



State of Colorado

First Judicial District
Jefferson & Gilpin Counties

BEHAVIORAL HEALTH COURT Participant Handbook



MISSION STATEMENT

The First Judicial District Behavioral Health Court (BHC) promotes public safety by holding justice-involved individuals with serious and persistent mental illnesses accountable for their behavior while providing treatment and support through a team-based approach and frequent judicial monitoring.



We recognize every participant as an individual who must be treated with respect and dignity to promote positive and productive life changes. We strive to identify and treat mental health and/or substance abuse issues that contribute to criminal justice involvement by coordinating and collaborating with community-based services and criminal justice agencies.

OVERVIEW

Welcome to the First Judicial District Behavioral Health Court (BHC). BHC is a problem-solving court, which works to improve the lives of adults in the court system who have been diagnosed with mental health disorders with or without a substance use disorder. This handbook will provide you with the information you need to be successful in this program.

Please read this handbook carefully. It is your responsibility to understand the expectations of the BHC team. If you have additional questions or concerns, please contact your Probation Officer, the BHC Court Coordinator, treatment provider or attorney. We encourage you to share this information with your friends and family who support you in recovery.

PROGRAM DESCRIPTION

Behavioral Health Court is a voluntary program that takes a minimum of 13 months to complete. The actual length of the program will vary depending upon your progress. BHC involves frequent court appearances, strong judicial involvement, and a team approach to your supervision and sobriety. You will be required to make regular court appearances, participate in behavioral health treatment, submit to random drug testing, and participate in self-help meetings, along with other conditions as required by the Court to help you meet your goal of achieving wellness and sobriety. The Court provides incentives and/or rewards for positive behavior, as well as sanctions for non-compliance with program rules.

The foundation of BHC is to “show up, try hard, and be honest,” and the BHC team will expect this from you throughout your time in the program in order to progress.

We understand that you may be managing the symptoms of your mental illness throughout your lifetime. Our goal is to support you as you utilize the skills necessary to manage your illness, successfully complete probation, and avoid future criminal justice system involvement.



THE COURT

As a participant of BHC, you will be required to appear in court on a regular basis. As you progress through the program, your appearances will be less frequent. Failure to appear will result in a warrant being issued for your arrest. No matter what struggles you may have encountered throughout the week, it is vital to show up to your court appearance on Tuesday to discuss these struggles with the BHC team. During your hearing, you will speak for yourself and are encouraged to ask the Judicial

Officer any questions you may have, as well as voice concerns and/or accomplishments. When attending court, please remember these ground rules:

- Attend all court hearings on time. If you are late, you will not be called until the end of the docket.
- Dress appropriately.
- DO NOT use profanity.
- Address the Judicial Officer and BHC team with courtesy and respect.
- Show support and encouragement to fellow participants.
- Remain in court until dismissed by the Judicial Officer.
- Do not bring children to your hearings unless given prior permission from the Judicial Officer or your Probation Officer.
- Turn your cell phone off and put away during court.

TEAM MEMBERS



The Behavioral Health Court team works together to support you as you move through the program phases. The Judge and other team members will make all decisions regarding your participation in the program based on input from the various team members, providers and other support services.

Behavioral Health Court Judge serves as the lead member of the BHC team and presides at all team staffings and court hearings. The Judicial Officer and other team members will make all decisions regarding your participation in the program based on input from the various team members, providers and other support services. Before your court hearing, the Judicial Officer will be given an update on your progress by members of the BHC team. During this case review, the team will discuss your drug testing results, cooperation in treatment, employment, or other requirements that may have been imposed. The team will also discuss any progress or obstacles you may have encountered, which could result in rewards or sanctions.

The **District Attorney** reviews each case and determines participants who are legally eligible for participation in the program. They are required to contact any and all victims in the case, make sentencing recommendations to the Court and attend all team staffings.

The **Defense Counsel/Public Defender** will consult with participants regarding their legal rights when entering the program. They will meet with the District Attorney to work out sentencing agreements, monitor imposed sanctions, and represent participants in BHC hearings.

The **Probation Officer(s)** will monitor your progress throughout the phases of the program, including both court ordered and voluntary activities. Weekly reports will be provided to other team members regarding your compliance with treatment, drug testing, and other requirements in order for the team to provide recommendations to the BHC Judicial Officer.

The **Court Coordinator(s)** maintains electronic files on all participants. The Coordinator can provide explanations of the program, make referrals for services such as educational or employment programs, and attends a weekly team staffing.

The **Treatment Providers** communicate regularly with the BHC team about your treatment progress, provide clinical recommendations, and attend a weekly team staffing.

Behavioral Health Court Specialist: Assesses mental health diagnoses, determines whether applicants meet mental health eligibility requirements, coordinates care with your treatment providers, and provides the BHC team with updates regarding your participation in treatment.

The **Sheriff Deputy** assists the court in ensuring compliance with the program and community safety.

Other members of your team include family, friends, and any other positive supports in the community to help you in your recovery.

Phases and Treatment Overview



BHC is a five-phase program for those individuals who are motivated for mental health stability and for a drug-free lifestyle. You must be willing to commit to the entire program, which depending on your individual progress, will be a 24-month probation sentence. If you enter the program and demonstrate perfect compliance and sobriety, you may be given the opportunity to complete the program in a much shorter amount of time, but no sooner than 13 months.

Each program phase consists of specific treatment objectives and probation requirements necessary to advance to the next phase. You will complete a clinical treatment intake. This will determine the level of treatment you will attend. Your treatment schedule may include options such as residential treatment, group therapy, and individual sessions that are best suited to help you be successful. This treatment plan will be mandatory, and failure to attend or participate will result in a sanction from the Court. Treatment schedules are not based on program phases, and in order to progress through treatment – you must be attending, participating, and demonstrating what you are learning. You will need to complete a Phase Application and have it approved to move phases.

As a participant, you may be required to meet with a peer mentor, participate in pro-social activities, or go to support services as needed. It is essential that you develop a support system as well as the skills that will allow you to find long term recovery. Together, we can make it work.

Phase 1 (minimum of 4 weeks)

The purpose of Phase 1 is to help you get connected with services and to get you in the habit of showing up for all appointments and scheduled services. During Phase 1, you will be referred to mental health and substance use providers for an assessment and begin the process of developing an individualized treatment plan(s) with community treatment provider(s) and a supervision plan with your probation officer.

Phase 1 Requirements:

1. Attend Behavioral Health Court every week and complete court responses.
2. Complete intakes with mental health and substance abuse treatment providers as directed.
3. Comply with prescriber appointments and recommendations.
4. Attend all probation appointments.
5. Submit random, supervised urine screens, no dilute, missed or tampering with tests.
6. Work with identified professionals to obtain medical/social assistance benefits if indicated.
7. Provide proof of insurance to probation.
8. Provide a valid housing situation with address to probation.

Criteria for Advancement to Phase 2:

On date of advancement to Phase 2, you must have 2 consecutive weeks of being a Strong Performer, completed your Phase 1 checklist, and have it signed off.

PHASE 2 (minimum of 12 weeks)

The purpose of Phase 2 is to create individualized treatment goals with your treatment provider(s) and case plan goals with your probation officer. As well as connect you with any resources to increase your stability and meet your needs.



Phase 2 Requirements:

1. Attend Behavioral Health Court every other week and complete court responses.
2. Attend all probation appointments and meet goals of your case plan.
3. Attend all mental health and substance abuse treatment services as determined by your individual treatment plan and meet treatment goals.
4. Comply with prescriber appointments and recommendations.
5. Submit random, supervised urine screens, no dilute, missed, positive results or tampering with tests.
6. Work with identified professionals to obtain medical/social assistance benefits, if indicated.
7. Obtain stable housing with verification.
8. Set up payment plan with probation.

Criteria for Advancement to Phase 3:

On date of advancement to Phase 3, you must have 2 consecutive weeks of being a Strong Performer, 30 days of 100% negative drug tests, completed your Phase 2 checklist, and have it signed off.

PHASE 3 (minimum of 14 weeks)

The purpose of Phase 3 is to work on your treatment and case plan goals by practicing new skills. You will also increase your positive support system in this phase.

Phase 3 Requirements:

1. Attend Behavioral Health Court once every three weeks and complete court responses.
2. Attend all probation appointments and meet goals of your case plan.
3. Attend all mental health and substance abuse treatment services as determined by your individual treatment plan and meet treatment goals.
4. Comply with prescriber appointments and recommendations
5. Submit random, supervised urine screens, no dilute, missed, positive results or tampering with tests.
6. Obtain recovery-oriented housing verified by team.
7. Identify pro-social supports and activities.

Criteria for Advancement to Phase 4:

On date of advancement to Phase 4, you must have 3 consecutive weeks of being a Strong Performer, 45 days of 100% negative drug tests, completed your Phase 3 checklist, and have it signed off.

PHASE 4 *(minimum of 14 weeks)*

The purpose of Phase 4 is to continue working on your treatment goals for long term recovery. Additional emphasis is placed on maintaining stable housing and establishing pro-social support, employment/training and education.

Phase 4 Requirements:

1. Attend Behavioral Health Court once every four weeks and complete court responses.
2. Attend all probation appointments and meet goals of your case plan.
3. Attend all mental health and substance abuse treatment services as determined by your individual treatment plan and meet treatment goals.
4. Comply with prescriber appointments and recommendations.
5. Complete a criminal thinking intervention.
6. Complete maintenance plan with treatment.
7. Submit random, supervised urine screens, no dilute, missed, positive results or tampering with tests.
8. Maintain recovery-oriented housing verified by the team.
9. Engage in 3 pro-social activities
10. Review income source with the team.
11. Make 3 months in a row of court payments.

Criteria for Advancement to Phase 5:

On date of advancement to Phase 5, you must have 3 consecutive weeks of being a Strong Performer, 60 days of 100% negative drug tests, completed your Phase 4 checklist, and have it signed off.



PHASE 5 *(minimum of 12 weeks)*

The purpose of Phase 5 is to implement your long-term recovery plan, practice what you will use to remain in recovery with less support from your BHC team, and to ensure you have addressed all your needs to be successful moving forward.

Phase 5 requirements:

1. Attend Behavioral Health Court once a month and complete court responses.
2. Maintain written daily schedule and bring to each court review and probation appointment.
3. Attend all probation appointments and meet goals of case plan.
4. Implement maintenance plan with therapist and team.
5. Comply with prescriber appointments and recommendations.
6. Submit random, supervised urine screens, no dilute, missed, positive results or tampering with tests.
7. Maintain recovery-oriented housing verified by team.
8. Engage in 3 pro-social activities
9. Obtain stable source of verifiable income.
10. Make 3 months in a row of court payments.

Criteria for Graduation:

On the date of your graduation, you must have 4 consecutive weeks of being a Strong Performer, 90 days of 100% negative drug tests, completed your Phase 5 checklist, and have it signed off.



*****Graduation from the Behavioral Health Court is an important event*****

Invite your friends and family to join you in a Graduation Ceremony to help celebrate your success. The BHC team looks forward to congratulating you for successfully completing the program and achieving your goals!

Once you complete Behavioral Health Court, you are no longer required to appear in BHC. However, you will continue to be subject to all terms and conditions set by the sentencing judge until you are successfully discharged from probation.

BHC strongly encourages you to remain involved in support groups and other activities that will assist you in your ongoing wellness & recovery efforts after you graduate. You are also encouraged to maintain your connection with BHC by serving as a mentor, attending HOPE alumni activities, and attending graduation ceremonies. Possible mentor activities include speaking to groups, meeting with other BHC participants who are struggling, and helping participants connect with a community support group. If you are interested in becoming a mentor after you graduate, please speak with your probation officer.

CONFIDENTIALITY

State and federal regulations require that your identity and privacy be protected. To comply with these regulations, the BHC Team and treatment providers have developed policies and procedures that guard your privacy. You will be required to sign a *release of information* for all members of the BHC team. The consent allows confidential substance abuse information to be used for the purpose of monitoring your progress in treatment and when necessary, determining appropriate changes in your treatment or other program requirements or appropriate rewards or interventions.



INCENTIVES, SANCTIONS, and TREATMENT RESPONSES

Frequent court appearances allow the BHC team the opportunity to respond quickly to your behaviors and your treatment needs, whether positive or negative.

Incentives will be offered to reinforce sobriety, motivation, and pro-social behaviors. Incentives can be provided by the team, in a variety of ways, when you demonstrate compliance and progress toward your goals. This may include bus passes, motivational items, gift cards, telephone probation appointments, “Fast-pass”, or less frequent requirements.

Sanctions also provide the Court ways to help you change your behavior in meaningful ways. Interventions are imposed every time a non-compliant behavior occurs. The sanctions imposed will increase in severity for serious violations as well as repeated violations. Sanctions can be imposed by the team and will be used for the entire time you are involved with the BHC program. Sanctions may result from non-compliance with court

orders, or any other terms and conditions of probation. Examples of these sanctions include job logs, work crew, community service, increased court appearances or monitoring, as well as jail.

Due Process: In BHC you will be subject to jail sanctions for certain program violations. You have the right to a hearing if you do not admit to engaging in the specific behavior you are being sanctioned to jail. You have the right to be represented by counsel, the right to testify, and to cross examine and call witnesses.

Treatment responses are interventions by the Court and your team to help you progress in treatment. The interventions are not sanctions but attempts to support your recovery process. Treatment responses may include sober support meetings, mental health appointments, medically assisted treatment (MAT) appointments, treatment papers, and increased levels of treatment.

One of the most important principles of the BHC Program is **“Show up, try hard, and be honest.”** You are expected to show up to all appointments, treatment services, UAs and court. Failure to do so will result in a sanction from the team. Failure to show up to court will result in an arrest warrant. You are also expected to have open communication with your Probation Officer, therapist, and the BHC Judicial Officer about any drug use or violations, and to reach out to them when you are struggling. Dishonesty will result in a more severe sanction from the team.

Incentives

Strong Performer

If you have attended every single one of your services from one court review to the next court review:

- You can be a **STRONG PERFORMER!!**
 - You can be a Strong Performer in Phase 1 without a negative drug test.
 - After Phase 1 you will need all negative drug tests to be a Strong Performer.
- If you are a Strong Performer:
 - You will get your name on the board.
 - You will get called up at the start of docket and get to leave when you are done.
 - You will get applause from everyone.
 - You will get to draw a chip from the prize bowl.
- You need to get Strong Performer status to move through the program phases.

Spin the Wheel

- If you increase your recovery capital between court reviews-you can **SPIN THE WHEEL!**
 - Examples: found a job, going to dentist, going to doctor, getting visitation with your kids, completing a case plan goal, getting your license, completing residential treatment, etc.
 - There are various incentives on the wheel you could win.



Phase Movement

- When you move through the phases you will be incentivized for this!
 - You will get a signed certificate from the Judge.
 - You will be called up at the start of the docket and be recognized by everyone.
 - If funding allows you will also get a gift card.

Commencement

- Incentives for completing the program!
 - A framed signed certificate from the Judge.
 - We will provide a cake or donuts for you and your family/friends.
 - If funding allows you will get a gift card and potentially another gift from the team.

Sanction Matrix

PHASE	Proximal	Responses	Distal	Responses
1	<ul style="list-style-type: none"> Missed services Diluted drug test Tampered drug test Not completing court sanction Late to court 	<ul style="list-style-type: none"> Calendar appointments Phone check-ins In-person check-ins Dilute UA worksheet EHM Community service hours Jail Home visits 	<ul style="list-style-type: none"> Drug use No job No stable housing Not compliant with medications Associating with high risk: People, Places, Things 	<ul style="list-style-type: none"> Essays Apology Verbal from Judge Housing plan Research medications Journaling Support Meetings
2	<ul style="list-style-type: none"> Missed services Diluted drug test Tampered drug test Not completing court sanction Late to court Not having stable housing 	<ul style="list-style-type: none"> Phone check-ins In-person check-ins Dilute UA worksheet EHM Home Visits Community service hours Work Crew Jail Court ordered housing Sit through docket 	<ul style="list-style-type: none"> Drug use No job Not compliant with medications Not attending support meetings Associating with high risk: People, Places, Things 	<ul style="list-style-type: none"> Essays Apology Verbal from Judge Housing plan Attend medication appointments People, places, feelings Autobiography Support meetings
3	<ul style="list-style-type: none"> Drug use Not having stable housing Non-compliance with medications Associating with high risk: People, Places, Things 	<ul style="list-style-type: none"> Work release Home Visits EHM Work Crew Jail Medication checks with treatment or probation Observe another court 	<ul style="list-style-type: none"> No job Not compliant with payment plan Not attending support meetings Housing not sober and supportive 	<ul style="list-style-type: none"> Job search & log Budget Support meetings Court ordered housing Self-imposed sanction Review participant handbook
4	<ul style="list-style-type: none"> Drug use Housing not sober & supportive No job Not compliant with payment plan Not attending support meetings 	<ul style="list-style-type: none"> Jail Revocation Increased court reviews Increased urine screens Increased supervision 	<ul style="list-style-type: none"> Not implementing relapse plan/tools Not implementing aftercare plan 	<ul style="list-style-type: none"> Interviews Self-imposed sanction Sit through docket Team round table with client
5	<ul style="list-style-type: none"> New crime Drug use Not compliant with payment plan Not attending support meetings 	<ul style="list-style-type: none"> Jail Revocation Work Release Increased court reviews Increased urine screens Termination 	<ul style="list-style-type: none"> Team round table with client 	



TRAVEL REQUESTS

If you are requesting to travel out of state at any time, you must have all details approved by your Probation Officer and the BHC team **in advance** of your travel. Travel is a privilege that must be earned through demonstrated sobriety and compliance with your BHC requirements. Be sure to discuss any potential travel requests with your probation officer with as much advance notice as possible, as you will be required to find approved locations to submit to urine screens and provide other documentation of your travel plans. Non-compliance with any BHC requirements may result in a loss of previously approved travel privileges.

PAYMENT OF SERVICES



You will be assessed for your ability to pay for treatment and monitored sobriety at the beginning of each phase. Please address your payment concerns with your probation officer. Traditionally, clients pay for more treatment and drug testing as they progress through the program. We understand you may have fines, fees, and restitution to pay off, and we will work with you to make sure your financial burden is bearable. It is expected that each participant will financially invest in his/her treatment and drug testing. Failure to attend treatment or submit a drug test due to an inability to pay may result in a sanction.

You will be expected to establish a payment plan with the collections investigator to work towards paying off court fines and restitution. We understand monthly payments may not be possible at the beginning of your participation in the program, but participants in the later phases of the program should be making payments towards the balance.

EMPLOYMENT AND DISABILITY

As a participant in BHC, treatment is your top priority. As you progress through the program, you will be asked to find employment or pursue education. We understand some who come to us will be on disability and unable to work. If you are on disability, you may be encouraged to find a way to volunteer your time to help those in need to the best of your ability. If you are on disability, please discuss this requirement with your probation officer and a plan will be developed according to your needs.

TRANSPORTATION

Under no circumstances should you drive yourself anywhere if you do not have a valid driver's license. Discuss this with your probation officer if you are struggling with transportation issues. Did you know that if you are 50% or more disabled, RTD will work with you to get discounts on bus passes? For any questions on this program, contact specialdiscount@rtd-denver.com.

PRESCRIPTION DRUG POLICY:

- ✓ Your BHC team will rely on expert medical input to determine if a prescription or medication is medically needed for you.
- ✓ It is preferred you are monitored by a doctor with training in addiction psychiatry or addiction medication.
- ✓ You may be required to limit your prescribing doctors and may require release of information between doctors.



- ✓ You must inform your probation officer at entry into the program if you are on any medication.
- ✓ You will be required to complete a medication form that you provide to your doctor with a release of information. You will be required to return this to your probation officer within 2 weeks of program entry.
- ✓ Your probation officer will follow up with your doctor to verify the information that is provided.
- ✓ You must inform your probation officer within 24 hours of any changes, new prescriptions, or medications.
- ✓ In an emergency, you must report any medications or prescriptions to your probation officer within 24 hours of discharge.
- ✓ If you are planning a medical procedure, you must complete the medication policy form in advance of the procedure and provide to your probation officer.
- ✓ You may be required to submit additional drug tests and pay for them.

If you are not in compliance with the medication policy at any time during your program, you are subject to a court response, including a sanction and/or termination.

The medication policy includes medical, mental health medication, and/or medically assisted treatment.

TERMINATION



You will be terminated from the program for the following:

1. If you revoke the Release of Information that allows the BHC team to share information about your case or treatment progress.
2. If you present a threat to public safety, any BHC personnel, participants, or victims.
3. If you move away from the area in which necessary providers can provide treatment and do not have adequate transportation to get to court, probation appointments, drug and alcohol testing, or treatment. While this is grounds for program termination, it may not necessarily result in a probation revocation.

You may be terminated for the following:

1. Failure to remain law-abiding.
2. Failure to follow treatment plan(s).
3. Failure to take medications as prescribed.
4. Failure to comply with monitored sobriety.
5. Tampering to alter results of drug tests.
6. Failure to attend scheduled court review hearings.
7. Failure to comply with probation supervision plan.
8. Failure to comply with BHC general and phase requirements.
9. A post-entry determination that you were not appropriate for the BHC program due to your level of need or ability to comply with basic program requirements.

Before termination from BHC may occur, the probation department will file a motion to revoke probation. An attorney may provide representation in any revocation proceedings. Your case will be returned to your original Judge for re-sentencing.

Prescription Policy Doctor's Note

DOCTOR'S NOTICE

Name of Patient: _____

DOB: _____

Dear Medical Provider:

The patient is a participant in one of the treatment courts in the First Judicial District. These treatment-based court programs are alternatives to incarceration for justice involved individuals with behavioral health and substance dependency diagnoses and promote long-term recovery by addressing related behavioral concerns and substance use disorder symptoms.

The patient is required as part of the program to disclose any prescription medication and provide verification from the prescriber.

The program relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically required or if a nonaddictive, nonintoxicating, and medically safe alternatives treatment are available.

The participant may be carefully monitored by a physician, preferably, with training in addiction psychiatry or addiction medication. The participant will also be required to complete the medication policy form with a release of information to their prescriber.

The program will contact the prescriber to verify the information documented in this form. As well as any changes made thereafter.

Medical Provider's Name: _____

Medical Provider's Agency: _____

Medical Provider's Contact information: _____

Medical Reason for Prescription: _____

Prescription Information:

Name: _____

Duration: _____

If no alternative to nonaddictive, nonintoxicating medication please explain:

Date: _____

Probation Officer Name and Contact Information: _____

PARTICIPANT PRESCRIPTION POLICY CHECKLIST

You must complete and initial this checklist and provide to your supervising probation officer.

You must also provide a signed release of information with your prescribing doctor AND the doctor's notice on the other side of this.

_____ You must inform your probation officer at entry into the program if you are on any medication.

_____ You will be required to complete a medication form that you provide to your doctor with a release of information. You will be required to return this to your probation officer within 2 weeks of program entry.

_____ It is preferred you are monitored by a doctor with training in addiction psychiatry or addiction medication.

_____ Require release of information between all prescribing doctors and your team/probation officer.

_____ Your probation officer will follow up with your doctor to verify the information that is provided.

_____ You must inform your probation officer within 24 hours of any changes, new prescriptions, or medications.

_____ In an emergency, you must report any medications or prescriptions to your probation officer within 24 hours of discharge.

_____ If you are planning a medical procedure, you must complete the medication policy form in advance of the procedure and provide to your probation officer.

_____ The medication policy includes medical, mental health medication, and/or medically assisted treatment.

_____ You may be required to submit additional drug tests and pay for them.

_____ *If you are not in compliance with the medication policy at any time during your program, you are subject to court response, including a sanction and/or termination.*

_____	_____	_____	_____
Participant Name	Date	Probation Officer	Date

PARTICIPANT EXPECTATIONS

I understand by entering into the 1st Judicial District Behavioral Health Court (BHC), I am bound by the conditions and expectations of the BHC team terms in addition to the standard Terms and Conditions of Probation. (see below)

I understand that if I enter this program and fail to complete it successfully that I may not be eligible to participate in the future.

I understand that my sentence to BHC involves a time commitment of twenty-four months or until successful completion of the program but cannot be completed sooner than 13 months.

I understand that my treatment and case plans will be evaluated throughout my participation in BHC and may be modified in response to my individual circumstances.

I understand that my treatment plan and phase requirements of BHC include sober support meetings or activities. I agree to provide proof of attendance to my therapist or Probation Officer.

I understand that there are many substances, including food (such as poppy seeds), beverages, over the counter medications, and herbal supplements that may contain ingredients that could result in a positive urine sample. I agree to take responsibility for what I put in my body and I further understand that consumption of these substances will not serve as a justification or excuse to a positive urine sample.

I hereby agree that possession or use of Spice, Kratom, MDMA, Ecstasy, LSD, or any other product that is deemed to be a hallucinogenic herb, or designer drug while in BHC is strictly prohibited. This may result in court responses, including sanction and/or unsuccessful termination from the program.

I understand that substituting or altering my specimen or trying in any way to modify my body fluids for the purpose of changing the drug testing results will be considered a tamper. This may result in court responses; including sanction and/or unsuccessful termination from the program.

I understand that ingesting excessive amounts of fluids can result in a diluted urine sample which will be considered a tamper.

I will inform all treating medical professionals that I am a person in recovery from addiction and may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my Probation Officer immediately and complete the doctor's notice to comply.

I understand that I will receive court responses for violations in the program. These could be sanctions that include; jail time, increased drug testing, community service, Electronic Monitoring (EHM, SCRAM, Sleep Time Monitor), a curfew and other responses deemed appropriate by the BHC team. (see Sanction Matrix)

Based on the goals of sentencing and probation outlined in §18-1.3-204, C.R.S., the court has determined that the possession and/or use of medical marijuana is prohibited while I am participating in a Problem-Solving Court.

I agree to sign any and all releases of information.

I understand that I may be responsible for all or partial costs of the program at the discretion of my Probation Officer.

Participant Name	Date	Probation Officer	Date
------------------	------	-------------------	------

STANDARD CONDITIONS OF SUPERVISION

I will abide by the following conditions in addition to the conditions ordered on the previous page:

Crime-Free Lifestyle:

1. I will not commit any offense and will report any contact with law enforcement to the probation officer.
2. I will not harass, molest, intimidate, retaliate against, or tamper with any victims of or any prosecution witnesses to the crime(s).
3. I will not act as a confidential informant.
4. I will not possess or have access to any firearm, explosive or destructive device, or any other dangerous instrument or dangerous or illegal weapon.
5. I will submit to a search of my person, property, residence, vehicle, or personal effects, including but not limited to any electronic devices, by the probation officer when there are reasonable grounds to search. My personal property is subject to seizure if it violates any of the terms and conditions of my supervision, and I specifically consent to the use of any seized property as evidence in a modification or revocation proceeding.
6. I will not use alcohol (to excess) *, use or possess any controlled substances without a prescription or in a manner that is inconsistent with a prescription, or use any illegal, dangerous, or abusable drugs or substances. I understand that the use of medical marijuana is permissible unless such use is prohibited by court order or my conviction is for a violation of Article 43.3 of Title 12, C.R.S. (offense prior to 10/1/18), Article 11 of Title 44 (offense on or after 10/1/18 but prior to 1/1/20), or Article 10 of Title 44 (offense on or after 1/1/20). *Strike "(to excess)" only pursuant to a court order or if appropriate as determined by assessment(s)
7. I will submit to drug and alcohol testing as directed by the probation officer. I understand I am responsible for the costs of testing, unless other arrangements have been made through the probation officer.

Treatment:

8. I will actively participate in, cooperate with, and successfully complete any referral, evaluation, assessment or recommended program. These programs may include but are not limited to: placement in a residential or outpatient program, counseling or treatment for drugs or alcohol, mental health, domestic violence, cognitive behavioral, offense specific or anger management. I will sign any necessary releases of information, and I understand I am responsible for the costs of treatment and services, unless other arrangements have been made through the probation officer.

Supervision:

9. I will report to the probation officer for appointments, as directed by the Court or the probation officer. I understand that the probation officer can visit me at reasonable times at home or elsewhere. I will provide the probation department with safe access to my residence.
10. I will notify the probation officer of changes in my address, phone number, employment, or education status.
11. I will maintain suitable employment and/or pursue employment, education, or vocational training.
12. I will comply with any other requirements of the probation officer, including answering all reasonable questions asked by the probation officer, in order to meet the conditions imposed by the Court. Also, I will sign each release of information that is necessary for the probation department to communicate with others regarding my supervision.
13. I will not leave the State of Colorado without written permission from the probation officer or the Court.
14. As required by §18-1.3-204(1.5), C.R.S., if I am convicted of a qualifying misdemeanor offense pursuant to the Interstate Compact for Adult Offender Supervision or of any felony, I will sign a Waiver of Extradition agreeing to waive all formal proceedings and return to Colorado in the event I am arrested in another state.
15. If I was convicted of any felony or if I was convicted of, or received a deferred judgment/sentence for, an offense involving unlawful sexual behavior as defined by §16-22-102(9), C.R.S., or for which the underlying factual basis involves unlawful sexual behavior, I will submit to and pay for a test of my biological substance to determine genetic markers (DNA) in accordance with §16-11-102.4, C.R.S., unless this process was completed at arrest or issuance of a summons.
16. If required for my offense, I will comply with all registration requirements of the Colorado Sex Offender Registration Act (C.R.S. Title 16, Article 22, Part 1) and will sign the registry notice that sets forth the registration requirements.

Intensive Programs: If placed in an intensive supervision program, the following additional conditions will also apply:

1. I will comply with any curfew established by the probation officer.
2. I will not consume alcohol.
3. I will allow the probation officer to search my person, property, residence, vehicle, or personal effects, including but not limited to any electronic devices, at any time with or without my consent. My personal property is subject to seizure if it violates any of the terms and conditions of my supervision, and I specifically consent to the use of any seized property as evidence in a modification or revocation proceeding.

Acknowledgment

_____ I have read the above 1st Judicial District Behavioral Health Court participant handbook and understand what I have read.

_____ I have read all addendums and understand what I have read. I agree to comply with the participant expectations.

_____ I agree to enter the 1st Judicial District Behavioral Health Court program.

Participant Date

Probation Officer /Coordinator Date



IMPORTANT NUMBERS and PEOPLE

- **Judge:** Magistrate Schaefer
- **Division S Clerk**..... 720-772-2705
- **Court Coordinators**
 - Brigitte Smith..... 720-772-2685
 - 01PSC@judicial.state.co.us
 - Russell Marsitto..... 720-772-2689
 - 01PSC@judicial.state.co.us
- **Jefferson County Public Defender’s Office**..... 303-279-7841
- **Probation Officers**
 - Amica Caraballo..... 720-772-2310
 - Amica.caraballo@judicial.state.co.us
 - Mackenzie Bagwell..... 720-772-2377
 - Mackenzie.bagwell@judicial.state.co.us
- **Jefferson Center**..... 303-425-0300
 - Danielle Lopez..... (Office) 303-432-5577(cell) 720-731-4356
- **Random Urine Screen Number** www.mycallin.com
303-552-0646 / 303-552-0624

Behavioral Health Court
1st Judicial District
100 Jefferson County Parkway
Golden, CO 80401
Division S
Courtroom 100