

**MERRIMACK COUNTY/ 6TH CIRCUIT-
DISTRICT DIVISION-CONCORD MENTAL HEALTH COURT**

CONTRACT

I, _____, understand that I have qualified to enter into the Merrimack County 6th Circuit-District Division-Concord Mental Health Court. The Mental Health Program Manager and/or my attorney have explained the following conditions to me and I am voluntarily entering the 6th Circuit-District Division-Concord Mental Health Court under the conditions listed below:

____1. I agree to comply with all Mental Health Court (MHC) terms and conditions.

____2. I understand that depending on which Phase of the program I am in, I will be required to attend weekly, bi-weekly, or monthly Status Hearings at the 6th Circuit-District Division-Concord. The Status Hearings are held every Wednesday at 1:00 p.m. I understand I am required to arrive at 12:45 and be sitting in the Courtroom ready to appear before the Judge at 1:00 p.m.

____3. I understand that I am required to participate and fully engage in any mental health or substance abuse programs/treatment that:

- A. I am already participating in prior to MHC
- B. Has been determined it is needed by the MHC Program Manager either during the assessment phase or any time it may be warranted during my participation in MHC.
- C. Has been recommended by a doctor, psychologist, psychiatrist, or licensed alcohol or drug counselor (LADC) following an evaluation.
- D. I understand that I am to immediately report to the MHC staff any time I cancel or fail to attend any mental health, medical, or substance use treatment appointment. I must also notify them immediately if my provider/case manager cancels or changes an appointment date or time.

____4. I understand I am required to take any medications prescribed to me by my Mental Health provider. I must inform the MHC Program Manager of all medications prescribed when I enter the program and any changes in medications during my participation in MHC. I also understand that I may be asked to provide proof of those medications and could be asked to supply the prescription bottle with any medications in it for compliance purposes.

____5. I understand that I must inform the MHC Program Manager of any medications I am taking for any type of medically managed substance abuse treatment or any prescribed Schedule I drugs I may be prescribed to include all narcotic medications and benzodiazepines. I also understand that I may be asked to provide proof of those medications and could be asked to supply the prescription bottle with any medications in it for compliance purposes.

_____6. I will attend all case management appointments with the MHC Program Manager or other MHC staff as required.

_____7. I understand I will be required to check in by phone on a regular basis and that I will be informed of my phone check in dates and times when I start the program. I understand that these can be increased or decreased by the MHC Program Manager based on my participation in the program and what Phase I am in.

_____8. I understand that during my participation in MHC I shall not consume any alcohol or non-prescribed controlled substances as defined under RSA 318:B. I understand I will be subject to random drug testing. That drug testing may take place at the 6th Circuit-District Division-Concord or at the Merrimack County Correctional Facility. I understand if the MHC Program Manager or any other party in the MHC Team request a drug screen I must submit to that test at the time of the request unless other arrangements have been made and approved by the MHC Team.

- A. I understand that if I do not agree with the result of the drug screen, I can request that the specimen be sent to the lab for a second screening. I understand that I will be assessed a \$25.00 fee by the Merrimack County Diversion Program. It will be my responsibility to pay the fee if the result is positive. I understand **the fee and testing agency is subject to change**. I will be notified of the fee at the time that I request that the specimen be sent to the lab.

_____9. I agree to sign a limited waiver of confidentiality (ROI) to allow the Mental Health Court Program Manager to monitor my compliance with all MHC requirements, to include any treatment providers, courts, attorneys (except for defense attorney – see section A. below), employment or other agencies that may be directly related to my participation.

- A. When signing a limited waiver of confidentiality (ROI) for the defense attorney, you are agreeing that the MHC Program Manager can share information with the defense attorney. The limited waiver of confidentiality **does not** allow the defense attorney to share information with the MHC Team without your consent.

_____10. I will remain arrest free **and** of good behavior defined as:

“Good Behavior” is defined as the participant shall not commit any new criminal act to include felonies, misdemeanors, or major motor vehicle offenses as defines by the Habitual Offender Stature, R.S.A. 259:39(I).

_____11. I understand varied/ graduated sanctions may be imposed for non-compliances during my participation in MHC. I will be required to sign a copy of the Non-Compliance Form which will describe the levels of non-compliances and possible sanctions. I will be provided with a copy of the Non-Compliance Form.

- i. Infractions include but are not limited to the following:**

- ✓ Dishonesty
- ✓ Failure to Attend Outside Appointments
- ✓ Failure to Maintain Phone Contact with Mental Health Court Case Manager
- ✓ Failure to Attend Case Management Appointment with Mental Health Court Case Manager
- ✓ Conviction of a Class B Misdemeanor or Violation Level Offense
- ✓ Failing to Attend Mental Health Court Session in the 6th Circuit-District Division-Concord
- ✓ Failing to Engage in Substance Abuse Treatment
- ✓ Positive Drug / Alcohol Screen
- ✓ Admission of Drug / Alcohol Use
- ✓ Conviction of a Class A Misdemeanor
- ✓ Leaving Inpatient / IOP Treatment for any Reason
- ✓ Failing to Attend an Evaluation or Screening with a LADC as Directed & Complying with all Follow-Up Recommendations.
- ✓ Failure to Complete Community Service Hours as Directed

_____ **12.** I understand if I am charged with a Violation, Class B Misdemeanor, Class A Misdemeanor, or Felony that alleges substance use (alcohol or drugs), I may receive a sanction for the substance abuse prior to the conviction for the underlying conduct.

_____ **13.** I will notify the Mental Health Court Case Manager prior to traveling outside of the State of New Hampshire if traveling outside of the State for a time period that is greater than 24 hours or if my travel interferes with Mental Health Court or Mental Health Court appointments.

_____ **14.** I understand if I do not follow these conditions, the Mental Health Program Manager will report my non-compliance to the MHC Team to include the defense attorney, prosecution, and the presiding Judge. The prosecutor may use the non-compliance to file a violation with the Court. Before a violation is filed, a meeting will be held between the Prosecutor, Program Manager, and Defense Attorney to discuss possible alternative sanctions to resolve the non-compliance in an effort to secure my continued participation in MHC.

_____ **15.** If a violation is filed against me, I will be required to appear before the Judge at a Hearing. This Hearing may take place on the same day and at the same time as MHC. A defense attorney will appear with me at this Hearing. I understand I will be entitled to Due Process at this Hearing. **I understand that a stand committed jail sentence may be imposed as a sanction.**

- A.** If I am a participant who has been convicted of a Class B Misdemeanor or the complaint that was pending against me was placed on file without a finding, I may be found to be in contempt of Court (direct or indirect) if I violate the terms and conditions of the 6th Circuit-District Division-Concord Mental Health Court. A defense attorney will appear with me at the Contempt Hearing. I understand that I will be entitled to Due Process at this Hearing. **I understand contempt of Court may result in a stand committed jail sentence of up to six (6) months.**

_____ **16.** If I choose to terminate my participation in the 6th Circuit-District Division-Concord Mental Health Court, I will notify the MHC Program Manager and the defense attorney immediately. I understand that I will appear in Court to notify the Presiding Judge that I wish to terminate my participation. The court will then redirect my case back to the Court Docket and the matter shall be scheduled for a Trial Management Conference or Trial.

- A. If I choose to terminate my participation in the 6th Circuit-District Division-Concord Mental Health Court while I have a sanction pending, I understand that I will have a Sanction Hearing where the sanction will be adjudicated. Following the Sanction Hearing and completion of any ordered sanction, I will be discharged from the program.
- B. I understand that if the following occurs the State will Motion the Court to **terminate** my participation in the 6th Circuit-District Division-Concord Mental Health Court:
 - i. Six or more minor offenses during my participation during one phase.
 - ii. 4th Positive Drug/Alcohol Screen
 - iii. 2nd Class A Misdemeanor Conviction
 - iv. 1st Felony Arrest or Conviction
 - v. Failure to Schedule a LADC as Directed

Participant

Date

Attorney for Participant

Date

Mental Health Court Program Manager

Date

State

Date

Presiding Justice

Date

UPDATED: May 1, 2018