that this authorization extends to all or any part of the records/information designated below which may include treatment for physical and mental illness, alcohol/drug abuse, HIV/AIDS test results or diagnoses. The information to be used or disclosed includes:

- Demographics/Face Sheet
- Discharge Planning Sheet
- Discharge Summary
- History and Physical Exam
- Psychiatric Assessment
- Psychological Testing
- Psychosocial Assessment
- Educational Assessment
- Consultation Reports
- Physician's Orders
- Laboratory Data
- EKG Data
- Treatment Plans
- Progress Notes
- Medication Records
- Other: _____
- Verbal Communication with:
Name: _____

RELEASE FORM

Billing/Financial Records

Relationship: _____

Patient's Name: _____

This authorization is limited to only the information that I have requested on page one to be used by, shared with, or disclosed to the persons/facilities named herein.

I hereby release: Mental Health Court Community Counseling Center
 Carson Counseling and Supportive Services Department of Alternative Sentencing

from all legal responsibilities of liability that may arise from the use or disclosure of medical records and other health information to the Misdemeanor Treatment Court or Mental Health Court Programs and its affiliates in reliance on this authorization.

If the patient is a minor, relevant state law should be followed with respect to the required signatures. Mental Health Court, Community Counseling Center, Carson Counseling and Supportive Service and the Department of Alternative Sentencing will that unless I revoke the authorization earlier, this authorization will automatically not condition treatment, payment, or eligibility for benefits on whether this authorization is signed.

- Expiration:** I understand that unless I revoke the authorization earlier, this authorization will automatically expire in 180 days, or according to the relevant state law, from the date that this authorization is signed.
1. **Re-disclosure:** I understand that information used or disclosed in accordance with this authorization may no longer be protected by Federal law, and could be used or re-disclosed by the receiving party.
2. **Refusal to Sign:** I understand that I may refuse to sign this authorization and that Misdemeanor Treatment Court, Community Counseling Center, Carson Mental Health Center and Department of Alternative Sentencing will not condition treatment on whether I sign this authorization.
3. **Certification:** I certify that I am (check applicable box)
- The patient and the identification that I have provided is true and correct.
- The patient's authorized representative, and that the identification and proof of authority that I have provided is true and correct. My relationship to the patient is that of: _____
4. **Revocation:** I have the right to stop the use or disclosure of information at any time, although I understand that I cannot do anything about information already used or disclosed under this authorization.
5. **Copy:** I understand that I will receive a copy of this completed form.

Patient's Signature

Date

Parent/Guardian Signature

Date

Staff Member/Witness Signature

Date

Internal Use Only

I have received _____ as documentation that verifies the relationship with the patient and the authority to receive health information of the patient.

Employee Signature

Print Name of Employee

Date

Mental Health Court

Approved Over the Counter Medication and Commonly Approved Mental Health Related Medication

Pain Relievers: Acetaminophen (Excedrin, Anacin, and Tylenol), Aspirin, Ibuprofen (Advil, Motrin), and Midol, Mobic Extra strength OK, Do not use flu, allergy or cold and sinus versions.

Cessation Aids: Chantix (Varenicline), Nicotine gum, patch, and lozenges. Do not use any brand of e-cigarette or vaping without prior approval of the court.

Allergies: Benadryl Allergy (Pink), Equate Allergy (Pink), Simply Allergy, Tylenol Severe Allergy (Yellow), or Claritin (Loratidine).

Stomach Relief: Ex-Lax, Gas-X, Gaviscon, Immodium, Maalox, Mylanta, Pepcid, Pepto-Bismol, Prilosec, Rolaids, Tagament HB, or Tums.

Colds: Afrin No Drip Nasal Spray (Purple), Alka Seltzer Plus Cold & Cough (Purple), Alka Seltzer Plus Cold (Blue), Alka-Seltzer Plus Flu (Orange), Any Halls Cough Drops, Chlor-Trimeton (Green), Dristan Cold Original (Red), Honey Cough (Green), Vicks 44m Cough & Chest (Purple), Vicks 44m Cough Relief (Green), or Vicks Vapor rub.

Do NOT take any liquid cap version of the above medication.

Do NOT take any medication with dextromethorphan.

Vitamins: A, B, C, K, Iron, Prenatal.

No herbal supplements or diet aids.

Anti-Psychotics: Aripipazole (Abilify), Chlorpromazine (Thorazine), Fluphenazine, Haloperidol (Haldol), Olanzapine (Zyprexa), Paliperidone (Invega), Perphenazine, Quetiapine (Seroquel), Risperidone (Risperdal), Ziprasidone (Geodon), and Lurasidone (Latuda).

Anti-Depressants: SSRI's, Citalopram (Celexa), Escitalopram (Lexapro), Fluoxetine (Prozac), Paroxetine (Paxil), Sertraline (Zoloft), SNRI's, Duloxetine (Cymbalta), Venlafaxine (Effexor) Other Bupropion (Wellbutrin), and Trazadone.

Mood Stabilizers: Carbamazepine (Tegretol, Divalproex Sodium (Depakote), Lamotrigine (Lamictal), Lithium, and Oxcarbazepine (Trileptal).

ADD/ADHD: Atomoxetine (Strattera), and Guanfacine (Intuniv).

OTHER MEDICATIONS MAY BE APPROVED.

ALWAYS OBTAIN APPROVAL FROM THE TREATMENT COORDINATOR, JUDGE, OR TEAM.

ALWAYS GET PRESCRIPTIONS APPROVED BEFORE FILLING THEM.

Mental Health Court

Medications NOT Approved For Use

Opiate Agonists: Actiq, Buprenorphine (Suboxone), Codeine, Darvocet, Darvon, Demerol, Dilaudid, Diphenoxylate, Dolocet, Fentanyl, Hydrocet, Hydrocodone, Hydromorphan, Hydromorphone, Levacetylmethadol, Levorphanol, Lorcet, Lortab, Meperidine, Methadone, Methadose, Morphine, Norco, Oxy IR, Oxycodone, Oxycontin, Oxymorphone, Percocet, Percodan, Propoxyphene, Suboxone, Tramadol, Tylox, Ultram, Vicodin, or Xodol.

Opioid Antagonists: Naloxone, or Naltrexone.

Benzodiazepines: Alprazolam, Ativan, Chlordiazepoxide, Clonazepam, Clorazepate, Dalmane, Diazepam, Doral, Extazolam, Flurazepam, Halcion, Klonopin, Librium, Lorazepam, Midazolam HCL, Oxazepam, Prosom, Restoril, Serax, Temazepam, Tranxene SD, Tranxene T, Triazolam, Valium, Xanax XR, or Xanax.

Other Medication: Ambien.

Barbiturates: Amytal Sodium, Butisol Sodium, Luminal, Nembutal Sodium, Phenobarbital, or Seconal Sodium.

Muscle Relaxants: Soma (Carisporodol), Flexeril (Cyclobenzaprine), or Valium (Diazepam).

Anything Containing: Alcohol.

Anything Containing: Pseudoephedrine.

Synthetic Pain Medication: Fentanyl, Naprosyn (Alleve), Naltrexone, Pethidine, Propoxyphene, or Tramadol.

Stimulant/ADD/ADHD: Adderall, Concerta, Daytrana, Dexedrine, Focalin, Metadate CD, or Ritalin.

Miscellaneous: Marijuana.

WHEN IN DOUBT ALWAYS ASK THE JUDGE, TREATMENT COORDINATOR, OR TEAM MEMBER. DO NOT TAKE ANY MEDICATION WITHOUT APPROVAL.

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE
INFORMATION: MENTAL HEALTH COURT REFERRAL**

I, _____, hereby consent to communication between the Community Counseling Center, the Specialty Court Judges Judge John Tatro and Judge Thomas R. Armstrong or a substitute Specialty Court Judge, The Office of the District Attorney, The Department of Alternative Sentencing, The Sheriff's Office, The Public Defender's Office, Carson Counseling and Supportive Services, Parole and Probation and representatives of the preceding groups.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptance into substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Mental Health Court program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning _____.
(List charges or case number)

I further understand that the Misdemeanor Treatment Court or Mental Health Court meets in open session and that the pertinent information as to my progress in the program will be discussed in open court.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Misdemeanor Treatment Court or Mental Health Court for the above referenced case such as; the discontinuation of all court and/or, where relevant, probation supervision upon my successful completion of the Misdemeanor Treatment Court or Mental Health Court requirements or upon sentencing for violating the terms of my Misdemeanor Treatment Court or Mental Health Court involvement and/or where relevant, probation.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulation, which governs that confidentiality of substance abuse client records and is also bound by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. parts 160 & 164 and that recipients of this information may redisclose it only in connection with their official duties.

Date _____

Name _____

Signature _____

Signature _____

Witness

Signature _____
Parent or Guardian (where applicable)

Signature _____
Interpreter (where applicable)