



Sacramento County
COLLABORATIVE COURTS



How to Guide

For Entrance Into:

- ☆ Mental Health Treatment Court
- ☆ Veterans Treatment Court
- ☆ Drug Court
- ☆ Re-entry Court
- ☆ DUI Treatment Court
- ☆ ReSET Court
- ☆ Proposition 36 Court

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Mental Health Treatment Court (MHTC)

OVERVIEW

The Mental Health Treatment Court (MHTC) is a collaboration between the Court, District Attorney's office, Probation Department, Office of the Public Defender, the Department of Health Services (Behavioral Health Services and Alcohol and Drug Services), and community-based providers. The MHTC is a 12-month minimum, voluntary, post-adjudicated, judicially supervised, treatment-based program for offenders with a documented mental health diagnosis and who may also have a co-occurring substance use disorder. The goals of MHTC are to reduce recidivism and offer cost effective alternatives to incarceration and hospitalization. Through treatment, frequent court appearances, and monitoring, the program will hold participants accountable while assisting them in achieving long-term stability and becoming successful and law abiding community members.

I. ELIGIBILITY

In order to participate in MHTC, offenders must meet the following criteria:

- A. Must be a legal resident of Sacramento County;
- B. Must be charged with a felony or misdemeanor offense;
- C. Must be (preferably) connected to a County mental health service provider, although offenders with private insurance will not be precluded from participating;
- D. Must voluntarily and willingly agree to participate; and must agree to comply with all probation conditions and court requirements;
- E. Must have a qualifying diagnosis (QD)¹;
- F. Must be willing to take their psychiatric medications as prescribed by a treating physician;
- G. Must agree to abstain from the consumption of alcohol, Marijuana, and non-prescribed medication/drugs; and,
- H. Must have case approval from the District Attorney's office.

In determining eligibility, preference will be given to cases referred pre-preliminary hearing; and victim opinion will be considered.

II. EXCLUSIONARY FACTORS

The following case types shall be excluded:

- A. Sex offenders (PC § 290) or arson registrants (PC § 457.1);
- B. "Shot callers" and/or active gang members or gang registrants;
- C. PC § 667.5(c) violent felony current conviction(s) or prior conviction(s);
- D. Cases where the victim(s) suffered great bodily injury;
- E. Driving Under the Influence (DUI) cases; and,

¹ Qualifying diagnoses (QD) include: Psychotic Disorder (not otherwise specified) , Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder Recurrent with or without psychotic features, Bipolar Spectrum, Post-Traumatic Stress Disorder, and Borderline Personality Disorder; and may also have co-occurring substance-related and addictive disorders

- F. As a general rule, no PC § 1192.7(c), serious felony current conviction(s) unless otherwise approved by the District Attorney's office.

In the interests of justice, a prospective participant, who may otherwise be ineligible due to factors stated above, may be allowed into MHTC at the discretion of the District Attorney's office.

III. REFERRAL PROCESS

To be considered for the program, an offender must complete a MHTC Referral form. Prior to completing the form, defense counsel must contact the designated MHTC DA (currently Chris Carlson) to get preliminary approval for MHTC. If preliminarily approved granted, and offender is eligible for and/or connected to a County mental health provider:

- A. Complete the following forms and submit to the Supervising MHTC PD (currently Ryan Raftery):
 - 1. **MHTC ROI (Release of Information) form** (Attachment 1). The offender and counsel must complete and sign the form, including making sure the appropriate boxes are checked on page 1 of the form (see Attachment 1 for example).
 - 2. **MHTC Referral form** (Attachment 2). Note: Password for this form is "referral" (without the quotation marks). If completed electronically, click on the "email" button to MHTC Supervising PD. From there, the PD will determine if an assessment is needed by Behavioral Health.
- B. Behavioral Health shall conduct a mental health assessment and provide a copy of the results to the Supervising MHTC DA/PD.
- C. If the defendant is already connected to a County mental health provider, BH will contact them and provide a report to the Supervising MHTC DA/PD.
- D. If the DA accepts the defendant into MHTC and they are already connected to an appropriate provider, the MHTC DA will notify counsel of the date to continue the case to MHTC.
- E. Private attorneys must be present for plea and sentencing in MHTC and must provide the complete file to MHTC-PD before the court will relieve counsel.

For defendants who have private insurance:

- 1. Complete the MHTC ROI and any ROI from the private insurance provider(s).
- 2. Complete the BH Referral form and submit to both the MHTC DA/PD.
- 3. It is the responsibility of defendant/counsel to obtain records showing that the defendant has a qualifying diagnosis, and a treatment plan to address the diagnosis in the following year.
- 4. If the DA accepts the defendant into MHTC, the MHTC DA will notify counsel of the date to continue the case to MHTC.

IV. MENTAL HEALTH COURT STRUCTURE AND SCHEDULE


- A. MHTC – Tuesday Calendar at 1:30 p.m., Department 8: for offenders who are either assessed as low service need and who are connected to one of the County’s Regional Support Teams (RST) or who are connected to private insurance.
- B. MHTC – Wednesday Calendar at 2:00 p.m., Department 8: for offenders who are assessed as needing moderate to high level services and who are connected to an Intermediate Service Provider (ISP) or a Full Service Provider (FSP).

V. EFFECT OF GRADUATION

If offender successfully completes the MHTC, the conviction is dismissed and probation is terminated, absent some other agreement or if offender still owes victim restitution.

MHTC Release of Information Attachment 1

County of Sacramento Authorization to Release Health Records Xref _____

 Sacramento County Mental Health Court (MHC) & Co-occurring Mental Health Court (COMHC)

I _____ understand that I may be eligible to have my criminal case brought to Mental Health Court and/or the Co-occurring Mental Health Court (COMHC). I further understand that in order for the District Attorney, my Defense Attorney and the Court to determine if I am eligible for Mental Health Court and/or the Co-occurring Mental Health Court I must allow my mental health records to be reviewed by the District Attorney, my Defense Attorney and the Court. By initiating at the end of this paragraph, and signing below, I agree and consent to allow the Sacramento County Department of Health and Human Services, Division of Behavioral Health (DHHS) to disclose my mental health records to the District Attorney, my Defense Attorney and to the Court for the purpose of determining my eligibility. Initials: _____

I further understand that if I am determined eligible for Mental Health Court my records and case will be discussed by the members of the Multi-Disciplinary Team (MDT) that handles my case. The members of that team are listed below. By initiating at the end of this paragraph, and signing below, I agree and consent to have DHHS disclose my records to that team for the purpose of determining the best course of treatment for me and for the resolution of my criminal case. I further agree and consent to allow the members of the MDT to review my records and to discuss my case with other members of the MDT. Initials: _____

Lastly, I understand that Mental Health Court and the Co-occurring Mental Health Court are open Courts and that members of the public may and do attend open court sessions. Visitors to the Court may also observe MDT meetings. By initiating at the end of this paragraph, and signing below, I acknowledge and consent to allow my MDT meetings to be observed by visitors to the Court. I further acknowledged and consent to my case being discussed in open court with the understanding that portions of my mental health and alcohol and other drug record may be discussed before the Court in an open and public session. Initials: _____

For the purpose of locating the correct records please provide the following information:

Records and information pertaining to:	DATE: / /	RECORD #:
LAST NAME:	FIRST NAME:	M.I.
SSN (LAST 4 DIGITS) OR ID:	DATE OF BIRTH: / /	
ADDRESS:	CITY/STATE/ZIP CODE:	


Check each type of confidential information to be released:

<input checked="" type="checkbox"/> Entire Record (Excludes HIV, Mental Health & Alcohol / Drug information.)	<input type="checkbox"/> Lab Tests	<input type="checkbox"/> Attendance Only Records
<input type="checkbox"/> Include HIV or AIDS Information	<input type="checkbox"/> Medication	<input type="checkbox"/> Consultation Reports/Physician Order
<input checked="" type="checkbox"/> Include Alcohol / Drug Information	<input type="checkbox"/> Treatment / Personal Service Plan	<input type="checkbox"/> Consultation Reports/Physician Order
<input checked="" type="checkbox"/> Include Mental Health Information	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Psychiatric/Psychological Assessment/Testing Results
<input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Social History	<input type="checkbox"/> Billing or Payment Information
<input type="checkbox"/> Other (please describe): _____		

I understand that the confidential information will be discussed in a Multi-Disciplinary Team (MDT) to the following team members:

Form 2099- Exhibit A County of Sacramento Authorization to Release Health Records Page 1 of 3 03-03-04 | Rev. 05-15-06 | Rev. 12-06-11 | Rev. 04-13-12 | Rev. 02-22-13 | Rev. 6-25-15 | REV 03/14/16

Double-click on the below icon to access the form:


MHC COMHC
ROI_blank.docx

TEAM MEMBERS	TEAM MEMBERS	TEAM MEMBERS
Sacramento County Contracted Providers		
Sacramento County MH Liaison		
Sacramento County Probation		
Sacramento County Alcohol and Drug Services		
Sacramento County Public Defender		
Sacramento County District Attorney		
Sacramento County Jail Psych. Services		
Sacramento County Courts		

Authorization will expire on: / / date (mm/dd/yyyy)

Records are to be released to my Defense Attorney to be shared in accordance with the eligibility process for Mental Health Court. I understand that this means my attorney may share these records with the District Attorney and the Court. I agree and consent to the further release of my records to members of my MDT if I am determined eligible for Mental Health Court and/or the Co-occurring Mental Health Court.

Important Note

Special kinds of health information have specific laws and rules that have to be followed before that information can be disclosed.

General Medical Records: Re-disclosure of these records is not allowed unless another authorization is obtained from you, or unless such disclosure is specifically required or permitted by federal or state law.

HIV, Alcohol and Drug, and Mental Health Treatment: These records are protected under federal or state law and cannot be disclosed without your written authorization unless otherwise provided. All HIV test information released must be labeled with a statement that "This information may not be disclosed to any one without the specific written authorization of the individual."

I understand that my representative or I may revoke this authorization to obtain, use and disclose my information at any time in writing. I understand this change will not affect information that has already been shared. I understand that this authorization is voluntary, that my health information may be protected under federal or state confidentiality laws. I understand that these federal or state laws may not apply to the person or organization receiving the information being shared. I understand that I may choose not to sign this authorization and this will not affect my ability to obtain treatment or payment or my current eligibility for health care benefits. However, if this information is necessary to determine if I am eligible to enroll in the Sacramento County Health program, I may not be able to show I qualify for these services.

(If applicable) I understand that County of Sacramento has been asked to provide a health care service to me (such as a test or evaluation) only for the purpose of being able to provide that information to someone else, and if I choose not to authorize the disclosure of that information to the other person, then County of Sacramento may not provide that health care service to me.

I understand that I have a right to a copy of this authorization.

Full Legal Signature or Mark of Individual _____ Date _____

Full Legal Signature of Representative Relationship _____ Date _____

Signature of County Representative and/or representing Attorney _____ Date _____

Printed Name of County Representative and/or representing Attorney _____

If the signer is a guardian or legal custodian of an adult, minor, emancipated minor or a representative of a deceased patient and is authorized by state law to act on behalf of the individual in making decisions about health care, a copy of the legal authority (guardianship or custody order) must be attached to this form. If the signer is a personal representative that does not have the legal authority, the client must provide documentation in writing appointing this person as a representative and this documentation must be attached.

Form 2099- Exhibit A County of Sacramento Authorization to Release Health Records Page 2 of 3 03-03-04 | Rev. 05-15-06 | Rev. 12-06-11 | Rev. 04-13-12 | Rev. 02-22-13 | Rev. 6-25-15 | REV 03/14/16

Behavioral Health Referral Form- Attachment 2

[Click here to reset all forms fields](#)

Sacramento Superior Court, Mental Health Treatment Court (MHTC) Referral Form

Section 1: Defendant Information (to be completed by representing public defender/defense)
Upon completion of Section 1, submit to Supervising Public Defender (Ryan Rafferty) for approval

Name: _____ Xref number: _____
 DOB: _____ SSN: _____ Client phone number: _____
 Referring Attorney: _____ Atty phone number: _____
 Current Mental Health (MH) provider: _____ Insurance: _____
 MH provider coordinator: _____ Provider phone number: _____
 In-custody: Yes No Custody location: **Select One** _____
 Address upon release: _____
 Charges and description: _____
 Relevant MH info: _____
 Participated in competency hearing/program
 Substance Use: Yes No Preferred Drugs(s): _____
 Victim related crime: Yes No Special orders: Restraining order Peaceful contact
 (check all that apply) No contact order Cannot reside with victim

After completing Section 1, Click here to email request to Supervising Public Defender

Section 2: Request for Behavioral Health Screening (to be completed by Supervising Public Defender)

Linked to MH Treatment Provider Individual Declined MH Court Not Accepted: Charges and or Other
If any of the above three boxes are checked, email or fax referral and ROI to Court Analyst (916) 874-5347

To Behavior Health:
 Confirmation of Qualifying DX Requested Assessment Requested
For Behavior Health requests, fax referral and court ROI attn.: MHTC to (916) 854-8939

Supervising PD's signature: Ryan Rafferty, Supervising Assistant Public Defender Date: _____

Section 3: Behavioral Health Screening (to be completed by Supervising Public Defender)
Upon completion, submit to District Attorney **After completing Section 2, Click here to email request to Behavioral Health**

Referral date: _____ Date of assignment: _____ Completion date: _____
 Primary DX: _____ No. of hospitalizations: _____
 Hx of engagement in treatment: None Poor Good Unknown N/A
 Hx of threats of violence: _____
 Level of care recommended: RST TCORE FSP Other Recommended PMHP: _____
 ADS recommended: Yes No Preferred drug(s): _____
 Comments: _____
 Clinician's signature: _____ Date: _____

After completing Section 3, Click here to email request to DA, PD, and Ct. Analyst


Section 4: Review for Eligibility (to be completed by Supervising District Attorney)

Felony Misdemeanor Accepted to MHTC: Yes No

Notes: _____
 District Attorney's signature: Chris Carlson, Supervising District Attorney Date: _____

MENTAL HEALTH TREATMENT COURT REFERRAL FORM
After completing Section 4, Click here to email request to Ct. Analyst

Double-click on the icon below to access the form:



Step 1 – Referral to MHC
PUBLIC DEFENDER REFERRAL TO MENTAL HEALTH COURT PROCESSES

Section 1 -- First Phase of referral: Completed by assigned Public Defender. Complete demographic information and information related to each of the mental health court criteria and submit to Supervising Public Defender for review.

- Supervising Public Defender and Supervising DA will discuss individual entering the referral process i.e. vet charge criteria and terms.
 - If not a viable candidate based on legal criteria; PD/DA will complete Supervising Public Defender section of referral and submit to Court Analyst for tracking.
 - If viable candidate and no known link to Mental Health Provider, Supervising Public Defender will complete request for Behavioral Health Screening
- For viable candidates, Public Defender will submit the referral with ROI to the Behavioral Health Team for Screening and Assessment.

Step 2 – Referral moves to Behavioral Health
BEHAVIORAL HEALTH REFERRAL PROCESSING - Behavioral Health receives the referral. Referral is assigned. BH will process the request which may include

- Confirming DX and treatment provider, reports back findings to PD, DA, Judge and Analyst.
- Coordinating with PMHP to review level of care, BH will report back to PD, DA and Analyst or,
- Conducting level of care assessment and recommendation for link to provider and sends assessment to the DA, PD, Judge and Analyst.
- Completing and submitting BH Assessment section to DA, SPD, Judge, Probation and Court Analyst.

Step 3 – DA/Court determination of eligibility
DA reviews all criteria for MHC acceptance; charge/plea, link to provider, need for probation oversight and court resources.

- Upon Completion of the BH Screening and Assessment process, DA reviews the completed MHC referral, determines eligibility for entrance into MHC based on all criteria.
- DA send completed Referral form to Process team (PD, BH, Probation, Judge and Court Analyst) indicating acceptance status via secured e-mail
- DA will submit the completed MHC referral form to Collaborative Court Analyst for tracking.

Step 4 – Data Collection
Referral is received by the Collaborative Court Analyst for purpose of collecting outcomes

- If Approved - Upon approval for MHTC, BH will send referral to ACCESS for authorization and monitor link to provider. Court Analyst will add the individual to the MHC roster and begin tracking progress in court program and Probation will add the individual to the calendar
- If entry is denied- the case will return to the Home Court.

OVERVIEW

The Reentry Court is a collaboration between the Court, District Attorney, Public Defender, Sheriff's Department, and the Probation Department and targets high-risk/needs offenders with a three-year or more pending sentence. The goal of the Court is to reduce recidivism and improve public safety through the use of judicial oversight, intensive supervision, comprehensive case management and treatment services, and drug testing. The length of the program is a minimum of 12 months.

I. ELIGIBILITY CRITERIA

The offender must meet the following eligibility criteria:

- A. Current offense(s) is non-violent, non-serious, and non-sexual;
- B. Offender is eligible for County Jail Prison (CJP);
- C. Felony probationers are eligible on a limited case-by-case basis; and,
- D. If the offender is technically ineligible, the DA's office may allow admittance to Reentry Court if it would further the interests of justice.

In addition, the offender must:

- E. Be assessed as moderate to high risk (to reoffend) per risk assessment (score between 20 and 30 on the LS-CMI);
- F. Be a legal resident of Sacramento County;
- G. Be amenable to treatment and want to participate in the Reentry Court; and,
- H. Be deemed appropriate by the Probation Department to participate in treatment at the Adult Day Reporting Center (ADRC).

II. EXCLUSIONARY FACTORS

Excluded if current offense or prior conviction involves:

- A. Current felony violation of Penal Code (PC) § 273.5 or falls within the meaning of Family Code §6211. Prior convictions of this type will not automatically exclude;
- B. Victim who suffered great bodily injury or a permanent disability;
- C. Violent felony offense within PC § 667.5 (c) or a serious felony offense pursuant to PC § 1192.7 (c) unless the offender is entering Re-entry Court on a technical parole or Post Release Community Supervision (PRCS) violation;
- D. Actively participating in a criminal street gang or is a "shot caller";
- E. Driving under the influence in the current case;
- F. Possession or being armed with a firearm in the current case;
- G. Prosecuted by DA's Major Narcotics Unit, unless unit supervisor authorizes referral in the interests of justice;
- H. Offender is an active confidential informant for a law enforcement agency;
- I. Post- Preliminary Hearing, unless parties and court agree in the interest of justice to refer to Reentry Court; and/or
- J. Offender is a current Drug Court failure on the referral case. Previous Drug Court failures will not be a bar.

III. OTHER CRITERIA

Other criteria that can affect the decision to allow an offender into Reentry Court:

- A. Minimum sentence is three years CJP;
- B. The offender should, but is not required to have at least two prison priors; and
- C. Prior convictions can affect acceptance, but there are no hard and fast rules regarding these priors. However these priors are considered in evaluating the case:
 - Gun possession
 - Non-strike, PC 245's
 - Domestic violence priors
 - DUI's
 - PC 148's
 - PC 69's
 - PC 2800.2's

IV. REFERRAL AND DECISION PROCESS

The District Attorney's office preliminarily decides who is accepted into Reentry Court. The office has designated their Supervising Re-entry Court District Attorney (SREC-DA) (currently Chris Carlson at carlsons@sacda.org) to review referrals. As such, defense counsel shall:

- A. Confer with the case prosecutor and request a review by the SREC-DA. The defense counsel may also email the SREC-DA directly with the request if he/she wants to communicate why their offender is a deserving candidate for Reentry Court. Defense counsel shall copy the Supervising Reentry Court Public Defender (SREC-PD), currently Ryan Raftery rafteryr@saccounty.net, on all referrals.
- B. The SREC-DA shall email defense counsel with decision on whether offender will be preliminarily accepted for Re-entry Court and/or request for more information.

V. ACCEPTANCE

- A. Offender pleads in the Home Court with an *Arbuckle* waiver and the case is continued four weeks to Reentry Court on Thursdays at 2:00pm in Department 8 for receipt of a Probation Report to see if the offender is suitable for Reentry Court/ADRC (Adult Day Reporting Center). The MDT starts at 1:30pm in the room between Departments 8 and 9. Other parameters include:
 - 1. No split terms in Reentry Court.
 - 2. The plea is not conditional on acceptance to Reentry Court. If offender does not get into Re-entry Court, the offender gets his/her split term offer back, if there was one. The offender is then sentenced in Re-entry Court.
 - 3. Defense counsel shall obtain the address and phone number of where offender intends to live upon release and email it to the designated SREC-PD, currently Ryan Raftery rafteryr@saccounty.net. The Probation Department will attempt to verify the defendant's address prior to his/her first Reentry Court. If not done, the defendant shall remain in-in-custody until address verification is completed. If the offender is male and homeless, then transitional housing at Volunteers of America (VOA) may be available. If VOA accepts offender then they must stay for 90 days.

4. Private attorneys shall be present for sentencing in Reentry Court, and must provide complete file to SREC-PD before court will relieve counsel.
 5. If the Probation Report recommends Reentry Court, the case will be continued a week in order for a LS-CMI risk/needs assessment to be administered. If the score is greater than 30, the case may be continued for another week for a Responsivity test to be administered. After both tests, the MDT will decide whether to accept or reject the offender.
- B. Reentry Court acceptance is conditional. The Reentry Court team reserves the right to revoke acceptance within four to six weeks after sentencing if the offender is unable to participate in REC or demonstrates unsuitability rehabilitation. If conditional acceptance is revoked, the defendant will receive his/her original sentence.

VI. EFFECT OF GRADUATION

The Suspended CJP time is removed, but conviction(s) remain. If all victim restitution is paid, then defendant remains on probation with the imposition of sentence suspended for a period of 2 years from date of graduation.

Veterans Treatment Court (VTC)

OVERVIEW

The Veterans Treatment Court (VTC) is a collaboration between the Court, District Attorney, Public Defender, Probation Department, and the Veterans Administration (VA) and targets high-risk/needs justice-involved veteran offenders. The VTC acts as a one-stop-shop, linking veterans with programs, benefits and services that they need. The goal of the VTC is to reduce recidivism and improve public safety through the use of judicial oversight, intensive supervision, comprehensive case management, treatment services, and drug testing. The length of the program is a minimum of 12 months.

I. ELIGIBILITY CRITERIA

To be eligible for VTC, the veteran must:

- A. Be a legal resident of Sacramento County;
- B. Be a prior or current member of the United States Military, with preference given to combat veterans;
- C. Have suffered from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or other mental health condition suffered as a result of military service that caused them to commit the current crime (PC § 1170.9 nexus necessary for eligibility).
Note: the mere fact that an offender is veteran does not entitle offender to VTC;
- D. Be placed on formal searchable probation. The fact that an executed prison sentence is suspended will not be a disqualifying factor;
- E. Complete pre-orientation, which consists of the veteran meeting with the VTC Probation Officer and Veterans Justice Outreach (VJO) specialist and observing one VTC court session, prior to official VTC acceptance; and,
- F. Voluntarily and willingly agree to participate in the VTC program.

In addition, victim impact will be considered and preference will be given to cases referred pre-preliminary hearing.

II. EXCLUSIONARY FACTORS

- A. No sex, arson or gang registrants;
- B. No “shot callers” and/or active gang members;
- C. No PC § 667.5(c) violent felony current conviction(s) or prior conviction(s);
- D. As a general rule, no PC § 1192.7(c) serious felony current conviction(s). But in the interests of justice, a person may be allowed into VTC at the discretion of the District Attorney’s office; and/or,
- E. If as the result of the current offense, the victim suffered death or great bodily injury.

III. REFERRAL PROCESS AND NECESSARY MATERIALS

- A. The veteran’s attorney shall complete the Military Diversion Program/Veterans Treatment Court (MDP/VTC) Application Form (Attachment 1), including obtaining the veterans DD Form 214, Certificate of Release of Discharge, and email to the Supervising VTC District Attorney or Public Defender (DA/PD).

- B. Sacramento Veteran's Affairs (VA) Release of Information Form (VA ROI) (Attachment 2) must be signed by the veteran and emailed to Supervising VTC DA or Supervising VTC PD
 - 1. VA ROI and MDP/VTC Application Form can be obtained by emailing Supervising VTC DA Chris Carlson at carlsonc@sacda.org or Supervising VTC PD Ryan Raftery at rafteryr@saccounty.net.
 - 2. The VA ROI will be faxed or sent via secure/encrypted email to the VA's VJO Specialist. The VJO will determine if offender is eligible for VA benefits. If seen by VA in the past, the VJO will review offender's VA history and send a PC 1170.9 memo to Supervising VTC DA and Supervising VTC PD to help assess if offender meets the 1170.9 nexus for eligibility for VTC. The 1170.9 memo will be sent to defense counsel by the Supervising VTC DA or the Supervising VTC PD.

IV. ELIGIBILITY DETERMINATION

- A. The Supervising VTC DA shall review and make an initial determination on acceptance. If Supervising VTC DA initially denies acceptance, the matter will be discussed with the VTC team for final determination.

V. ACCEPTANCE

Once the veteran has been accepted, the following process should occur:

- A. The DA and defense counsel negotiate a plea deal prior to sending the case to VTC for plea and sentencing. Do not take the plea in Home Court (includes D-2, D-3 and D-4);
- B. The presumption is that all offenders are eligible for full PC 1170.9 relief;
- C. There will be specified restrictions on certain cases;
 - 1. DV cases will likely only be 17(b)'s to a misdemeanor;
 - 2. Probation is not terminated early until all victim restitution is paid;
 - 3. There may be case by case limitations; and,
- D. The case is continued to the next VTC court date in D-39 at 1:30 p.m. on the 1st or 3rd Friday of every month. Panel or private defense attorneys need to show up in D-39 at 10:30 a.m. for the Multi-Disciplinary Team (MDT) meeting prior to court.

VI. EFFECT OF GRADUATION

- A. Absent another agreement or if the offender still owes victim restitution at graduation, the conviction is dismissed.
- B. Domestic Violence convictions will likely only be reduced (pursuant to PC 17(b)) to a misdemeanor.

MDP/VTC Application Form Attachment 1

Superior Court of California, County of Sacramento
Application For:
 -Military Diversion Program (MDP)- Penal Code section 1001.8
 -Veterans Treatment Court (VTC)- Penal Code section 1170.9

Attorney Contact Information (or defendant to complete this section if not represented by an attorney)
 Name: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone No.: _____
 Email Address: _____

Defendant's Name: _____		Defendant's Telephone No.: _____	
Date of Birth: _____	Ref No.: _____	Full Social Security No.: _____	Case No. (s): _____

- A. Case Information:**
- Date of arrest and charge(s): _____
 - Next court hearing: Date: _____ Time: _____ Dept: _____
 - Custody status: In-custody Out-of-custody
 - Housing status: I have housing I need assistance with housing I am homeless

- B. Military Service Information:**
- United States Military Branch of Service (check all that apply):
 Army Air Force Marines Navy Coast Guard
 - Years served: Date of entry: _____ Date of discharge: _____
 - Current Status: Active Active Reserve Inactive National Guard Retired
 - If inactive, discharge type: Honorable-general Medical Other than honorable
 Dishonorable Bad conduct
 - Highest Service Level: E1 E2 E3 E4 E5 Other: _____
 - Have you served in a foreign war or conflict? Yes No
 If yes, where and year(s) served: _____
 - Military occupational specialty (MOS): _____

- C. Services and Treatment:**
- Have you ever accessed U.S. Department of Veterans Affairs (VA) services? Yes No
 If yes, what city and state: _____
 - Mental condition(s) suffered as a result of military service: _____
 - Are you currently receiving any VA treatment? Yes No
 If yes, please list: _____
 - Medical: _____
 - Mental Health: _____
 - Substance Use: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Notice and Submission of Form:


Submit your completed application to the Veterans Justice Outreach Specialist. You must also attach the following documents:

- DD Form 214, Certificate of Release of Discharge (if applicable and available)
- Release of Information (ROI)

You may fax to: (916) 364-0276, Attention: Veterans Justice Outreach Specialist; or
 Mail to: Veterans Justice Outreach Specialist
 10535 Hospital Way (SWS-122)
 Mather, CA 95655

Notice: You must also submit a copy of the application and attachments to the prosecutor assigned to your case. Please scan and send an electronic copy to: DA-VTC-MDP@sacda.org

VTC Release of Information Attachment 2

 Department of Veterans Affairs		
REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION		
<small> PRIVACY ACT INFORMATION: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VHA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA1092 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. </small>		
<small> TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility) Northern CA Healthcare System (NCHCS) Sacramento VA Medical System 10535 Hospital Way, Mather CA 95655 Or any other VHA hospital system where the Veteran has or will receive services. </small>		
LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH
<small> NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED Sacramento County Veterans Court, all affiliated individuals, agencies, attorneys, mentors, jails, and court evaluator. Veteran agrees to additional guests of the court/research investigators <u> </u> Yes or <u> </u> No. </small>		
VETERAN'S REQUEST		
<small> I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s): </small>		
<input checked="" type="checkbox"/> DRUG ABUSE <input type="checkbox"/> SICKLE CELL ANEMIA <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)		
DESCRIPTION OF INFORMATION REQUESTED		
<small> Check applicable box(es) and state the extent or nature of information to be provided: </small>		
<input checked="" type="checkbox"/> HEALTH SUMMARY (Prior 2 Years) <input checked="" type="checkbox"/> INPATIENT DISCHARGE SUMMARY (Dates): _____ <input checked="" type="checkbox"/> PROGRESS NOTES: <input type="checkbox"/> SPECIFIC CLINICS (Name & Date Range): _____ <input type="checkbox"/> SPECIFIC PROVIDERS (Name & Date Range): _____ <input type="checkbox"/> DATE RANGE: _____ <input checked="" type="checkbox"/> OPERATIVE/CLINICAL PROCEDURES (Name & Date): _____ <input checked="" type="checkbox"/> LAB RESULTS: <input type="checkbox"/> SPECIFIC TESTS (Name & Date): _____ <input checked="" type="checkbox"/> DATE RANGE: <u>All drug utox screens past and future as deemed relevant by court</u> <input checked="" type="checkbox"/> RADIOLOGY REPORTS (Name & Date): _____ <input checked="" type="checkbox"/> LIST OF ACTIVE MEDICATIONS _____ <input checked="" type="checkbox"/> OTHER (Describe): <u>All relevant medical record information needed for court supervision.</u>		
PURPOSE(S) OR NEED		
<small> Information is to be used by the individual for: </small>		
<input checked="" type="checkbox"/> TREATMENT <input type="checkbox"/> BENEFITS <input checked="" type="checkbox"/> LEGAL <input type="checkbox"/> OTHER (Specify below) _____		

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Double-click on the icon below to access the form:



LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH
AUTHORIZATION		
<small> I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information comes with the potential for unauthorized disclosure, and the information may not be protected by federal confidentiality rules. I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions. </small>		
EXPIRATION		
<small> Without my express revocation, the authorization will automatically expire. </small>		
<input type="checkbox"/> UPON SATISFACTION OF THE NEED FOR DISCLOSURE <input type="checkbox"/> ON _____ (enter a future date other than date signed by patient) <input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>Upon completion/discharge of court program and probation.</u>		
PATIENT SIGNATURE (Sign in ink)	DATE (mm dd/yyyy)	
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)	DATE (mm dd/yyyy)	
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT	
FOR VA USE ONLY		
<small> TYPE AND EXTENT OF MATERIAL RELEASED Information will be shared at regular intervals as needed by the Court Team to adequately assess progress of Veteran and compliance with court and probation guidelines. VJO will provide summary of progress via written, verbal, telephonic and secured email. Medical record information is subject to review in open court docket. The authorization will expire upon Veteran discharge or successful completion of court program and probation period which may last longer than the court program. </small>		
DATE RELEASED	RELEASED BY:	

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Adult Drug Court (ADC)

OVERVIEW

The Adult Drug Court (ADC) is a collaboration between the Probation Department, Court, District Attorney, and Public Defender. The Probation Department operates the program and offers both residential and outpatient treatment services including detoxification, substance misuse, mental health treatment, relapse prevention, and reentry services; drug testing, case management, housing, and therapeutic (yoga, nutrition, mind-body) services. The program takes a minimum of eight months to complete and participants are supervised by the Probation Department and make frequent court appearances to review their progress in the program.

I. INITIAL DRUG COURT OFFER

Defense counsel shall speak with the currently assigned SCR District Attorney (DA) **FIRST** to confirm that Drug Court is an appropriate offer, or something that the DA would contemplate offering. As a general rule, the offer should not increase for an offender to get Drug Court.

II. ELIGIBILITY CRITERIA

- A. Legal resident of Sacramento County;
- B. Non-violent property and/or drug possession crimes (felony and misdemeanor);
- C. VOPs (although original crime will not be dismissed, but probation will be terminated pending successful completion of ADC);
- D. First degree burglaries and sales cases for personal use on a case by case basis;
- E. Participant must be placed on probation. The fact that an executed prison sentence is suspended will not be a disqualifying factor;
- F. Participant must voluntarily and willingly agree to participate in the ADC program;
- G. Victim Impact will be considered;
- H. Preference for cases referred pre-preliminary hearing; and,
- I. If counsel feels strongly the defendant should get ADC, defense counsel should contact the Supervising ADC DA who may present it to the ADC multi-disciplinary team.

III. ADDITIONAL ELIGIBILITY CONSIDERATIONS

Offender's ability to do ADC program: The ADC is 5 days a week in the beginning, from 9:00 a.m. to 2:45 p.m. These factors are considered:

- A. Does offender have housing or is he/she homeless?
- B. Transportation Plan: How is offender going to get to ADC every day?
- C. Ability to communicate in English?
- D. Does offender have mental health issues that would affect their ability to engage in the ADC program?

IV. EXCLUSIONARY FACTORS

The following exclusionary factors shall apply:

- A. Past Adult Drug Court (ADC) client deleted will be evaluated on a case by case basis;
- B. Drug Sales conviction within the last 5 years will be evaluated on a case by case basis;
- C. A prior conviction for Gun possession within the last 5 years will be evaluated on a case by case basis;
- D. A prior conviction for Weapon possession within the last 3 years will be evaluated on a case by case basis;
- E. A Felony conviction involving violence or threat of violence within last 5 years will be evaluated on a case by case basis;
- F. A Misdemeanor conviction involving violence or threat of violence within last 3 years will be evaluated on a case by case basis;
- G. New disqualifying conviction prior to intake into Drug Court;
- H. Outstanding warrants or holds (we can probably work around this but if offender is detained in other county for a significant period of time, ADC may be inappropriate);
- I. No sex or arson registrants;
- J. Gang members as determined by Probation will be accepted on a case by case basis (Gang Validation is not a bar to acceptance);
- K. No DUI cases - However, if you have another ADC eligible crime, that crime can go into ADC and later be dismissed. The DUI cannot be dismissed; and,
- L. Low Risk (they may be referred for a LS-CMI assessment that measures the risk and need factors). If offender appears to be Low Risk (i.e. their RAP sheet does not indicate any drug/theft related crimes, or it does not appear, that the offender has a drug problem), you can provide additional information that they do have a drug problem in your referral, you need to include this in your referral (an email to ADC-DA (currently Kimberly Macy, MacyKy@sacda.org) will suffice).

V. REQUIRED ACTION BY DEFENSE COUNSEL AND RELEVANT INFORMATION

- A. The PD/Defense Counsel shall ask the SCR DA to get DA file to the ADC-DA;
- B. The PD/Defense Counsel should email the ADC-DA with any other information they feel is relevant to offender being a good candidate for ADC, including:
 - 1. History of offender's drug use.
 - 2. When did it start? Drug(s) of choice?
 - 3. How drug use has adversely affected offender's life (beyond law enforcement contact, i.e., has family disowned offender? Lost kids? Lost jobs?).

VI. ELIGIBILITY DETERMINATION

The ADC team, consisting of the ADC-DA, Probation and PD weigh in on the decision to accept an offender into ADC. Typically, if all eligibility requirements are met, the offender will be accepted into ADC. Acceptance requires unanimity from the team.

VII. ACCEPTANCE

- A. The DA and Defense Counsel plead case in the Home Court, get ADC probation conditions, place offender on formal probation, and suspend the time pending successful completion of ADC. Note the following:
 1. Even if a prison sentence is suspended, offender will still need to be placed on formal probation; and,
 2. If it is a CJP sentence, make sure to indicate whether it is a split sentence and what portion of time is to be served in custody and on MS or if offender will be serving the sentence straight time if he/she fails ADC. This should be negotiated ahead of time and noted in the court file and each attorney's file.
- B. The case is then continued to the next available Monday at 2:00pm in Department 8 for ADC. Make sure there is a minimum of 3 court days between the sentencing date and the first appearance in ADC. Other scheduling notes:
 1. If the offender is serving time on another case, set their first ADC court date the Monday before they are scheduled to be released.
 2. In-custody offenders are not typically released until the morning after their first appearance in ADC. Out-of-custody offenders will remain out of custody for their first appearance. Panel or private defense attorneys do not need to show up at the ADC court appearance. The PD handles all ADC cases once offender is placed in the program.
- C. At first ADC appearance, Offender will sign an ADC contract with conditions.
 1. If they are in-custody they will be released to Probation the following day (Tuesday) for transport to the ADC program. If they are out of custody, they will be ordered to appear at Probation the following day (Tuesday) to begin the ADC program.
- D. At Probation, Offender will receive an ADC Client Orientation Packet. The packet sets forth rules regarding participation in ADC.

VIII. GRADUATION

If the participant successfully completes ADC, the case will be dismissed and probation terminated. If, however, the participant has outstanding victim restitution, the participant will remain on probation until victim restitution has been paid.

DUI Treatment Court (DUITC)

OVERVIEW

In November 2017, the Sacramento Superior Court and its justice partners implemented a comprehensive DUI Treatment Court program that targets high-risk/need, repeat DUI offenders. The goals of the program are to keep communities safe and to reduce recidivism amongst the DUI repeat offenders that will lead to a decrease in alcohol-related collisions, injuries, and fatalities. The program utilizes the drug court model and strives to change the offenders' thinking and behaviors around substance use and will hold them accountable by offering treatment, supervision, and frequent court appearances.

I. IDENTIFICATION OF OFFENDERS

The attorneys will generally identify eligible offenders at the time of arraignment hearing, in Department's: 2, 3, 4, 8, and 60-63. An offender may be referred at any time prior to adjudication. The offender must meet the eligibility criteria, be amendable to treatment, and be assessed as having a substance use disorder.

II. TARGET POPULATION AND ELIGIBILITY CRITERIA

The DUITC targets high-risk/needs, repeat DUI offenders who are assessed as having a substance use disorder.

A. Inclusion Criteria:

1. Charged with a 3rd or 4th Vehicle Code section 23152 offense within a 10 year period;
2. Resident of Sacramento County;
3. Amenable to treatment and voluntarily agrees to participate in the DUITC; and,
4. Meets diagnostic criteria for substance abuse or dependency.

B. Exclusion Criteria:

1. Have four-plus DUI convictions within 10 years;
2. DUI with injury (Vehicle Code section 23153);
3. Gang membership and/or affiliation;
4. Sex crimes and Penal Code sec. 290 registrants;
5. History of violence (presumptive, on case-by-case basis); or
6. Strike priors (presumptive, on case-by-case basis).

III. AMENABLE TO PROGRAM; AND SCHEDULE CASE IN DUITC DEPARTMENT

A. Once the offender preliminarily agrees to participate in DUITC, the defense attorney should:

1. Have his/her client sign the DUITC Release of Information (ROI) form (attached); and review the applicable plea agreement forms, order of probation, and DUITC Participant Handbook (also attached).
2. Confer with the current DUITC District Attorney (DA) representative (currently, Rochelle Beardsley, Supervising Deputy District Attorney, (916) 876-4130 or BeardsleyR@sacda.org) regarding the case and confirm eligibility.

3. Request an assessment date through the DUITC-DA. The DUITC-DA will contact case manager representatives and request that they arrange assessment date²— either at normal assessment time of the morning before court or if offender is in-custody at either the Main Jail or RCCC, the case manager shall arrange a date and time. The defense attorney must scan and email a copy of the offender’s ROI form to DUITC-DA and the case manager prior to the scheduled assessment date.
4. Request a DUI Treatment Court date from the DUITC-DA; and request the home court to set the hearing date.

IV. FIRST DUITC HEARING DATE

The DUITC team shall discuss new referrals and determine acceptance into the program. The District Attorney’s office may decline to accept an offender based on risk to public safety.

- A. If accepted, the defendant must review and sign the applicable plea agreement and order of probation forms. The Court shall take the defendant’s plea and immediately impose judgment and sentencing. The defendant must serve any mandatory custody time, if not already completed. Driver license shall be revoked by statute as follows:
 - 1) For a third conviction of violation of VC 23152a, b, d, e or g (alcohol), defendant’s driving privilege is revoked for a period of three (3) years, pursuant to Section 13352(a)(5) of the California Vehicle Code.
 - 2) For a third conviction of violation of 23152c or f (drugs), defendant’s driving privilege is revoked for a period of three (3) years, pursuant to Section 13352(a)(5) of the California Vehicle Code. Defendant is not eligible for a restricted license until after completion of 12 months of the suspension term.
 - 3) For a fourth conviction of violation of 23152a, b, d, e or g (alcohol), defendant’s driving privilege is revoked for a period of four (4) years, pursuant to Section 13352(a)(7) of the California Vehicle Code.
 - 4) For a fourth conviction of violation of 23152c or f (drugs), defendant’s driving privilege is revoked for a period of four (4) years, pursuant to Section 13352(a)(7) of the California Vehicle Code. Defendant is not eligible for a restricted license until after completion of 12 months of the suspension term.
- B. If not accepted, the case will be scheduled for a further proceeding hearing back in the assigned home court.

V. PROGRAM PARTICIPATION INCENTIVES







The Court may offer any of the following program incentives:

- Opportunity to reduce non-mandated jail time by participating in an alternative sentencing program, including but not limited to: home detention, community service, and Probation Work Project;
- Reduce base fine pursuant to Vehicle Code sec. 23538(a) from \$600 to \$390; with options to reduce fine further by participating in Probation Work Project;
- Stay other fines and fees while participating in the DUITC and permanently stay upon successful completion of the DUITC; and,

² Assessments are done for out-of-custody offenders on the Friday mornings (between 9:00 a.m. and 11:30 a.m.) on DUI Treatment Court dates, and held in Room 113, right in front of Department 2, at the main courthouse.

- Opportunity to request earlier termination of probation supervision upon completion of the DUITC program, completion of the DMV's Multiple Offender Program (AKA SB 38); and payment of any restitution, fines and fees.

VI. DUITC Forms

Release of Information form	 Release of Information_ROI_DUIT
DUI Felony Plea Agreement	 DUI Treatment Court Felony Plea Agreemen
DUI Misdemeanor Agreement	 DUI Treatment Court Misdemeanor Plea Agr
DUI Order of Probation – Felony	 Order of Probation - Felony - Rev11_21_17
DUI Order of Probation – Misdemeanor	 Order of Probation - Misd_Rev11_21_201.
DUITC Participant Handbook	 DUITC_Sacramento County Participant Ma

Reducing Sexual Exploitation & Trafficking (ReSET) Court

OVERVIEW

The ReSET Court is a diversion program for mostly women charged with prostitution or a prostitution related offense. The eight week educational program is designed to help women identify and begin to address the underlying health and wellness related issues that contribute to a life on the streets. The program takes approximately six months to complete and includes eight group sessions (at 2.5 hours for a total of 25 hours); and a minimum of five individual peer mentoring sessions. The participants also participate in trauma-based therapy or peer group therapy as directed by the program provider.

I. ELIGIBILITY CRITERIA

The offender must meet the following eligibility criteria:

- A. Current offense(s) is PC 647(b) or PC 653.22(a);
- B. Prostitutes, NOT “Johns;” and,
- C. Okay to have other misdemeanor charge on complaint (i.e., drug offenses, theft offenses).

II. EXCLUSIONARY FACTORS

PC 69, 243(b) or 148(a) charged on complaint with prostitution crime MAY disqualify (but reviewed on a case-by-case basis).

IV. REFERRAL AND DECISION PROCESS

Potential participants are identified and evaluated at their initial appearance in their home court department by either the District Attorney or defense counsel.

V. ACCEPTANCE

Upon acceptance into the program, the participant will enter a plea to the charge with an intended offer and the Court will order the participant to complete the diversion program within 6 months and agree to the terms of ReSET Court. Participants are provided with the ReSET referral form in Home Court courtroom and referred to the appropriate service provider and the case is calendared for the next available court date in ReSET Court. The ReSET calendar is heard on the third Fridays of the month in Department 3. The case is calendared thereafter for periodic progress reports (1X monthly). If the participant fails to appear or is found to be not compliant, the participant may be dropped from the program and sentence imposed.

VI. EFFECT OF GRADUATION

Once the participant completes the program, the initial plea is withdrawn and case is dismissed.