

**TARRANT COUNTY
PUBLIC SAFETY EMPLOYEES
TREATMENT COURT
PARTICIPANT HANDBOOK**





Tarrant County Public Safety Employees Treatment Court

INFORMED CONSENT FOR SUBMISSION OF APPLICATION AND PERMISSION TO RELEASE INFORMATION

The goals of the Tarrant County Public Safety Employees Treatment Court (PSETC) are consistent with [Chapter 129 of the Texas House Bill 3391](#), to provide diversion of Public Safety Employees, whom employment resulted in a brain injury, mental illness, or mental disorder, including post-traumatic stress disorder. The PSETC identifies eligible public safety employees and link them to needed services as an alternative to subjecting those defendants to the traditional criminal justice system. By successfully completing the PSETC, charges for eligible participants will be dismissed and immediately eligible for expungement.

You understand that you are applying to the Tarrant County PSETC and all information collected will help determine if you meet criteria for admission into the Tarrant County PSETC. You understand that submission of your application and Verification of Employment does not mean you are accepted into the program and as such, you are required to follow all current bonds, pretrial or court ordered conditions.

You hereby consent as described above and give permission for information gathered during the application process to be shared with the members of the PSETC Team which includes but is not limited to: other mental health professionals for consultation, Department of Veterans Affairs, criminal defense attorneys, prosecutors and other criminal justice/court staff and personnel as outlined in [Texas Health and Safety Code Sec. 611.004](#). You understand you are waiving your legal rights to confidentiality to allow judicial efficiency due to your current pending case(s).

You agree to meet with your attorney to discuss the conditions of the program to ensure you are making an informed decision to enter the program before you sign any required legal documents. You understand that admission to the PSETC is voluntary and that the final approval for admission will be determined by a representative of the District Attorney's Office and/or the judge of the Tarrant County PSETC.

YOU SHALL INFORM THE PSETC STAFF OF ANY ARRESTS OR CONVICTIONS, OTHER THAN TRAFFIC CITATIONS, THAT ARE CURRENT, NOT ON CRIMINAL HISTORY OR WHICH OCCUR AFTER THE DATE OF THE APPLICATION FOR ADMISSION INTO THE PSETC. FAILURE TO DISCLOSE ARRESTS OR CONVICTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR TERMINATION FROM THE PSETC.



Tarrant County Public Safety Employees Treatment Court

OPEN COURT WAIVER OF CONFIDENTIALITY

You understand and agree that the following information may be discussed in an open forum during court proceedings, and you hereby waive your right to confidentiality relating to the following information during these court proceedings:

- Your urinalysis screening and tests.
- Your medical and psychological evaluations, tests, screenings, etc.
- Your attendance and content of individual or group education and counseling sessions.
- Your personal address and phone numbers.
- Your employment addresses and phone numbers.
- Your case management notes contained in Your file.
- Your criminal history and new arrests or citations.
- Your 12-step support meeting attendance and progress.

You further understand and agree that the above information is to be used to track Your progress in the Public Safety Employees Treatment Court (PSETC), and that all PSETC court sessions are open to the public, and during court these matters may be discussed openly.



Tarrant County Public Safety Employees Treatment Court



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Developed for Texas Health & Safety Code § 181.154(d)
effective June 2013

Please read this entire form before signing and complete all the sections that apply to your decisions relating to the disclosure of protected health information. Covered entities as that term is defined by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. Covered entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws. Individuals cannot be denied treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment, enrollment, or eligibility for benefits.

NAME OF PATIENT OR INDIVIDUAL

Last _____ First _____ Middle _____

OTHER NAME(S) USED _____

DATE OF BIRTH Month _____ Day _____ Year _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ ALT. PHONE (_____) _____

EMAIL ADDRESS (Optional): _____

I AUTHORIZE THE FOLLOWING TO DISCLOSE THE INDIVIDUAL'S PROTECTED HEALTH INFORMATION:

Person/Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____ Fax (_____) _____

REASON FOR DISCLOSURE (Choose only one option below)

- Treatment/Continuing Medical Care
- Personal Use
- Billing or Claims
- Insurance
- Legal Purposes
- Disability Determination
- School
- Employment
- Other _____

WHO CAN RECEIVE AND USE THE HEALTH INFORMATION?

Person/Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____ Fax (_____) _____

WHAT INFORMATION CAN BE DISCLOSED? Complete the following by indicating those items that you want disclosed. The signature of a minor patient is required for the release of some of these items. If all health information is to be released, then check only the first box.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> All health information | <input type="checkbox"/> History/Physical Exam | <input type="checkbox"/> Past/Present Medications | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Physician's Orders | <input type="checkbox"/> Patient Allergies | <input type="checkbox"/> Operation Reports | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Diagnostic Test Reports | <input type="checkbox"/> EKG/Cardiology Reports |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Billing Information | <input type="checkbox"/> Radiology Reports & Images | <input type="checkbox"/> Other _____ |

Your initials are required to release the following information:

_____ Mental Health Records (excluding psychotherapy notes) _____ Genetic Information (including Genetic Test Results)
_____ Drug, Alcohol, or Substance Abuse Records _____ HIV/AIDS Test Results/Treatment

EFFECTIVE TIME PERIOD. This authorization is valid until the earlier of the occurrence of the death of the individual; the individual reaching the age of majority; or permission is withdrawn; or the following specific date (optional): Month _____ Day _____ Year _____

RIGHT TO REVOKE: I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization to the person or organization named under "WHO CAN RECEIVE AND USE THE HEALTH INFORMATION." I understand that prior actions taken in reliance on this authorization by entities that had permission to access my health information will not be affected.

SIGNATURE AUTHORIZATION: I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to covered entities as provided by Texas Health & Safety Code § 181.154(c) and/or 45 C.F.R. § 164.502(a)(1). I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws.

SIGNATURE X _____
Signature of Individual or Individual's Legally Authorized Representative DATE _____

Printed Name of Legally Authorized Representative (if applicable): _____
If representative, specify relationship to the individual: Parent of minor Guardian Other _____

A minor individual's signature is required for the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse, and mental health treatment (See, e.g., Tex. Fam. Code § 32.003).

SIGNATURE X _____
Signature of Minor Individual DATE _____



Tarrant County Public Safety Employees Treatment Court

Mentor Program Acknowledgement

Mission Statement of the Tarrant County Public Safety Employees Mentoring Program

The Mission of the Public Safety Employees Treatment Court Mentoring Program is to use a peer-to-peer support model to offer Public Safety Employees assistance, assess their needs, and help them solve their problems. Public Safety Employee Mentors will coordinate with the Tarrant County Public Safety Employees Treatment Court (PSETC) to assist the Public Safety Employees in their readjustment to civilian life, help Public Safety Employees navigate through the judicial and healthcare systems, and act as an advocate, coach, and ally.

As a participant in the Tarrant County PSETC, you will be required to engage a volunteer mentor. You understand you will be mandated to give the **Tarrant County Public Safety Employees Treatment Court (PSETC)** authorization to **release and / or communicate your confidential information** to representatives of **Tarrant County Public Safety Employees Court Mentor Program** during your participation in the PSETC. This information may be transmitted either in writing, by telephone, or in person. Disclosure of this information is to assist all Tarrant County Public Safety Employees Court Mentors in the coordination of services offered through the Mentoring Program. This consent only applies to mentors who have been screened, interviewed, and approved by the Tarrant County PSETC program manager. The information below will be included in the information to be released:

- Treatment services you received to determine whether you received adequate case management and supervision.
- Contact Information
- Updates from the PSETC regarding Sanctions, Phase Advancements, Urine Analysis Results, and Referrals
- Tarrant County PSETC Treatment Plan.
- Mentoring Status Reports/ Mentoring Progress Notes
- Attendance Records

You understand that this consent / authorization will remain in effect until the Court formally and effectively releases me from the PSETC. You also understand that if you revoke this consent/authorization before being released from the PSETC, the Court may terminate my participation in PSETC and that there may be other legal consequences. you understand that you may revoke this authorization at any time by giving written notice to PSETC; however, if an entity has already acted in reliance to this consent, they will not be liable for disclosure.



Tarrant County Public Safety Employees Treatment Court

Voluntary Acknowledgement

REQUEST FOR ADMISSION

You agree to the following:

1. Your application to the Public Safety Employees Treatment Court (PSETC) is voluntary.
2. You will be required to Plead Guilty to your criminal offense(s) prior to entering the PSETC.
3. You may be required to submit to a drug test within 7 days of admission into the PSETC. You understand a positive urinalysis drug test, or failure to submit to drug test, may delay or deny your admission into the PSETC.
4. The Presiding Judge may immediately sentence me if you fail to successfully complete the PSETC.

REQUEST FOR DISCHARGE

As a voluntary participant in the Public Safety Employees Treatment Court (PSETC), you understand and agree to the following:

1. If you wish to be discharged from the PSETC, the treatment team encourages you to discuss your desire with your lawyer (if applicable), your family members and/or friends. You should carefully weigh all the reasons you want to leave the program.
2. If you wish to be discharged from the PSETC, the treatment team encourages you to discuss your decision and any pertinent issues regarding a discharge with your primary case manager. You may also ask for a referral to speak to a court officer or PSETC Defense Attorney to discuss any legal concerns you may have about a discharge from the program.
3. Once you have decided to ask for a discharge from the PSETC, you must appear before the PSETC and ask the presiding judge for a formal discharge from the program. To ensure that you are making your request for discharge knowingly and willingly, the presiding judge will review all the reasons you are asking to be discharged from the program.
4. If you are discharged from the PSETC, you understand you must pay any outstanding balance that is owed to the PSETC, your treatment provider and/or other agencies that you received services.

THIS FORM HAS BEEN EXPLAINED VERBALLY AND IN WRITING AND YOU UNDERSTAND ITS CONTENTS.



Tarrant County Public Safety Employees Treatment Court

PROGRAM FEE

You wish to participate in the Tarrant County Public Safety Employees Treatment Court (PSETC). You understand and agree that you will be responsible for a program fee assessed by the PSETC staff up to \$500. Only money orders and cashier's checks will be acceptable forms of payment unless otherwise notified by the PSETC. Furthermore, you understand that your program fee is nonrefundable and the entire fee is due prior to completion of the program. Failure to pay your fee could affect your advancement through the program and may result in sanctions. You understand the cost of any positive UAs, tampered UAs and UA attempts resulting in a stall may be added to your program fee balance.

DRUG TESTING INSTRUCTIONS



Tarrant County Public Safety Employees Treatment Court

PIN#: _____

CSCD CENTRAL LAB

200 W. Belknap St.
Fort Worth, Texas 76196
817-884-1600
Monday -Friday
7:30 a.m. to 5 p.m.

CSCD MILLER AVENUE LAB

3210 Miller Ave.
Fort Worth, Texas 76119
817-531-5605
Monday - Friday
7 a.m. to 6 p.m.

CSCD NE FIELD SERVICE UNIT LAB

201 E. Plaza Blvd
Hurst, Texas 76053
817-285-4100
Monday - Friday
8 a.m. to 5 p.m.

Instructions for the Urine Drug Testing System:

- **Call 817-886-3060 Monday through Friday between the hours of 5:00 AM and 2:00 PM** (except for posted holidays) to check for UA testing instructions.
 - When prompted, enter your assigned PIN and follow the instructions (Contact the PSETC for PIN)
- If you are instructed to give a urine sample by the phone system YOU MUST:
- Appear at one of the locations above **THAT DAY** during hours provided
 - Bring a valid Driver's License or other official ID
 - **You must have the approved UA Slips (Color Buff) provided by the PSETC. You will not be allowed to test if you don't have the approved PSETC UA Slips.**
 - All UAs **MUST be 8 Panel** or higher, **include an ETG** and **OBSERVED** by UA Lab Technician
 - (Mouth Swabs, Drug Patches and other testing sites are available but must be preapproved by PSETC Staff)

The following tips will help the process go faster:

- Call early in the day and come early if you are selected for a drug test
- Do not drink too much fluids as it may result in a diluted sample which is a violation
- Be prepared to provide a specimen as soon as you are called
- Advise Public Safety Employees Court Staff of any emergencies ASAP
- Contact the PSETC for list of approved holidays

DO NOT BRING CHILDREN

The lab tech is required to observe the urine leave the body. While this process may be uncomfortable to some people, it is a legal requirement. Your complete cooperation is expected by the Court.

Please be advised that a diluted sample and failure to provide a urine sample when instructed will result in immediate sanction by the Public Safety Employees Treatment Court.

You acknowledge that you have read and understood your responsibilities and duties as listed above. You understand you will be required to submit to random drug testing with the Tarrant County Community Supervision and Corrections Department (CSCD). You give CSCD and the Tarrant County PSETC authorization to exchange any information regarding your PSETC participation, financial information and drug testing results. You understand this authorization will remain in effect during your participation in the PSETC or if you submit a written notice to revoke this authorization.



Tarrant County Public Safety Employees Treatment Court

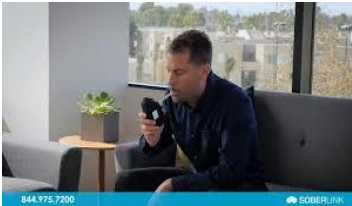
ALCOHOL MONITORING

All participants in the Tarrant County Public Safety Employees Treatment Court are required to maintain sobriety from all drugs, **including alcohol**. The PSETC uses a variety of alcohol monitoring devices:

- Secure Continuous Remote Alcohol Monitor (SCRAM)



- SCRAM Remote Breathe / Portable Alcohol Monitor / Micro Electro Mechanical Systems (MEMS)



- Ignition Interlock Device (IID)



Instructions for the Alcohol Monitoring:

- If you are ordered to an Alcohol Monitor, **YOU MUST** obtain Alcohol Monitor as directed
- You are responsible for any and all cost
- Take a valid Driver's License or other official ID
- **You must obtain Alcohol Monitor as directed by the Public Safety Employees Treatment Court**
- *Other monitoring devices are available but must be preapproved by PSETC Staff*

The following tips will help reduce violations:

- Show up early in the day to get in and out quicker
- Do not drink too much fluids as it may result in a positive result which is a violation
- Be prepared to provide a blow as soon as you are called
- Advise PSETC Staff of any emergencies ASAP
- Contact the Public Safety Employees Treatment Court for list of approved holidays
- **DO NOT BRING CHILDREN**
- Your complete cooperation is expected by the Court.

You acknowledge that you have read and understood your responsibilities and duties as listed above. You understand the PSETC does not supply alcohol monitoring devices. You give the Tarrant County PSETC authorization to exchange any information regarding your PSETC participation, financial information and testing results with Recovery Monitoring Solutions Inc. You understand this authorization will remain in effect during your participation in the PSETC or if you submit a written notice to revoke this authorization.



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IGNITION INTERLOCK DEVICE BLOW POLICY

You acknowledge the following interlock policy:

“If any ‘blow’ into an interlock device results in an outcome of .01 or higher, you understand you must continue subsequent ‘blow’ attempts every 10 minutes for a total of 30 minutes, or until the device registers .000.”

You understand if you fail to follow the terms of this agreement, the Public Safety Employees Treatment Court (PSETC) may impose sanctions, add or change assigned tasks or conditions, and / or modify or change my treatment program. These changes may include, but are not limited to:

- Increased frequency of court appearances.
- Require attendance at additional support meetings.
- Order me to write an essay on a recovery or PSETC related topic.
- Impose participation in Community Service.
- Incarcerate me in the Tarrant County Jail.
- Re-start my current phase.
- Increase my level of supervision.
- Re-evaluate my treatment plan.
- Issue a Bond Forfeiture or Alias Warrant (BFAW) for me.
- Terminate my status as a program participant, allowing the court to then convict and sentence me within the full range of punishment.



Tarrant County Public Safety Employees Treatment Court

CLIENT BILL OF RIGHTS

As a participant in the Tarrant County Public Safety Employees Treatment Court (PSETC), you have the following rights:

1. You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
2. You have the right to confidentiality of all records and communications to the extent provided by law.
3. You have the right not to be discriminated against on the basis of race, color, national origin, age, disability, and where applicable, sex (including gender identity and expression), marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, or reprisal.
4. You have the right to be free from abuse, neglect, and exploitation.
5. You have the right to be cared for with dignity and respect.
6. You have the right to receive appropriate care in the least restrictive setting available that meets your needs.
7. You have the right to be told about the program's rules and regulations.
8. You have the right to be told before admission the case supervision you will be given.
9. You have the right to be told before admission what other case management referrals are available.
10. You have the right to be told about the following:
 - the condition being treated;
 - the proposed care;
 - the risk, benefits, and side effects of all proposed care and medications;
 - the probable health and mental health consequences of refusing care; and
 - other referrals that are available and which, if any, might be appropriate.
11. After receiving this information, you have the right to accept or refuse care management and / or treatment referrals. *
12. If you agree to referrals or medication, you have the right, unless specifically restricted by law, to change your mind at any time. *



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13. You have the right to a “goals and strategy plan” designed to meet your needs, and the right to take part in developing that plan.
14. You have the right to meet with staff to review and update the plan on a regular basis.
15. You have the right to refuse to take part in research without affecting your regular care.
16. You have the right not to receive unnecessary or excessive medication. *
17. You have the right not to be restrained or placed in a locked room by yourself unless you are a danger to yourself or others.
18. You have the right to have information about you kept private and to be told about circumstances when the information can be released without your permission.
19. You have the right to communicate with people outside the facility. You have the right to receive visitors, to make telephone calls, and to send and receive sealed mail. If necessary for your care or security, your doctor or the person in charge of the program may restrict these privileges. Even if placed under restrictions, you may contact an attorney or the PSETC at any reasonable time.
20. You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the referred facility is aware.
21. Should you have questions while you are in treatment, you have the right to receive an explanation of your goals and strategy plan or your rights.
22. Unless a physician determines that you pose a threat of harm to yourself and / or others, once you have consented to a goal and strategy plan, you have the right to leave the facility within four (4) hours of requesting release.
23. You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
24. You have the right to complain directly to the PSETC Program Manager at any reasonable time.
25. Before admittance into the program, you have a right to obtain a copy of these rights, including the PSETC's address and phone number.
26. You have the right to have these rights explained in simple terms, in an understandable way, within 24 hours of being admitted.

You acknowledge you have received an understandable explanation of these rights.

** indicates rights pertaining to inpatient / residential program.*



Tarrant County Public Safety Employees Treatment Court

PROGRAM OVERVIEW

Tarrant County Public Safety Employees Treatment Court (PSETC) will last approximately **8-24 months**, depending on the treatment needs and participant's progress. It is divided into three phases. A participant must successfully complete each phase before advancing through the PSETC.

PHASE ONE

Goals to Advance to Next Phase:

Follow all PSETC Requirements

Regular attendance at court sessions

Psychiatric evaluation

Treatment plan established

Mental Health Treatment/Therapy compliance

Stabilized on medication

Treatment provider is assigned and appointment is scheduled

No new arrests or probation violations

At least 60 consecutive days clean from alcohol and illegal drugs

Regular contact with assigned Mentor

Continue identifying strengths and barriers. Coordinate special needs (SSI; Housing; Medical; Clothing etc.)

These participants will demonstrate an ability to remain in treatment and maintain medicine compliance within the community. **Phase I is a minimum of 60 days.**

PHASE TWO

Goals to Advance to Next Phase:

Follow all PSETC requirements

Regular attendance at court sessions

Adherence to random drug testing

Mental Health Treatment/Therapy compliance

Completes all programs, classes and special conditions

At least 60 consecutive days clean from alcohol and illegal drugs

At least 16 weeks of medication compliance

Maintains safe and stable housing

Regular contact with assigned Mentor

No new arrests or probation violations

No new MH hospitalization unless extraordinary circumstances

Improved personal hygiene

These participants will demonstrate an increased ability to remain in treatment and maintain stability within the community. **Phase II is a minimum of 60 days.** There are specific goals that must be completed prior to advancement to the final phase.



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PHASE THREE

Goals to be eligible for graduation:

Follow all PSETC requirements

Regular attendance at court sessions

120 consecutive days clean from alcohol and illegal drugs

6 months of medication compliance

Maintains safe and stable housing

No new arrests or probation violations

Establishes discharge plan

Pay Program Fee in full

No new MH hospitalization unless extraordinary circumstances

Client has continuing source of income and medical insurance

Client has engaged in on-going treatment/vocational or volunteer activities

These participants will be stable and responsible for their own treatment and vocational activities. They will no longer be required to report to the court sessions weekly but will report to a treatment provider in the community who will continue to monitor treatment compliance. Participation in Phase III is a minimum of 120 days and successful completion will make the client a good candidate for early release from PSETC.

PSETC CASE MANAGEMENT

Case Management is one of the single most important aspects of the program. Within 14 days of admission, participant should be scheduled an appointment to see the assigned PSETC Case Manager. If the participant fails to respond to the case managers efforts to schedule an appointment, admission into the PSETC may be revoked.

COURT APPEARANCES

1. Court sessions are scheduled the **1st and 3rd Thursday** of every month @ 2 pm.
2. Participants are required to report for court sessions as directed by PSETC.
3. Any participant reporting late for court or who fails to report to court will be subject to immediate sanctions.

DRUG TESTING

Any participant may be ordered to drug test at any time as directed by the PSETC. Failure to comply will result in an immediate sanction.

SANCTIONS

Sanctions are both punitive and therapeutic in nature. The PSETC employs judicial sanctions, sanctions related to supervision, and therapeutic sanctions.

Examples of Judicial Sanctions

1. Increased contact with the Judge
2. Court admonishment
3. Jail Time

Examples of Supervision Sanctions

1. Zero tolerance
2. Reprimand
3. Community service hours
4. Increased contact with Officer
5. Move back in phase



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Examples of Therapeutic Sanctions

1. Essay assignment
2. Address Judge/Peers in court
3. Increased 12 step meetings
4. Extension of time in phase
5. Increased individual counseling

INCENTIVES

Incentives are given to participants who are deserving of special recognition for achievements and/or progress while in the PSETC. Any member of the PSETC team will make recommendations for incentives.

Examples of Incentives

1. Judicial recognition
2. Reduced court appearances
3. Reduced reporting to PSETC Case Manager or Treatment Provider
4. Praise/Applause
5. Excused from court early
6. Framed graduation certificates
7. Ease curfew restrictions

GRADUATION

Participants are eligible for graduation after advancement through each Phase of the PSETC Program. Stable residence, medication compliance and participation in groups are required.

COURT ORDERED FEES AND FINES

Participants are responsible for court ordered fees and fines at the date of admittance into PSETC program unless otherwise notified by the Program Manager.

PROGRESS REPORTS FROM SERVICE PROVIDERS

Treatment Provider progress reports are due prior to PSETC court sessions unless otherwise specified by the PSETC Case Manager.

AUTHORIZATIONS FOR TREATMENT

In some cases, additional treatment will be ordered for participants. Authorizations for treatment will be requested by the PSETC Case Manager or Treatment Provider.

You acknowledge that you have read and understood your responsibilities and expectations as listed above. You agree to comply with all PSETC guidelines.



Tarrant County Public Safety Employees Treatment Court

PARTICIPANT AGREEMENT AND PERFORMANCE CONTRACT

You wish to participate in the Tarrant County Public Safety Employees Treatment Court (PSETC). Before you may be admitted into the program, you understand and agree that you will assume certain obligations and responsibilities. You also understand and agree that you will have to follow orders and instructions given to you by the PSETC, which includes the judge, program manager, case manager, members of Tarrant County Pretrial Services and all other PSETC personnel.

I. GENERAL PROGRAM REQUIREMENTS

1. _____ I must, and will, attend all court sessions as ordered.
2. _____ I must, and will, comply with all program requirements, including, but not limited to:
 - Being on time and attending all counseling sessions.
 - Being on time and attending all PSETC appearances.
 - Participating in all counseling sessions.
 - Completing all counseling assignments.
 - Making satisfactory progress in the program as measured by phase requirements.
 - Notifying my treatment provider and case manager of any drugs prescribed for me by a physician before I begin taking them.
 - If I have a substance abuse diagnosis, I must provide written notification to my physician that I am in PSETC and am subject to random drug testing.
3. _____ I must, and will, contact my Case Manager and Pretrial Officer, or any other PSETC personnel, when directed to do so.
4. _____ I must, and will, comply with all lawful directives issued by the PSETC.
5. _____ I must, and will, promptly and truthfully answer all inquiries directed to me by the PSETC.
6. _____ I must, and will, be honest. I understand that this means I must not, and will not, lie or deceive or misrepresent anything to the PSETC or anyone affiliated with the PSETC (such as a treatment provider or counselor), or to any branch of government or a government representative.
7. _____ I must not, and will not, possess, purchase, or consume any illegal drug.
8. _____ I must not, and will not, possess any weapon of any kind, including firearms and knives, while attending any required activity or program.
List all firearms: _____
9. _____ I must not, and will not, possess, purchase, or consume alcoholic beverages.



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10. _____ I must not, and will not, visit places where alcohol or illegal drugs are sold, dispensed, or used. I understand that this means I am not to go into bars, liquor stores, taverns, clubs, parties or places where alcohol is the main item for sale or consumption.

11. _____ I must, and will, obey all laws. I understand that this means if I engage in any criminal act, I may be removed from the PSETC and prosecuted for any new charge(s).

12. _____ I must not, and will not, commit acts of violence or threats of violence. I must not, and will not, engage in verbal violence.

13. _____ I must, and will, exhibit appropriate courtroom behavior and obey all courtroom rules, including but not limited to, the following:

- I will not talk in the courtroom during PSETC proceedings.
- I will dress appropriately for court.
- I will keep my shirttails tucked in.
- I will not wear any tank tops, muscle shirts, crop-tops, starter jackets or shirts with obscene words or pictures.
- I will not wear any clothing that displays any drug related symbols or themes.
- I will not wear baggy or sagging pants, including jeans that sag below my waistline.
- I will wear my shirts buttoned.
- I will not wear any hats, caps or bandannas in the courtroom.
- I will not wear any gang attire of any kind.
- I will turn my phone or pager completely off before entering the courtroom.
- I will not wear shorts, capris or kilts in the courtroom.
- I will avoid obscene or abusive language.
- I will avoid racial, ethnic, social, sexist, and/or sexual slurs and derogatory language.
- I will stand on my own two feet and not lean against the judge's bench.
- I will not bring food or beverages into the courtroom.
- I will remain in the courtroom until I am properly dismissed by the judge.
- I will not curse or use profanity of any kind in the courtroom.
- I will speak clearly and directly when addressing the PSETC judge, the district attorney, or any other officer of the court;
- I will be on time and attend all scheduled court appearances.
- When I enter the courtroom, I will immediately take a seat.

14. _____ I must not, and will not, leave Texas or the county in which I reside without written permission from the PSETC.

15. _____ I must not, and will not, change my address, telephone number, or employment without first consulting with appropriate PSETC personnel.

16. _____ I must, and will, remain employed, in school, or in treatment care as required by the PSETC.



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17. _____ I must, and will, notify the PSETC within 48 hours if I change jobs.
18. _____ I must, and will, allow any representative of the PSETC to visit my home, place of employment, or any other location I may be, at any time.
19. _____ I must, and will, allow myself to be searched at any time or place by a representative of the PSETC or any law enforcement agency. I also understand I must and, and will not, refuse a Breathalyzer, SFST, or Drug test administered to me by any program staff member, court officer, or law enforcement officer.
20. _____ I must, and will, allow my vehicle, my residence and/or any property under my control to be searched by a representative of the PSETC or any law enforcement agency.
21. _____ I must not, and will not, associate with any person who has a criminal record or who is on probation unless I have prior permission from the PSETC. I understand that this means I must have such permission *before* any contact with such a person takes place.
22. _____ I must not, and will not, act as a Confidential Informant (CI) for any law enforcement agency.
23. _____ I must, and will, pay all fees, court costs, treatment fees, restitution costs, victim compensation costs, attorney fees, mental health assessment fees, and laboratory fees as ordered by the PSETC judge.
24. _____ I understand that all of my payments are to be made by credit card, cashier's check or money order made out to the Tarrant County PSETC. I understand that this means I cannot pay either by cash or personal check.
25. _____ I must, and will, perform any and all community service hours assigned to me, as directed by the PSETC.

II. MENTAL HEALTH-RELATED REQUIREMENTS

26. _____ I must, and will, submit to any rehabilitative, medical, psychological, psychiatric, educational, vocational, alcohol or other drug treatment program, including residential treatment as directed by the PSETC.
27. _____ I understand that, if I am required to attend residential treatment, I may have to remain in custody until such time as the treatment facility admits me.
28. _____ I must, and will, submit to urinalysis or drug testing by the PSETC when directed to do so. I understand that this means if, at the time of request, I refuse, alter, or fail to provide a specimen for urinalysis, the PSETC will consider my action to constitute a positive test result, and I will be sanctioned as if I had provided a positive test result. ***Furthermore, I understand that the cost of any positive UAs, tampered UAs, and UA attempts resulting in a stall will be added to my program fee balance.***



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29. _____ I must, and will, sign all authorizations for release of information requested by the PSETC, a treatment provider, or another resource provider. I understand that my authorization of release of information is necessary to allow cross-reporting of my compliance with program conditions. I understand that I cannot revoke my authorization for release of information until I complete or dismissed from the PSETC. I understand that my failure to sign an authorization for release of information may make me ineligible for participation in the program.

30. _____ I must, and will, keep all appointments with treatment providers or any other resource provider. I understand that, if I fail to keep any program appointment, and I do not have an explanation satisfactory to my treatment provider or to the PSETC, then my treatment provider or the PSETC may immediately make necessary adjustments prior to staffing with the PSETC.

31. _____ I understand, and agree, to notify my treatment provider and PSETC Case Manager **before** I begin taking any medications or drugs, including **over-the-counter** drugs or drugs prescribed for me by my physician or psychiatrist. I understand that if I fail to abide by this policy to the **Court's satisfaction**, the Court may take immediate action and sanction me. If I violate this policy, I understand that the Court may sentence me to time in jail or even remove me from the PSETC program.

32. _____ I understand, and agree, that my treatment provider or the PSETC may make necessary adjustments to my treatment plan, prior to staffing with the entire PSETC and the PSETC judge, if I test positive for any non-prescribed drug or for alcohol.

III. SANCTIONS

33. _____ I understand if I fail to follow the terms of my agreement, the PSETC may impose sanctions, add or change assigned tasks or conditions, and/or modify or change my treatment program. These changes may include, but are not limited to:

- Increased frequency of urinalysis testing.
- Increased frequency of court appearances.
- Require attendance at additional support meetings.
- Order me to write an essay on a recovery or PSETC related topic.
- Impose participation in Community Service.
- Incarcerate me in the Tarrant County Jail.
- Re-start my current phase.
- Increase my level of supervision.
- Re-evaluate my treatment plan.
- Issue a Bond Forfeiture or Alias Warrant (BFAW) for me.
- Terminate my status as a program participant.
- Revoke my deferred adjudication or community supervision, allowing the court to then convict and sentence me within the full range of punishment.



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34. _____ Even if I do not agree that I committed an alleged breach of this agreement or PSETC rules, I must, and will, continue to follow all program guidelines until the matter is addressed at the next PSETC docket; I also must, and will, continue to obey all lawful instructions of the PSETC and my treatment provider.
35. _____ I understand that I have the right to be heard at the next PSETC docket, but I am also aware that the PSETC may, and probably will, impose sanctions upon me if it finds that I have violated this agreement.
36. _____ I understand that I may be revoked from the program if the PSETC judge determines that I willfully failed to comply with any treatment and/or rehabilitation requirements. If I am revoked from the PSETC, the Court may proceed to impose a sentence upon me for the offense I committed.
37. _____ If I am arrested anywhere, I hereby waive extradition to the State of Texas from any jurisdiction in or outside the United States where I may be found. I will not contest any effort by any jurisdiction to return me to the State of Texas.
38. _____ I understand that if 1) the court sanctions me by sending me to jail, or 2) I am arrested on a PSETC warrant or on a new offense, I must, and will, immediately notify the jail of my mental health diagnosis (if I have been diagnosed with any mental health disorder) and my current medications.
39. _____ I must, and will, obey any special conditions as follows (*Check all that apply*):
- SCRAM for a minimum of 90 days
 - Ignition Interlock Device in any vehicle driven for a minimum of 120 days.
 - Drug Patch
 - Completion of a DWI Education Program
 - Repeat Offender DWI Education Program
 - Victim Impact Panel
 - Completion of a Drug Offender Education Program (DOEP)
 - Completion of an Anger Management Program
 - Completion of a Theft Intervention Program
 - Completion of a Batterer's Intervention Program
 - Comply to any and all conditions of my Court Ordered Community Supervision
 - Hand Gun Safety Class
 - Pay restitution in the amount of \$ _____
 - Complete _____ hours of community supervision
 - Other: _____
40. _____ I understand and agree to remain under the supervision of the Public Safety Employees Treatment Court **UNTIL FURTHER ORDERS OF THIS COURT.**
41. _____ I acknowledge that I have read and understood my responsibilities and duties as listed above. I agree to abide by each rule.



Tarrant County Public Safety Employees Treatment Court

Contact List

Chuck Vanover

Judge

County Criminal Court # 8

Justice Center

401 W. Belknap 7th Floor

Fort Worth, TX 76196

817-884-3400 (office)

Amy Allin

Assistant District Attorney

401 W. Belknap

Fort Worth, TX 76196

817-884-1400 (office)

Michael Ferry

Assistant District Attorney

401 W. Belknap

Fort Worth, TX 76196

817-884-1400 (office)

Courtney Young

Program Manager

Veterans Treatment Court

Public Safety Employees Treatment Court

300 W. Belknap 4th Floor

Fort Worth, TX 76196

817-884-3754 (office)

cdyoung@tarrantcounty.com

Rocio Lopez

Administrative Assistant

Veterans Treatment Court

Public Safety Employees Treatment Court

300 W. Belknap 4th

Fort Worth, TX 76196

817-884-3225 (office)

rlopez@tarrantcounty.com



Tarrant County Public Safety Employees Treatment Court

Sydney Howard

Case Manager

Public Safety Employees Treatment Court

300 W. Belknap 4th Floor

Fort Worth, TX 76196

817-884-1746 (office)

SEHoward@tarrantcounty.com



Tarrant County Public Safety Employees Treatment Court

PARTICIPANT RECEIPT OF HANDBOOK

I, _____, acknowledge I have received a copy of the Tarrant County Public Safety Employees Treatment Court (PSETC) Participant Handbook. I acknowledge each of the following items have been explained to me by a representative of the PSETC:

1. PSETC Informed Consent
2. PSETC Open Court Waiver
3. PSETC Confidentiality Waiver
4. PSETC Mentor Program Acknowledgement
5. PSETC Voluntary Acknowledgement
6. PSETC Program Fee
7. PSETC Drug Testing Instructions
8. PSETC Alcohol Monitoring Instructions
9. PSETC Ignition Interlock Device Blow Policy
10. PSETC Client Bill of Right
11. PSETC Program Overview
12. PSETC Performance Contract and Agreement
13. PSETC Contact List

I understand and agree to remain under the supervision of the Public Safety Employees Treatment Court **UNTIL FURTHER ORDERS OF THIS COURT**. I acknowledge that I have read and understand my responsibilities and duties discussed in each item listed above. I agree to abide by each rule.

Participant Signature

Date

PSETC Staff Signature

Date