

Mental Health Court

Participant Handbook



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Welcome to Knox County Mental Health Court (KCMHC)

This Handbook was created to answer your questions and provide important information about the Mental Health Court program, policies, and rules.

Your approval into the KCMHC means that the KCMHC Team believes in your ability to be successful in this program, and that this program will help you learn how to make smart and positive choices. The KCMHC team will be right by your side as you learn how to manage your mental health and live a balanced life free from criminal acts and substance use.

A Message from your Judge

Welcome to the Knox County Mental Health Court (KCMHC). You have been enrolled in the KCMHC program because our Team believes in your ability to positively change your life by setting and achieving new goals, so you can live your best life. Our goal is to help you and make our community safer. We will provide you with the tools you need.

Normally, being in court is stressful. I think you will find that Mental Health Court will be a different experience. You've been told this program is voluntary, and that's because it is. That means you made a very smart decision to participate, and our Team congratulates you on seeking support and accepting a helping hand. It's our promise to work hard for you and with you. You will be treated with dignity and respect, and you will have the opportunity to grow in respect for, and love of, yourself.

This Handbook includes all the information you need to be successful in the program. It's not just a rulebook, think of it as a guidebook or a map to keep you on your path as you take this journey. I encourage you to read all of it and refer to it often as you progress through the program. Remember, you are not in this alone, I, our staff, and all our service providers are here for you. Take it one "Phase" at a time, even one step at a time, and have faith in yourself. Believe you can do it; we will help you with all the rest!

We will give you our best, but we expect the very same from you. Follow this handbook, the directions you are given, keep your appointments, and be courteous. Always remember that when things are tough you can turn to your Case Manager and our Team for help!

I sincerely look forward to our time together. I have every confidence in you, and I can't wait to see the great results we can achieve.

Very Sincerely,



Judge Chuck Cerny, KCMHC Judge



Mission Statement:

Improve the well-being of justice-involved individuals with mental illness and other mental health diagnoses, to optimize the allocation of criminal justice resources, and increase public safety through judicially supervised community-based treatment and support services.

Purpose: To help justice-involved individuals with mental illness; to provide law enforcement, court, and corrections systems with additional options other than arrest and detention; and to significantly impact the quality of life for those living with mental illness and improve the social impact on the community in Knox County.

Vision: By establishing a mental health court program, additional community resources and initiatives will be created to not only support the sustainability and growth of the Knox County Mental Health Court program for years to come, but also to improve outcomes for all Knox County residents.

Knox County Mental Health Court Team:

- Specialized Court Judge
 - Court Case Manager(s)
 - Court Coordinator
 - Public Defender Representatives
 - District Attorney Representatives
 - Knox County Probation
 - TN Department of Correction Community Supervision
 - Treatment Service Providers
-

Acknowledgement of Rules and Required Conduct

While participating in KCMHC, you are required to comply with all court orders, including the Knox County Specialized Courts (KCSC) Specialized Court Participation Order, the KCMHC Program policies listed within this Participant Handbook, as well as all verbal orders given by the Judge during court. It is essential to follow any verbal and/or written instructions given to you by the KCMHC Team, as well as the rules set forth in this Handbook. Your signature on the Participant Handbook Acknowledgement & Consent Form, located at the end of this Handbook confirms that you have read, understand, and agree to comply with the KCMHC Participant Handbook in its entirety.

PROGRAM COMPONENTS

To successfully complete KCMHC, you are required to be involved in several activities that will support your journey toward a life of balanced mental health that is free from substance misuse and criminal activities. These required activities include:

- **Treatment** – Engage in substance abuse and mental health treatment if recommended.
- **Guidelines** – Follow rules and guidelines at treatment centers and recovery residences where you may be placed by KCMHC Team.
- **Court** – Attend scheduled court sessions or dockets.
- **Meetings** – Participate in individual meetings with your Court Case Manager and therapists.
- **Screens** – Agree to submit to random drug and alcohol screens.
- **Employment/Schooling** – Obtain employment and/or attend full-time schooling, if determined to be appropriate by KCMHC Team.
- **Financial Responsibility** – Pay any restitution, child support, and/or court costs/fines.

Treatment

Your treatment is essential to the healing process. Upon acceptance into the program, a KCMHC approved treatment provider will complete an assessment to determine what level of treatment will be necessary to support your needs. You will work with your treatment provider and the KCMHC Team to identify your individualized treatment plan designed just for you. Your treatment plan will help you set goals, select methods for meeting those goals, and develop target dates for achieving those goals.

Treatment services that will be offered may include, but are not limited to:

- Mental health/psychiatric counseling
- Medication maintenance
- Addiction treatment when needed
- Individual therapy
- Inpatient mental health treatment
- Trauma therapy
- Group therapy
- Group skills and education
- Family and couples counseling
- Parenting classes
- Recovery residences
- Grief counseling and Anger Management
- Domestic violence counseling and support

Court Hearings

Participants will meet with the Judge for therapeutic court sessions to check in with the Judge and KCMHC Team about weekly progress. Participants should be prepared to discuss weekly goals and accomplishments. If there are any rule violations during the week, participants will discuss with the Judge during court. Participants will attend court per court schedule below:

- Phase 1 – every week
 - Phase 2 – every week
 - Phase 3 – every 2 weeks
 - Phase 4 – every 4 weeks
 - Phase 5 – every 4 weeks
- Contact your Court Case Manager (CCM) with questions.

Courtroom Etiquette

Mental Health Court involves frequent meetings with the Mental Health Court Judge and staff, or “the Team”. Of course, the term to describe meetings of court is “docket”, but this will be a little different from other dockets you may have experienced. The Judge, the participants, the staff or “Team”, and various service providers, all become a community working together to help the participants. As a result, the atmosphere is much more relaxed, you would even say that sometimes we have fun in court! We will have the chance to celebrate accomplishments, and to encourage each other. There may be times when the Judge must hold a participant accountable for things that have occurred during the week, but again, a Mental Health Court docket shouldn’t be as stressful as a normal court appearance. Just remember to pay attention and be respectful when the other participants are interacting with the Judge, for two reasons: 1) We respect the dignity of each participant. Their individual circumstances and needs are unique. 2) We can all learn from what other participants are going through. You should plan to remain in the courtroom while court is in session, unless excused early by the Judge.

Dress appropriately for court and treatment sessions. Clothing bearing violent, racist, sexist, drug or alcohol-related themes or promoting or advertising alcohol or drug use is inappropriate. Please remove your hat when entering the courtroom. Turn cell phones and other electronic devices off. Please make all attempts to find daycare for your child when you come to court or group. No food or drink is allowed in the courtroom.

1. Expected behavior includes:

- a. Address the Judge with respect using "Your Honor" or "Judge".
- b. Do not slouch. Stand up straight.
- c. Do not mumble. Speak in a voice that can be heard and understood.
- d. Dress appropriately: No hats, head wear, spaghetti straps, short shorts, tanks, or undershirts.

2. Disrespectful behavior includes:

- a. Having conversations with others while in court.
- b. Abusive or threatening talk.
- c. Joking or laughter.
- d. Making fun of other participants.
- e. Glorification of illegal behaviors or substance use.
- f. Distracting behavior.
- g. Slouching.
- h. Sleeping.
- i. Cursing.
- J. No use of cell phones, or texting while in courtroom.

Case Management

Every participant will be provided with a Court Case Manager (CCM) to provide help with housing, employment, education, finances, and scheduling. Participants are required to check-in at a minimum with their CCM according to the schedule below:

- Phase 1: 2 times per week
- Phase 2: 2 times per week
- Phase 3: 2 times per week
- Phase 4: 2 times per month
- Phase 5: 2 times per month

Check-ins may increase if necessary. You and your Court Case Manager (CCM) will create a Case Management Plan to assist you in meeting your goals and we will continue to update your plan throughout the duration of your time in the program. These check-ins should include a discussion about your goals, any barriers you may be having in being successful, and any successes you have had since the previous check-in. These check-ins help the KCMHC Team support you in your progress.

Drug Screening

All KCMHC participants are subject to drug screening, and a positive screen may result in one or more sanctions as listed hereafter. These tests will be random. The following are guidelines for drug testing:

- You are expected to inform the person providing your drug screen if you have used illicit substances prior to providing a sample.
 - If you have a positive drug screen, you will be given a form to sign to admit that you have used substances.
 - While drug screening, you must leave all personal belongings outside of testing area and follow proper screening protocol.
 - If you feel your screen is inaccurate, you have the right to contest your drug screen by submitting a “Positive Drug Screen Statement” (enclosed), and it will be sent to a lab for confirmation. Please keep in mind that if your screen confirms positive you will be charged with the lab fee and be given an elevated sanction.
 - Diluting or tampering with a urine sample will result in elevated sanctions and possibly a termination hearing.
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Phase Criteria

The KCMHC program duration is outlined for you and may require anywhere from sixteen months to two years to complete.

A participant must successfully complete each phase before transitioning to the next phase. Please see “Criteria for Phase Change” (Enclosed under Program Forms).

Rewards and Incentives

Knox County's Mental Health Court, along with Recovery Court and Veterans Treatment Court, are always searching for great new ways to encourage positive behavior changes. Of course, we use praise and encouragement, promotion to the next phase, certificates of achievement, and the famous "Gold Pee Cup." But we have been fortunate in recent years to occasionally receive donations from businesses and organizations. There is the possibility of participants receiving tickets to events, small gift cards to restaurants, or occasionally we receive UT items. The Judge has taken the participants and staff to get frozen yogurt, and we regularly have "Milestone Celebrations" to celebrate graduations and other accomplishments.

Sanctions

While participating in KCMHC, you will be held accountable using one or more of the following measures:

- Verbal warning
- Reading/writing assignment
- Requirement to sit in courtroom for civil or criminal dockets
- Community service
- Increased frequency of status hearings
- Increased urinalysis testing
- Daily reporting to Court Case Manager
- Flash incarceration (1-5 nights in custody)
- Termination from Mental Health Court

The KCMHC Team will impose sanctions following behavioral modification best practices. Our goal is to provide consequences to actions, not to "punish". Dishonesty will always result in a rational sanction. You always have the right to speak to a defense attorney prior to receiving a sanction, especially if you contest the sanction.

Graduation

Graduation occurs after successful completion of all five phases of the program. In addition to meeting program requirements, you should be able to show how KCMHC has positively influenced your life. Upon commencement or graduation, you will be honored and receive a certificate at a special graduation ceremony.

Termination from KCMHC

The KCMHC Judge may terminate you from the Mental Health Court Program. Circumstances leading to termination include, but are not limited to:

- You petition the court for termination by completing and submitting a Participant Program Withdrawal-Dismissal Form
- Absconding from the program for **30** consecutive days
- Selling or distributing any illegal substances
- Continual unexcused absences from program requirements
- Tampering with or attempting to falsify drug test results
- Violent or threatening behavior to other participants or KCMHC Team
- You are arrested, with or without conviction (case by case basis)
- Failure to follow through with treatment recommendations

PROGRAM POLICIES

Confidentiality

It is the policy of KCMHC to protect participants' confidential records. The confidentiality of participant records maintained by KCMHC is protected by federal law and regulations; 42 Code of Federal Regulations (42CFR) Part 2, mandates that we take specific measures to protect participant confidentiality. The KCMHC Team may not provide any information regarding current or previous program candidates/participants except in connection with their official duties to designees covered by KCMHC releases of information and only during the appropriate date range. You will be asked to sign releases of information to discuss updates with outside providers. The KCMHC Team will prevent any confidential information from being shared with members of the public. However, special circumstances in which confidential information may be released without participant consent:

- Medical or safety emergencies
- Child abuse or neglect

Participant Responsibilities & Rights

- Participants of the KCMHC have the right to treatment regardless of race, creed, national origin, religion, sexual preference/orientation, and/or gender.
- Participants have the right to considerate, respectful care with recognition of their personal dignity and individuality. Internal policies will ensure that each participant is given respect and consideration and will be protected from all forms of exploitation. No verbal, physical, fiduciary, or psychological abusive behavior is allowed by the KCMHC at any time.
- Participants have the right within law to personal and informational privacy as covered under Federal Confidentiality (42 CFR part 2) and Health Insurance Portability and Accountability Act of 1996 (HIPPA) (45 CFR parts 160 & 164) regulations.
- Participants have the right to refuse to see or talk with anyone not officially connected with the KCMHC.
- Participants have the right to expect his/her treatment records to be kept in a locked file, accessible only to those involved in his/her treatment or those responsible for monitoring treatment quality.
- Participants have the right to expect his/her presence and activities to be totally confidential unless he/she gives permission otherwise.
- Participants have the right to expect reasonable safety. Every reasonable effort will be made to ensure a participant's safety.
- Participants have the right to be fully informed upon admission about their rights and responsibilities and about any limitations on these rights, which might be imposed by the rules of the KCMHC.
- Participants have the right to be assisted by the KCMHC and exercise their civil rights.
- Participants have the right to privacy and freedom in the use of the restroom (except when submitting a direct observation urine drug/alcohol screen).
- Participants may request from the KCMHC Team a review of their personal record to correct any false information.
- Participants have the right to contact outside legal, medical, and advocacy services.
- Participants have the right to not be involved in any on-site research projects.
- Participants have the right to voice grievances to the KCMHC Team, and to outside representatives of their choice with freedom from restraint, interference, or discrimination.
- Participants have the right to be treated with consideration, respect, and full recognition of their dignity and individuality.
- Participants have the right to be protected by the KCMHC from neglect from physical, verbal, and emotional abuse (including corporal punishment), and from all forms of exploitation.
- Participants have the right to be free of any requirement by the KCMHC that they perform services that are ordinarily performed by staff.
- Participants have the right to participate in the development of their individual program plans and to receive sufficient information about proposed and alternative interventions and program goals to enable them to participate effectively.

Medical Policy

Your health and medication are important. Help us support you by keeping us informed about any medical/medication issues. Medical requirements are listed below:

- Participant must notify Court Case Manager (CCM) of all prescribed medications.
- Participant must notify Court Case Manager (CCM) of any new medications within 1 week of them being prescribed.
- Participant must provide medical documentation to Court Case Manager (CCM) within 24 hours of a medical visit.
- Please see "Approved Medication List" (Enclosed). These are the ONLY medications you do not need to notify Court Case Manager (CCM) of to take.
- Participants are not allowed to consume the following foods due to their negative effect on drug screens:
 - Poppy seeds
 - Energy drinks not pre-approved
 - Vitamins or supplements not pre-approved

Relationships

We encourage participants to focus on growing as a person during early recovery. It is strongly encouraged that participants avoid getting involved in romantic relationships while in the program. We recommend open discussion about relationships with your therapist or Court Case Manager.

Vehicles and Driving Restrictions

To operate a vehicle, the following must be submitted to your Court Case Manager:

1. A VALID Tennessee Driver's License, **AND**
2. Proof of insurance

Driving is not allowed if you do not have all two of the above requirements.

Cell Phones

Please ensure your cell phone plan is consistent with your budget. Once you have a cell phone, make sure your Court Case Manager (CCM) knows your phone number **immediately**. You are responsible to notify your CCM of any phone number changes. Please keep your phone on silent while attending any KCMHC activity including treatment sessions and court.

Housing

If you do not have a stable living environment that is conducive to your healing, KCMHC may refer you to a recovery facility or alternative living situation. The KCMHC Team needs to know your current living situation, if you have plans to move, and must always know your current address. The KCMHC Team will be conducting random home visits to ensure each participant's safety.

Employment Criteria

We anticipate participants should obtain employment as soon as possible after entering the program or after completing inpatient treatment. If you are unable to work due to disability status, please notify your Court Case Manager (CCM) as soon as possible. If you can work, your CCM will provide you with resources to aid in your job search and resume creation.

Guidelines for employment are below:

1. Employment outside of Knox County must be approved by the KCMHC.
 2. Overtime must be approved by your Court Case Manager.
 3. Employment changes must be approved by your Court Case Manager prior to departing from your job.
 4. If you change employment, please give your current employer adequate and appropriate notice.
 5. As you search for employment, you will be required to report information for all application submissions to your Court Case Manager.
 6. If you are unable to secure employment within 30 days, you will be required to perform community service until you become employed.
 7. You will need to notify your employer upfront of your requirement to have **Thursday afternoons** free to attend court as required by KCMHC.
 8. You will make a list of completed job applications and turn in to Court Case Manager on a weekly basis.
 9. You will provide employment verification to your Court Case Manager.
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Education Criteria

We encourage our participants to explore a higher education. Please include your education goals in your Case Management Plan. Your Court Case Manager can assist you with the process for obtaining your G.E.D., high school diploma, associate's, bachelor's, master's, Ph.D., or professional certificate.

Title VI, Complaints, and Grievances

The Knox County Mental Health Court (KCMHC) assures that no person shall, on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity. The KCMHC further assures that every effort will be made to ensure nondiscrimination in all its programs and activities, whether these programs are federally funded or not. Any grievances or complaints may be given to any KCMHC Team member verbally or in writing. Participants are also able to report any ethical violations to the Title VI Compliance Coordinator for Knox County Government, Marcus Kennedy. His phone number is (865) 215-4427. Complaint forms and an online Complaint Portal are located at https://www.knoxcounty.org/hr/title_vi.php.

Drug Screen Protocol

- Participants must be mindful of drinking excessive amounts of water or liquids prior to providing a urine sample.
- Please do not purposefully attempt to dilute a urine sample. Attempting to do so will cause the screen to be presumed positive.
- Participants must leave personal items outside of restroom during drug screen.
- Participant will be asked to wash hands prior to providing the sample.
- All drug screens must be observed by KCMHC staff, law enforcement, or probation officer.
- Any sample submitted without observation will be discarded.
- Participants must be completely visible to a member of the Team while submitting the sample.
- Participant will seal the urine sample cup. A Team member will check the color, temperature, and results of the screen.
- If the sample provided shows positive for any illicit substances, the client will be asked to speak with a Team member to confirm if there was drug use. If the participant admits to drug use, the participant will fill out a Positive Drug Test Statement. If the participant denies use, the participant should contest the use on the form and request for the sample to be sent off to the lab.
- A Team member may send off random urine samples to the drug screening lab.

Positive Drug Screen Statement

I, _____ (name) understand that I have received a positive urinalysis drug test for _____ (drug) on _____ (date). I understand that I have 48 hours to request a re-test of the specimen that yielded the positive result and if I do not request a re-test within 48 hours, this represents an acceptance by me that the result is, in fact, positive. If I do request a re-test, I understand that I will pay all costs associated with the confirmation test, provided the confirmation test is also positive. If the confirmation test is negative, the agency will pay the costs for the re-test.

_____ I do hereby waive my option of a confirmation test and accept the positive result of the initial screen. I recognize that this acceptance constitutes a full admission of drug use during the period covered by the specimen.

_____ I do hereby request a re-test (confirmation test of the specimen that yielded the above positive result. I will pay the cost for the re-test if the initial positive test is confirmed. I have requested for _____ (Team member) to ensure that I receive a re-test.

Signature of Participant

Date

Signature of KCMHC

Date

Criteria for Phase Change
Phasing up from 1 to 2

(All items must be completed and checked off)

- Form must be turned into Court Case Manager **1 week** prior to request for phase change.
- It is your responsibility to check off each requirement.
- You must also turn in "Participant Phase Review" form.

_____ Completed a minimum of 60 days in Phase 1

_____ Employed 30 hours a week (if not must explain)

_____ Completed all community service

_____ Compliant with Case Management Plan

_____ Completed all assignments from Court Case Manager

_____ Attended all treatment groups/sessions in the last 30 days

_____ Completed Safety Plan

_____ No sanctions in the last 14 days

_____ Completed Participant Phase Review form

Criteria for Phase Change
Phasing up from 2 to 3

(All items must be completed and checked off)

- Form must be turned into Court Case Manager **1 week** prior to request for phase change.
- It is your responsibility to check off each requirement.
- You must also turn in "Participant Phase Review" form.

- _____ Completed a minimum of 90 days in Phase 2
- _____ Employed 30 hours a week (if not must explain)
- _____ Completed all community service
- _____ Compliant with Case Management Plan
- _____ Completed all assignments from Court Case Manager
- _____ Attended all treatment groups/sessions in the last 30 days
- _____ Created a financial budget with Court Case Manager
- _____ Attended all treatment groups/sessions in the last 30 days
- _____ No sanctions in the last 30 days
- _____ Completed Participant Phase Review form

Criteria for Phase Change
Phasing up from 3 to 4

(All items must be completed and checked off)

- Form must be turned into Court Case Manager **1 week** prior to request for phase change.
- It is your responsibility to check off each requirement.
- You must also turn in "Participant Phase Review" form.

_____ Completed a minimum of 90 days in Phase 3

_____ Employed 30 hours a week (if not must explain)

_____ Completed all community service

_____ Compliant with Case Management Plan

_____ Completed all assignments from Court Case Manager

_____ Compliant with budget

_____ Attended all treatment groups/sessions in the last 30 days

_____ No sanctions in the last 14 days

_____ Completed Participant Phase Review form

Criteria for Phase Change
Phasing up from 4 to 5

(All items must be completed and checked off)

- Form must be turned into Court Case Manager **1 week** prior to request for phase change.
- It is your responsibility to check off each requirement.
- You must also turn in "Participant Phase Review" form.

- _____ Completed a minimum of 90 days in Phase 4
- _____ Employed 30 hours a week (if not must explain)
- _____ Completed all community service
- _____ Compliant with Case Management Plan
- _____ Completed all assignments from Court Case Manager
- _____ Compliant with budget
- _____ Attended all treatment groups/sessions in the last 30 days
- _____ Updated Safety Plan with Court Case Manager
- _____ Completed Relapse Prevention Plan
- _____ No sanctions in the last 14 days
- _____ Completed Participant Phase Review form

Criteria for Phase Change
Phasing up to Phase 5 Graduation

(All items must be completed and checked off)

- Form must be turned into Court Case Manager **1 week** prior to request for phase change.
- It is your responsibility to check off each requirement.
- You must also turn in "Participant Phase Review" form.

_____ Completed a minimum of 90 days in Phase 5

_____ Employed 30 hours a week (if not must explain)

_____ Completed all community service

_____ Compliant with Case Management Plan

_____ Completed all assignments from Court Case Manager

_____ Compliant with budget

_____ Attended all treatment groups/sessions in the last 30 days

_____ Completed 24-hour emergency plan

_____ No sanctions in the last 60 days

_____ Completed aftercare plan

_____ Minimum 2 weeks after Behavior Contract

_____ Completed Participant Phase Review form

Participant Phase Review Form

Participant Name: _____

Date of Entry: _____

Requested Phase Level: _____

Estimated Graduation Date: _____

Mental Health Provider(s):	
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Probation Status: Compliant non-Compliant Other: _____

Current Phase: Phase 1 Phase 2 Phase 3 Phase 4 Phase 5

Expected Phase Up Month:

Strengths:
Accomplishments in Current Phase:
Barriers to Phase Up:
Goals to Accomplish Before Phasing Up:

Signature of Participant **Date**

Signature of KCMHC Court Case Manager (CCM) **Date**

Signature of KCMHC Judge **Date**

Approved Over the Counter Medications for Safety in Recovery

Colds/Cough

- Aspirin, Tylenol, Advil, Bufferin
- Breathe Right Nasal Strips, Clear Passage Nasal Strips

Allergies

- Allegra, Claritin, Zyrtek

Cough Drops/ Sore Throat

- Cold-Eeze, Halls Defense Vitamin C Drops, Ludens Cough Drops, Secrets
- Chloraseptic
- Zinc Lozenges

Decongestant/Nasal Sprays

- Vicks Vapor Rub
- Humidifier/Vaporizer

Eye Drops

- Saline Drops, RENU Drops, Tears Naturale, Visine, Opcon-A, Lacritube
- Refresh Tears, Alcon Opti-free Drops

Mouth Care

- Herpacin, Peroxyl Solution

Topicals/ First Aid/ Antifungals

- Betadine, Benedryl Topical Cream, Caladryl, Eucerin, Lubriderm, Neosporin
- Antibiotic Ointments/ Cream
- Micatin, Monistat, Femstat, Gyne-lotrimin creams
- Tinactin, Zinc-oxide, Vaseline, RID, NIX, Peroxide
- Pin X, Mederma, Dermarest, Hydrocortisone Cream, Epsom Salt

Sedatives

- Chamomile Tea, Sleepy-time Tea

Anti-Nausea

- Emetrol, Bonine, Pepto-Bismol, Kaopectate
- Tums, Maalox, Rolaids
- Ginger Ale, Ginger Snaps, Soda Crackers

Anti-Diarrhea/Stomach Problems

- Pepto-Bismol, Kaopectate, Emetrol, Milk of Magnesia, Mineral Oil, Mylanta
- Mylanta Gas, Gas-X, Maalox
- Fibercon, Metamucil, Senokot, Gaviscon, Phazyme, Magnesium Citrate
- Rolaids, Tums, Pepcid AC

Pain Management

- Tylenol, Advil, Motrin, Aleve, Aspirin
- Topicals: Aspercreme, Icy-Hot, Myoflex, Bengay

Vitamin/Herbals

- Vitamin C, Vitamin B-Complex
- Centrum, Centrum Silver, One-a-day, Prenatal Vitamins
- Calcium Supplements, Glucosamine, Fish Oil, MSM, Soy Isoflavones, EPA
- Bee Pollen, Flaxseed Oil, Lacobacillus, Alfalfa, Aloe Vera, Black Pepper, Echinacea, Saw Plametto, Red Clover (not alcohol based)
- No liquid preparations

Other

- Birth control pills
- Premarin, Provera, Prempro etc,
- Antibiotic capsules and tablets

PARTICIPANT HANDBOOK ACKNOWLEDGEMENT & CONSENT

Please initial the following:

- _____ I acknowledge receipt of the KCMHC Participant Handbook.
- _____ The material contained in the KCMHC Participant Handbook has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate.
- _____ I understand that KCMHC Staff maintain office hours from 8:30a-4:30p and will not be reachable outside of those hours.
- _____ I was given a list of my rights as a participant of KCMHC.
- _____ I authorize the KCMHC Team whose members include representatives from: Knox County Public Defender's Office, Knox County District Attorney's Office, Knox County Probation, Tennessee Department of Corrections, Tennessee Department of Mental Health and Substance Abuse Services, Judge Cerny and members of the Knox County MHC to discuss my case openly as part of program and case management planning, but to maintain the upmost of confidentiality with my personal information.
- _____ I authorize the KCMHC Team to contact me, if needed, by way of text message on my personal phone. I understand that texting will not be utilized for counseling purposes.
- _____ I understand that the KCMHC Team can require a urine drug screen at any time.
- _____ I understand that diluted urine samples will be counted as a positive urinalysis and treated as such.
- _____ I understand that I am responsible for any substances that I choose to put in my system. If there are any questions about whether a medication or similar product is approved, I will discuss this with my KCMHC Court Case Manager.
- _____ I understand that the KCMHC Team can visit me at my home or place of employment.
- _____ I understand that the KCMHC Team can conduct a search of my home during home visits.
- _____ I have been provided with my Title VI rights and any questions pertaining those rights have been answered.
- _____ I understand that I am responsible for obtaining signatures verifying attendance for any outside group meetings I am required to attend. I understand that forging signatures is a sanctionable action.
- _____ I understand that the information in this Handbook may change as new mandates are released by state and federal regulatory agencies, the treatment team makes any adjustments, or funding changes occur.

My signature below confirms I have read and understand the KCMHC Program Handbook in its entirety. I also confirm a copy of this Handbook was provided to me.

Participant Signature Date

KCMHC Team Member Signature Date

KCMHC INFORMING SERVICE RECIPIENTS OF TITLE VI RIGHTS FORM

EQUAL OPPORTUNITY IS THE LAW IN TENNESSEE

The Civil Rights Act of 1964 was passed to ensure the people of the United States equal treatment, rights and opportunities regardless of race, color, or national origin. Title VI of that Act prohibits discrimination in federally funded programs.

“No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Included under National Origin is discrimination based on a person’s inability to speak, read, write, or understand English. Persons whose primary language is not English can be Limited English Proficient or “LEP.” These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

All programs and operations of entities that receive assistance from the federal or TN State government must comply.

It is important that all applicants and recipients of services know about their rights under the law, and that employees of the Knox County Mental Health Court as well as other agencies, organizations, institutions, and contractors providing services with state support understand what the law requires.

Any person who applies for or receives any benefit or service provided by the Knox County Mental Health Court may file a complaint if he or she has had unfair or different treatment because of race, color, or national origin.

Complaints must be filed in writing or submitted online to the Title VI representative for the Knox County Mental Health Court; or with the appropriate regional or central office of the Department of Mental Health and Substance Abuse Services; or with the Office of Civil Rights, 101 Marietta Tower, Suite 2706, Atlanta, Georgia 30323.

Knox County Mental Health Court does not, because of race, color, or national origin:

1. Deny and individual any services, opportunity, or other benefit for which he is otherwise qualified;
2. Provide any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
3. Subject any individual to segregated or separate treatment in any manner related to his/her receipt of service;
4. Restrict an individual in any way in the employment of services, facilities or any other advantage, privilege or other advantage, privilege or other benefit provided to others under the program;
5. Adopt methods of administration which would limit participation by any group of recipients or subject them to discrimination;
6. Address an individual in a manner that denotes inferiority because of race, color, or national origin.

For further information, contact Knox County Mental Health Court Title VI Coordinator:

Marcos Kennedy, Title VI Coordinator
Compliance Coordinator for Knox County Government
400 Main St., Suite 360
Knoxville, TN 37902
(865) 215-4427

Recipient’s Printed Name

Recipient’s Signature

Date

KCMHC Staff Name

KCMHC Staff Signature

Date