



BEXAR COUNTY MENTAL HEALTH COURT PARTICIPANT AGREEMENT

Name: _____

SID: _____

Case Number(s): _____

I have chosen to pursue treatment and services in the Mental Health Court (MHC). This agreement is a contract between me and the Judge. I understand that the purpose of the Mental Health Court is to help me stay engaged in treatment for my mental illness so that I can live a better life and remain law abiding. I acknowledge the opportunity to participate in this program is a privilege, not a right. I understand that accountability is an important part of the program. I acknowledge I have been accepted into the Mental Health Court, thus the following terms and conditions will apply to me (and I am bound to comply with them) as long as I am a participant in the program: ***(initial each term and condition)***

- _____ 1. Entrance into the Mental Health Court **requires a plea of "guilty" or "no contest" and a 12-month term of probation.** If I am granted in from regular probation, I agree to have my probation term extended as such to complete the Mental Health Court Program.
- _____ 2. **I agree to pay the Mental Health Court fee, not to exceed \$250.00** to subsidize program costs.
- _____ 3. Upon entry into the Mental Health Court Program, you will be represented by the Bexar County Public Defender's Office for the duration of your program participation. You can opt to hire a private attorney at any time during your participation in the Mental Health Court.
- _____ 4. Attorney-client privilege is maintained throughout your participation in the MHC. The Public Defender will not disclose confidential information to the MHC team without your consent. The Public Defender will attend and advocate for you throughout all phases of the MHC program, to include at staffing, court reviews and admonishment hearings. The Public Defender is not your "best interest" attorney or ad litem.
- _____ 5. **I will appear at all Mental Health Court Reviews as instructed by any member of the Mental Health Court team.** The Mental Health Court team is comprised of representatives from Bexar County Probation Office, Public Defender's Office, Court Case Managers, treatment providers, and the Judge. I understand that I will be required to appear in court for regularly MHC court reviews. I understand that MHC is an open court and that my case will be discussed in front of other participants and any members of the public who may be in attendance. I also understand that court reviews will not be recorded by a court reporter unless I or my attorney so request since reviews are informal and non-adversarial in nature.
- _____ 6. **I understand that Bexar County Probation Officers will conduct supervisory contacts concerning me.** These contacts may occur at my home, my work, the treatment center, the courthouse, or anywhere deemed necessary, consistent with the confidentiality of my treatment. I will report when and where as directed by the officers.
- _____ 7. **I will maintain my residence of record within Bexar County** and get approval from my probation officer before changing residence. I will notify my probation officer and MHC team members of any changes in phone number (or contact phone number) **within 24 hours** of a change.
- _____ 8. **I will not leave Bexar County without the approval** of the Mental Health Court Judge.

- _____ 9. I agree to complete an individualized mental health and substance abuse treatment plan with my treatment provider and to participate in the success of achieving my goals and objectives. Failure to make progress may result in increased treatment or sanctions. Additional groups or individual counseling may be required by the Court. I will provide documentation of attendance to my treatment sessions or groups. I understand that I may be required to pay some or all expenses related to medication, out-patient or residential treatment.
- _____ 10. **I agree to take medications as recommended by my prescriber.** I agree to receive treatment and medications under the care of **one prescriber only**. I understand refusal or repeated failure to take my medications will result in sanctions being imposed by the Judge.
- _____ 11. I understand the MHC encourages the use of non-narcotic, non-addictive medications which my prescriber and medical care doctor will be informed about in writing. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive, and contains no alcohol.
- _____ 12. **I will be responsible for what goes into my body that may affect my drug test results.** I must report any and all medications, prescribed or over-the-counter, to my treatment provider and the MHC team prior to taking the medication.
- _____ 13. I understand that I will be required to **attend all scheduled appointments** given to me by my probation officer, case manager, counselor, prescriber or other treatment providers.
- _____ 14. I understand that if I should fail to appear for any MHC court reviews, prescriber appointments, case management or counseling sessions, or required groups or meetings without prior communication with a Mental Health Court team member, I may be called to appear in court early or a bench warrant may be issued for my arrest.
- _____ 15. **I understand that during the early phases of treatment and recovery, I may not be allowed to work or gain employment.** However, within time and as directed by the MHC team; I will seek employment, job training and/or further my education as approved by the MHC team. If I am already employed, I need to disclose my employment information and provide proof of employment.
- _____ 16. **I agree not to change my educational or employment status** without the approval of the MHC team.
- _____ 17. I understand and agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant and with or without reasonable cause. This search can be conducted by the MHC Probation Officer, Law Enforcement Officer or MHC staff. I specifically consent to the use of anything seized, as evidence in my MHC reviews.
- _____ 18. I understand that **I may be required to provide urine samples at any time during my participation in the program.** Failure to provide a timely, valid sample may result in sanctions. I may be required to be on the urinalysis call line and to call every day. **Payment of any urinalysis fees are the responsibility of the participant to include confirmations on contested presumptive positive tests.**
- _____ 19. I agree to **immediately report** any relapse of alcohol or illegal drug use to my Public Defender or Probation Officer.
- _____ 20. **I will not use alcohol, illegal drugs, synthetic drugs (K2, Spice, Bath Salts, etc.) or medications not prescribed to me.** Also, I will not share any of my own legally prescribed medications with others.

- _____ 21. **I will not use prescription drugs without a valid prescription and will disclosure to the MHC team prior to taking the medications except in case of an emergency, disclosure can be the next day.** I must disclose to the prescriber writing the prescription that I am a participant in the Mental Health Court.
- _____ 22. **I will not enter an establishment whose primary purpose is to sell alcoholic beverages, nor will I remain at a location where alcohol is the main item for sale or consumption.**
- _____ 23. **I will not unlawfully use or possess a firearm or other weapon,** and I will disclose the presence of any weapons possessed by anyone in my household.
- _____ 24. **I will not violate the law or associate with any person engaged in criminal activity or affiliate with gang members.**
- _____ 25. **I understand that statements made by me to any MHC team member regarding drug use will not be used against me for further prosecution,** but may be used to assess the need for further treatment.
- _____ 26. **I agree to promptly and truthfully answer all questions asked by any member of the MHC Team.**
- _____ 27. **I consent to allow information concerning me to be given to all Mental Health Court team members as needed to carry out official tasks for the program.** Includes but not limited to: urinalysis testing, group attendance, medical and psychiatric treatment, appointment compliance and overall program progress.
- _____ 28. I agree to fully participate in the program as outlined in the 5-phases of the MHC. Advancement to a higher phase will be conditional upon recommendation of the MHC team and final approval of the MHC Judge.
- _____ 29. **I will not commit any criminal law violations.** If/when contacted by law enforcement, I shall report such contact to my Public Defender or Probation Officer **within 24 hours** regarding any potential charges and the receipt of any new citations. I understand that any new offenses may result in my discharge from the Mental Health Court.
- _____ 30. **I can be recognized publicly by the Judge and the MHC team for progress and achievements.** I will receive a certificate to acknowledge my accomplishments and advancement to the next phase.
- _____ 31. I understand that **I am required to participate in the Mentor Program and Alumni Association.** I will be trained to mentor incoming participants. I will be required to participate in meetings, fundraisers and social activities that support current and past participants.
- _____ 32. I am required **to attend the Specialty Court Commencement Ceremony** as an active participant in the MHC Program and upon successful completion of the MHC **I will be required to participant in the commencement ceremony as a graduate.**
- _____ 33. **I understand if I fail to comply with treatment, program requirements or conditions of probation, I will be sanctioned.** Sanctions may include: verbal admonishment, increased drug testing, additional community service hours, written assignments, increased supervision, incarceration, or termination from the program. Clinical responses may include entering a residential treatment facility, increased treatment sessions or groups. **I understand that I will be required to comply and fulfill any sanctions imposed.**

_____ 34. **I agree to follow all rules and requirements in the Mental Health Court as outlined in this agreement and the handbook.** 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 and with the terms and conditions of my bond. I must complete all tasks as ordered by the MHC Judge. I understand the MHC Judge can add or change any condition of this agreement. I agree to follow all instructions given to me by any MHC team member.

_____ 35. If it is claimed that I have failed to comply with the rules or requirements of the Mental Health Court, I give up the right to a hearing or an attorney and agree to proceed with imposition of any non-jail sanction except removal from Mental Health Court. Before I can be terminated from Mental Health Court, I am entitled to a full hearing with counsel. Jail sanctions will be decided with counsel present.

_____ 36. If I complete my treatment, program requirements and conditions of my probation, I will be successfully discharged from the Mental Health Court and terminated from probation. If I have conditions of probation remaining, for example restitution, I may be transferred to regular probation to complete my conditions.

_____ 37. If I fail to satisfactorily complete the Mental Health Court, the Court will discharge me from the program and it will be at the Judge's discretion to revoke my probation and sentence me in accordance with the provisions of the law or transfer my case to regular probation.

I understand and accept the contents of this agreement which I have read or had read to me and agree to be bound by and follow all conditions.

Participant

Date

Defense Attorney

Date

District Attorney

Date

Judge Yolanda Huff
Bexar County Court of Law # 12
Mental Health Court Judge

Date