

BEHAVIORAL HEALTH COURT: DIVERSION PROGRAM
Participant Contract With Diversion Release Conditions

NAME: _____

DATE: _____

CASE #: _____

1. I understand that Behavioral Health Court Diversion (thereinafter, “BHC Diversion”) is a pretrial diversion program for individuals with mental disorders. I understand BHC Diversion is administered within the guidelines set forth in Penal Code 1001.36. ____
2. I understand that prosecution of my criminal case will be postponed pursuant to PC1001.36, so that I can undergo the mental health treatment offered by BHC Diversion. ____
3. I understand that participation in BHC Diversion involves a minimum of 18 months and maximum of 24 months. ____
4. I understand that I will be required to attend Court hearings on a regular basis, as determined by the Court. ____
5. I understand that the Court will establish a Mental Health Treatment Plan (thereinafter “Treatment Plan”) for me. I understand that my Treatment Plan will be administered by a mental health treatment provider designated by the Court. I understand that the current treatment provider for BHC Diversion is Telecare. I agree to comply with my Treatment Plan. ____
6. I understand the Court will direct Probation Officers to monitor my progress and compliance with my Treatment Plan. I agree to comply with Probation Officer instructions. ____
7. I agree to remain law abiding. I agree not to engage in criminal conduct. ____
8. I agree to submit my person, vehicle, residence, property, personal effects, computers, cell phones, and recordable media to search at any time with or without a warrant, and with or without reasonable cause, when required by a San Diego County Probation Officer. ____
9. I understand that engaging in criminal conduct or failing to comply with my Treatment Plan may result in Court ordered sanctions. I understand that the sanctions available and sanction procedures are set forth in Penal Code 1001.36(d). I understand that Court Ordered sanctions could include modifying the Treatment Plan, reinstating my criminal proceedings, or conservatorship proceedings. ____
10. I understand that my Treatment Plan is attached to this document as “Attachment A.” I have reviewed my Treatment Plan and agree comply with all of it. ____

11. I understand that I may be ordered by the Court to pay restitution, pursuant the rules and guidelines set forth in PC 1001.36(c)(4). However, I understand that my inability to pay restitution due to indigence or mental disorder shall not be grounds for denial of diversion or a finding that I have failed to comply with the terms BHC Diversion. ____

12. I understand and authorize the release and exchange of the following information among the members of the BHC Team:

- A. Protected health information ____
- B. Criminal history information ____

13. NOTICE OF HEARING

- A. I understand that the Court can require my appearance in court, whenever deemed necessary. I understand that I may be required to attend Court quickly, such as the next day. I agree to clear my schedule and attend Court hearings when I am told to do so. ____
- B. When serving me with notice to appear in Court, I agree to accept service at the residence where Telecare has placed me. I agree that service is valid when a written notice to appear is placed on my bed at the residence where Telecare has placed me. ____
- C. I agree that service is valid regardless of whether I physically come home and see the notice on my bed. ____
- D. I understand and agree that once served with written notice to appear in Court, I must appear in Court at the date/time ordered. I understand and agree that should I fail to appear in Court as ordered, the Court can issue a bench warrant to compel my attendance. ____

14. I understand that the BHC Team will get to decide where I live during the program. ____

- A. If I have an income source while a member of BHC Diversion, I understand that I will be responsible for paying my own rent or a percentage of my own rent. ____
- B. During Phase One, my monthly rent payment will not exceed 30% of my total monthly net income. In Phase Two, the percentage will not exceed 50%. In Phase Three, the percentage will not exceed 70%. In Phase Four, the percentage will not exceed 80%. ____

15. The above listed case number(s) is/are my BHC Diversion case(s). I understand that the Court may have jurisdiction over trailing cases for purposes of judicial efficiency. I understand that no guarantees are made by BHC Diversion as to the disposition of those cases completion of BHC Diversion. ____

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16. If the Court concludes that I have “performed satisfactorily” in BHC Diversion, I understand the Court will dismiss the criminal charges that are currently charged in the above case. I understand that “performing satisfactorily” and dismissal procedure is further explained in PC 1001.36 (e). ____

I have reviewed the above contract and agree to abide by the terms stated therein:

Participant

Approved By:

Attorney for Participant

Deputy Prosecuting Attorney

Judge, San Diego Superior Court

ATTACHMENT A – TREATMENT PLAN

BHC Diversion Treatment Plans are administered by a mental health treatment provider designated by the Court. Telecare is the current treatment provider for BHC Diversion. The Court will direct Probation Officers to help monitor my progress and compliance with my Treatment Plan.

The Treatment Plan for _____ includes all verbal and written orders from the Court. The Treatment Plan also includes the following rules and regulations:

1. Regulations Associated with Treatment Provider:
 - A. Comply with Telecare Staff and Telecare Instructions.
 - B. Comply with Telecare’s “Client Plan,” which details mental health goals and responsibilities at Telecare.
 - C. Participate and comply with any assessment program, if directed by Telecare.
 - D. Take psychotropic medications, if directed by Telecare.
 - E. Participate in treatment, therapy, counseling, or other course of conduct, if directed by Telecare.
 - F. Attend ‘Self-Help’ meetings, if directed by Telecare.
 - G. Complete a program of residential treatment and aftercare, if directed by Telecare.
 - H. Do not knowingly use or possess alcohol.
 - I. Do not be in places, except in the course of employment, where you know, or a Probation Office or other law enforcement officer informs you, that alcohol is the main item for sale
 - J. Do not knowingly use or possess marijuana.
 - K. Do not knowingly use or possess any controlled substance without a valid prescription and submit a valid sample for testing for the use of controlled substances/alcohol when required by Probation Officer or Telecare.
2. Regulations Associated with Probation Officer
 - A. Comply with Probation Officer instructions.
 - B. Obey all laws.
 - C. Do not unlawfully use force, threats, or violence on another person.
 - D. Do not knowingly possess a firearm, ammunition, or deadly weapon.
 - 1) If you already own or have possession of firearms, ammunitions, or deadly weapons, you must report this information to Probation Officer within 72 hours of any release from custody.
 - E. Have a photo ID card on your person at all times.
 - F. Report to Probation Officer within 72 hours of any release from custody. If homeless, report to the nearest probation office in San Diego County within 72 hours. Thereafter, report in person the first day of each month until directed to do otherwise.
 - G. Report any change of address or employment to Probation Officer and Revenue & Recovery / Court Collections within 72 hours.
 - H. Provide true name, address, and date of birth if contacted by law enforcement. Report contact or arrest to Probation Officer within 7 days.
 - I. Obtain Probation Officer’s consent before leaving San Diego County.

- J. Submit person, vehicle, residence, property, personal effects, electronic devices, computers, cell phones, and recordable media to search at any time with or without a warrant, and with or without reasonable cause, when required by a San Diego County Probation Officer.
- K. Provide San Diego Probation Officers with the passwords needed to access all electronic devices, including, but not limited to, computers and cell phones.
- L. Any contraband seized by Probation to be destroyed or retained by Probation for education purposes, at their discretion.
- M. Provide written authorization for the Probation Officer and/or Telecare to receive progress and/or compliance reports from any medical/mental health care provider, or other treatment provider rendering treatment/services per court order under the terms of this grant diversion.
- N. Submit to any chemical test of blood, breath, or urine to determine blood alcohol content and authorize release of results to Probation Officer or the Court whenever requested by a San Diego County Probation Officer or a court ordered treatment program.

3. Regulations Associated with Housing

- A. Obtain Telecare's approval as to your residence.
- B. Comply with the rules at your sober living facility residence.
- C. Comply with Court ordered curfew.

4. Regulations- Other

- A. Submit to service and comply with any order of the Superior Court, including restraining orders.
- B. Do not knowingly contact _____ except per family court orders regarding visitation and/or custody of children.
- C. Do not knowingly contact or attempt to contact, annoy, or molest, either directly or indirectly _____.
- D. Participate in Global Positioning System (GPS) monitoring.
 - 1) Comply with all zone and curfew restrictions, GPS charging requirements and equipment care if participation directed by P.O.
- E. Waive extradition and agrees NOT to contest any extradition to California from any other state, government, country, or jurisdiction. The waiver is in effect from today through the duration of BHC Diversion.

I, _____, have reviewed the above Treatment Plan and agree to comply with it during my BHC Diversion.

Participant