

PLATTSBURGH MENTAL HEALTH COURT

PARTICIPANT CONTRACT

I _____, have pled guilty to the crime of ____ and will be sentenced to three years on Probation. [OR have admitted Violation of Probation OR have been charged with ____]. I agree to participate in the Mental Health Court Program and agree that compliance with this Contract will be a Term and Condition of my Probation [OR Pretrial Release OR Interim Probation].

As a participant in the Plattsburgh Mental Health Court, I understand that I will be required to follow the instructions given in Court by the Judge and I must comply with the Treatment Plan developed for me by the Mental Health Court Team. I understand that the purpose of the Plattsburgh Mental Health Court is to help me stay engaged in treatment for my mental illness so that I can live a better life. I have discussed all of the following information with my treatment provider and my attorney.

What is the Plattsburgh Mental Health Court?

The Plattsburgh Mental Health Court is a special part of the Plattsburgh City Court. It is a court-supervised program for Plattsburgh City Court defendants who have serious mental health issues, who need treatment and other services, and who choose to participate in the Court program instead of having their cases proceed in the regular court process.

What do I have to do?

The Plattsburgh Mental Health Court Team has prepared a Treatment Plan for me based on an assessment of my needs for mental health treatment, substance abuse treatment, case management services, housing, and other needs. I have read my Treatment Plan with my lawyer and my counselor. In order to participate in the Court, I agree to comply with this Treatment Plan, with all of the terms and conditions of my probation or pre-trial release. I also agree to sign this contract in Court, which is an agreement between me and the Judge.

How long will I be involved in the Mental Health Court?

The Plattsburgh Mental Health Court is a four-phase program that lasts from 1½ years to three [five] years. I know that the amount of time I will spend in the Mental Health Court is determined by my plea agreement and my individual progress in treatment. While I am participating in the Mental Health Court, the

Judge, Mental Health Court Team, and my Probation Officer will monitor my participation and progress in treatment.

I understand that discharge, termination or voluntary withdrawal from the Mental Health Court is a violation of my probation or pretrial release conditions, and I can be sentenced to up to one year in jail.

What's in it for me?

Services: The Mental Health Court Team will help me get case management services, mental health treatment, and, if my treatment plans calls for it, substance abuse and supported housing. The Team will also help connect me to educational and/or employment opportunities.

Recognition of progress: As I progress through the phases of my treatment plan, my achievements will be publicly recognized by the Mental Health Court Judge and I will receive certificates to acknowledge my accomplishments.

Opportunity: The Mental Health Court offers me a chance to avoid jail or prison on my current charges and to move forward in my life. The specific plea agreement made with the District Attorney in my case is stated at the end of this Contract.

I am learning that there are many people who make up the Plattsburgh Mental Health Court Team, and they all want to see me succeed. I know that if I take advantage of the assistance offered, I can discover many ways to make a better life for myself.

What are the rules of the Mental Health Court?

To remain in the Plattsburgh Mental Health Court, I understand that I must follow these rules:

Appear in Court as scheduled

I will be required to appear in front of the Mental Health Court Judge in Plattsburgh City Court on a regular basis. The Judge and the Team will be given progress reports regarding my attendance and participation in my treatment program and the other components of my Treatment Plan. I know that the Judge and other members of the Team will ask me about my progress and discuss any problems I may be having. Depending on my situation, I may have to come to court several times a month. As I make progress, my court appearance and appointment schedule will be reduced.

Follow my Treatment Plan

I understand that my Treatment Plan will include some or all of the following components:

- Medications
- Regular appointments with a psychiatrist
- Participation in a mental health treatment program,
- Participation in substance abuse treatment
- Intensive or supported case management services
- Housing with social services provided
- Education and/or employment

I know that my Treatment Plan may include additional components as well, such as participation in educational or vocational programs or in self-help or support groups. I know, too, that my Treatment Plan can change as my needs change.

Specific rules about some Treatment Plan components are discussed below.

Medications. I know that it is extremely important that I take the **medications that my treating psychiatrist prescribes for me.** The Judge and Team of the Plattsburgh Mental Health Court recognize that many medications have very unpleasant side effects, that many medications do not work equally well for all patients, and that it can be very difficult for a doctor and a patient to find the best combination of medications for that patient. But for most participants in the Mental Health Court, medications will be essential for managing symptoms of illness and living successfully in the community.

I understand that if I have complaints about my medications, I must tell my psychiatrist and my Probation Officer. My psychiatrist may be able to prescribe a different medication or additional medications to treat side effects. If I continue to have complaints about my medications and feel that my psychiatrist is not responding to my concerns, I will tell the Mental Health Court Team and the Judge. The Team may then be able to discuss my concerns with my psychiatrist and see whether any acceptable alternatives are available.

I also understand that refusal or repeated failure to take my medications will result in sanctions being imposed by the Mental Health Court Judge. I know that before any sanctions are imposed, I will have the opportunity to explain my reasons for not taking medications to the Mental Health Court Team and the Judge.

Mental health treatment program. My Treatment Plan requires that I participate in a mental health treatment program. My treatment provider will tell

the Mental Health Court when I am attending, when I am absent, and how I am doing in my program. I must attend all scheduled treatment appointments and follow all the rules of my treatment program.

Substance abuse or alcohol treatment. All candidates for the Mental Health Court are asked about their history of substance abuse, and all participants in the Mental Health Court are required to give urine samples when they first enter the Mental Health Court program. Participants may be required to participate in drug or alcohol treatment and to submit regular urine samples, both at Court, at Probation, and at their treatment program, if they:

- have a history of substance or alcohol abuse
- have current charges or previous convictions involving drug-related offenses,
- have positive results in a urine test, or
- while in the Mental Health Court program, show signs of possible drug use.

As with my mental health treatment, I must attend all scheduled substance abuse treatment appointments and follow all the rules of my treatment program. My substance abuse treatment provider will tell the Mental Health Court how my attendance is and how well I am doing.

Case management services. Community-based intensive and supportive case managers help consumers to coordinate the services they need in the community. My Treatment Plan may require me to accept the services of a community-based case manager, who will visit me at my home and my treatment program and assist me with getting a variety of services. My community-based case manager will also provide information to the Mental Health Court on how well I am following my treatment plan and how I am doing in treatment.

Probation Department Supervision. I will be assigned to a Probation Officer or Pre-Trial Release supervisor. I understand that I must keep all appointments and follow all of the rules.

Housing. Some participants in the Mental Health Court will be required to live in a particular type of housing or in a particular housing facility, which may offer an array of services for residents. If my Treatment Plan specifies the type of housing I must live in or a particular housing facility, I must live where specified and I must follow all of my housing provider's rules. My housing provider will give information to the Mental Health Court about how well I am following my Treatment Plan.

Phases. My treatment plan is divided into four phases:

- Phase 1: Adjustment
- Phase 2: Engagement
- Phase 3: Progress
- Phase 4: Preparation for graduation from Mental Health Court

I will receive a certificate upon completion of each phase.

Infractions, rewards and sanctions

I understand that there are consequences – both good and bad – for my conduct while I am a participant in the Mental Health Court. If I comply with my Treatment Plan and live a crime-free life in the community, I will be acknowledged and rewarded in a number of different ways. Conversely, if I fail to comply with my Treatment Plan or commit any new offenses, I will be sanctioned. Ultimately, good participation and compliance with treatment will be rewarded, and failure in the program will result in serving the jail or prison sentence specified in this Court contract.

Infractions. The following events will be treated as infractions of the Mental Health Court program:

- Missed treatment appointments
- Missed probation appointments
- Missed court appearances
- Failure/refusal to take medications
- Refusal to give urine sample
- Positive urine sample
- Violation of rules of treatment program
- Violation of rules of housing provider, including curfew
- Threatening behavior, including verbal threat of violence
- Other noncompliance with Treatment Plan
- Violation of Probation terms and conditions
- Abuse of drugs and/or alcohol
- Absconding from treatment program or supervised housing
- New criminal offenses

Clinical responses. I understand that the Mental Health Court Judge will respond to all infractions; sometimes the Judge will require me to increase my treatment-related activities. The Judge may also mandate a change in my treatment plan. Examples of clinical responses include the following:

- Journaling
- Mandatory NA/AA/Double Trouble

Mandatory group attendance (i.e., money management, anger management, family relations)
Detox/drug rehab
Hospital evaluation

Sanctions. Other times, the Judge may impose a sanction, such as:

- Assigning me to write an Essay
- Reprimand
- Increased frequency of appointments with my Probation Officer
- Increased frequency of appearances before the Mental Health Court
- Loss of privilege at my treatment or housing program
- Community service
- Imposition, or increase in frequency, of urine testing
- Moving back one or more Phases
- Jail

Rewards. In addition to advancing to the next phase and receiving a dismissal or reduction in charges upon graduation, demonstration of effort and progress in treatment will be acknowledged. Potential rewards include:

- Public recognition
- Reduced frequency of appointments with my Probation Officer
- Reduced frequency of appearances before Mental Health Court Judge
- Transfer to a less restrictive housing or treatment program
- Certificates
- Phase advancement
- Fewer restrictions on my life
- Early termination of Probation

What else is expected of me?

The expectations of the Plattsburgh Mental Health Court are:

Complete honesty and truthfulness.

Treat others with respect.

I should respect the opinions and feelings of other participants, my treatment providers, my probation officer, and the Mental Health Court. Verbal or physical threats to anyone will not be tolerated. Any inappropriate behavior will immediately be reported to the Court and may result in a severe sanction or my termination from the program.

Avoid all drug-related activity and abuse of alcohol.

I will not possess, sell or use alcohol or illegal drugs. Any relapse involving drugs and/or alcohol must be reported to my treatment provider and probation officer immediately.

Be law abiding.

I must refrain from any further violation of the law. Additional offenses may result in my being terminated from the Mental Health Court.

I understand that Mental Health Court is an open court, and that my case will be discussed in front of other defendants and any members of the public who may be in attendance.

I understand that if I fail to complete Mental Health Court, I cannot withdraw my guilty plea [or admission to my probation violation]

- If I successfully complete the Mental Health Court Program, I will continue on Probation with the possibility of early termination.
- If I do not successfully complete the Mental Health Court Program, then the maximum sentence that I face is one year in the County Jail.

I have read this entire Participant Contract and discussed it with my lawyer. I understand what is expected of me, what will happen if I do not follow the rules, and what I must do to stay in Mental Health Court. I agree to follow all the provisions of this Contract.

I, _____, have read this Participant Contract - or it has been read to me - and I freely, intelligently and voluntarily agree to all of its Terms and Conditions. I request to be accepted into the Plattsburgh Mental Health Court Program, and I promise to follow all of the rules, terms and conditions of that Program.

Date: _____
_____ Defendant

I, _____, Esq. hereby certify that I am the attorney of record for the above-named defendant, that I have explained to the defendant this Participant Contract and his rights and options in his criminal case, and that he has freely, intelligently and voluntarily entered into this Contract.

Date: _____
_____ Attorney for Defendant

I agree to accept this defendant into the Plattsburgh Mental Health Court Program. If the Defendant successfully completes the Mental Health Court Program, then he/she will receive the sentence set forth in the boxed paragraph on the previous page.

Date: _____
_____ District Attorney

As the Mental Health Court Judge, I have reviewed this case with the Mental Health Court Team and agree to accept this defendant into Mental Health Court, under the Terms and Conditions set forth in this Participant Contract.

Date: _____

Penelope D. Clute
Plattsburgh City Court
Mental Health Court Judge