CITY OF AUBURN
WASHINGTON

Municipal Court

340 East Main Street, Suite 101 * Auburn, WA 98002-5548 * pburns.auburnwa.gov * 253-804-3109

Patrick Burns
Presiding Judge

July 5, 2006

Dear Substance Abuse Treatment Provider,

Effective August 1, 2006 the courts signatory to this letter will adopt new procedures and policies regarding compliance reports and evaluations from drug and alcohol treatment agencies. The information below will provide you with the mandatory minimum expectations for evaluations and a standard treatment compliance coversheet. We have also developed a release of information form to facilitate exchange of information you will need for evaluations. You are strongly encouraged to include the appropriate court's cause number on all correspondence as some courts will not accept any information your agency provides without it.

COMPLIANCE REPORTS Attached is a recommended compliance reporting form (Form A). Acceptable compliance reports must contain, at a minimum, the information indicated on the form and should be in a substantially similar format. As always, these reports need to be provided to the courts or their probation departments in a timely manner as required by state and applicable court orders (usually monthly).

DRUG AND ALCOHOL EVALUATIONS Effective August 1, 2006 a substance abuse evaluation must be based, at a minimum, upon a review of the defendant's Washington State case history record (DCH), the underlying police report that is the basis for the criminal charge/conviction in the court, and a Washington State abstract of the defendant's driving record (ADR). The evaluation must also show the results of a urinalysis test administered at the time of the defendant's initial appointment. An evaluation that does not contain this information will not be accepted.

RELEASE OF INFORMATION FORM Attached are confidentiality and release of information forms. The forms are designed to allow the court to provide the DCH and police reports to substance abuse treatment providers preparing an evaluation. When working with the people who have cases in Seattle Municipal Court or Des Moines Municipal Court, please use release of information Form B and C. For all other people who have cases in King County District Courts and all other municipal courts in King County, please use Confidentiality and Release of information Form D. When properly executed and faxed or mailed to the court, the courts will fax or promptly provide the applicable police reports and DCH to the treatment facility. A defendant or his/her attorney will be responsible for obtaining and providing an ADR. Substance abuse

treatment providers should attach to the top of their evaluations a summary of the information used to prepare the evaluation to the top of their evaluations (Form D).

These procedural changes are the result of a long process of much discussion involving the judges of these courts as well as input from the substance abuse treatment community. We hope these standards will result in more accurate information for the courts and greater consistency for the substance abuse treatment community. We anticipate these changes will result in better programs for those in need of substance abuse treatment and safer communities for all of us. Thank you for your anticipated cooperation.

Corinna Harn
Presiding Judge
King County District Court

Fred Bonner
Presiding Judge
Seattle Municipal Court

Terry Jurado
Presiding Judge
Renton Municipal Court

Robert McSeveney
Presiding Judge
Kent Municipal Court

Kimberly Walden
Presiding Judge
Tukwila Municipal Court

Tony Platter
Presiding Judge
Black Diamond Municipal Court

Michael Morgan
Presiding Judge
Federal Way Municipal Court

Colleen Hartl
Presiding Judge
Des Moines Municipal Court

Linda S. Portnoy
Presiding Judge
Lake Forest Park Municipal Court

Robert Hamilton
Presiding Judge
Enumclaw Municipal Court

Paul J. Codd
Presiding Judge
SeaTac Municipal Court

Michael Lambo
Presiding Judge
Kirkland Municipal Court

Stephan L. Rochon
Presiding Judge
Pacific, Maple Valley Municipal Courts

John W. Rusden
Presiding Judge
Bothell Municipal Court

Patrick Burns
Presiding Judge
Auburn and Algona Municipal Courts

FORM 'A'

Monthly Treatment Agency Report Form

Probation Department
Municipal Court
123 Main Street
Sometown, WA 98000

Attn: _____
Probation Officer/Compliance Clerk

From: XYZ Recovery Center
123 Oak Street
Ph: 555-1212 , Fax 555-2121

RE: _____
Last, First, Middle

_____
Date of Birth

_____
Case No (s)

Reporting Period: From: (month/year) To: (month/year)

Current Status: ☐ In Compliance ☐ Not in Compliance ☐ Discharged _____
Reason

Current Treatment Program/Phase_____

Sessions Scheduled _____ # Sessions Attended _____ #Sessions Missed _____ # Excused _____

Dates Attended _____

Support Group Attendance ☐ Reported ☐ Verified ☐ Unsatisfactory (explain in comments below)

UA/BA testing ☐ Yes ☐ No

☐ Neg ☐ Positive for _____

_____
Date tested

If not in compliance, agency action taken: _____

Treatment Recommendation/Comments: _____

_____

_____

Alcohol/Drug Counselor _____ Date: _____

Federal Disclosure Statement

FORM 'B'

THE MUNICIPAL COURT OF SEATTLE

The Municipal Court of Seattle
Release of Information

A. Information and Records Released to and Obtained from the Following Entities:

I, _____ DOB _____ authorize the Seattle Municipal Court Probation Division to disclose to and obtain records and information from the following entities:

- _____
- _____

B. Types of Records and Information that may be exchanged:
This authorization applies to the following types of records and information, as indicated below:

- ☐ Mental Health Diagnosis and Treatment
- ☐ Legal Issues/Records
- ☐ Alcohol and Drug Abuse Treatment
- ☐ Medical Diagnosis and Treatment
- ☐ Jail/Custody Data
- ☐ Criminal Justice Records and Information (including non-conviction information)
- ☐ Other: _____

C. Records and Information will be Exchanged for the Following Purposes:
The above records and information will be released to and obtained by the Seattle Municipal Court for the following purposes:

- Coordinating treatment service
- Providing referral information
- Monitoring for compliance with treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment

D. Laws that may apply:
I understand that the following statutes or regulations may apply to the records information described above:

- Medical Records (including mental health records) – RCW 70.02
- Criminal History Records – RCW 10.97
- Drug or Alcohol Treatment Records – RCW 70.96A.150 and/or Code of Federal Regulations Title 42, Chapter 1, Part 2

E. Release:
This authorization constitutes my written consent for SMC Probation and the entities described in Part A to disclose to one another any and all information and records described in Part B for the purposes described above:

_____ _____
Signature of Client Date Signature of Witness Date

FORM "C"

Release of Information – Des Moines/Normandy Park Municipal Court

A. Information and Records Released to and Received from the Following:

I, _____ DOB _____ authorize the Des Moines/Normandy Park Municipal Court to disclose to and to receive records and information from the following:

- _____
- _____

B. Types of Records and Information that may be exchanged:

This authorization applies to the following types of records and information:

☐ Mental Health Diagnosis and Treatment ☐ Medical Diagnosis and Treatment
☐ Records – Driving Records and Criminal History
☐ Alcohol and Drug Diagnosis and Treatment Information
☐ Other:_____

C. Records and Information will be Exchanged for the Following Purposes:

The above records and information will be released to the Des Moines/Normandy Park Municipal Court for the following purposes:

- Monitoring compliance with treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment
- Other:_____

D. Laws that may apply:

I understand that the following statutes or regulations may apply to the records information described above:

- Medical Records (including mental health records) – 70.02 RCW
- Criminal History Records – 10.97 RCW
- Drug or Alcohol Treatment Records – RCW 70.96A.150 and/or Code of Federal Regulations Title 42, Chapter 1, Part 2

E. Release:

This authorization constitutes my written consent for Des Moines/Normandy Park Municipal Court and the agencies described in Part A to disclose to one another information and records described in Part B for the purposes described above.

_____ _____

Signature of Client/Defendant Date Signature of Witness Date

FORM "D"

CONFIDENTIALITY AND RELEASE OF INFORMATION FORM

Name _____

Address_____

_____

Date of Birth_____

I, _____ hereby consent to

communication between_____ and
(substance abuse treatment provider)

_____.
(court or probation department)

The purpose of this disclosure is to inform the criminal justice and/or substance abuse treatment agencies listed above of my attendance and progress in treatment, my compliance with court orders and conditions of probation, and/or information needed for preparation of a substance abuse evaluation. The extent of information to be disclosed includes my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, all medical records, including all clinical and hospital records in full, and/or my criminal history records, police or similar reports and/or charging documents assessable by the above listed court. This includes, but is not limited to diagnostic testing, laboratory tests, correspondence, and notes or written documents of any nature within the meaning of the Uniform Health Care Act.

I consent to the release of information regarding myself which may be protected by local, state or federal laws which could pertain to testing and/or treatment for HIV infection, AIDS, sexually transmitted diseases, mental health problems, alcohol or drug abuse.

I authorize the above listed court/probation department to release to the above listed substance abuse treatment agency my court records and files in the State of Washington, whether in paper of electronic format, including any municipal, district, or superior court and juvenile court records and files, and including a compilation of my records and files, such as my criminal history records and/or police or similar records which are available to the above listed court/probation department.

I understand that this consent will remain in effect and cannot be revoked by me until the court has released me from all conditions of probation and/or the completion of my case in the above court.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

Witness:

Date _____

_____
(signature of witness)

_____
(signature of defendant/patient)

_____
(printed name of witness)

_____
(signature of parent/guardian)

FORM "E"

Chemical Dependency Assessment Summary

Assessment Date: _____

Assessment Performed ☐ In Person ☐ By Phone ☐ Other _____

Patient's Name: _____ Date of Birth: _____

Patient's Address: _____

Court: _____ Case #: _____

BAC Level Analysis

☐ Refused ☐ BAC Level _____ ☐ UA results at intake/assessment _____

Analysis of BAC _____

History of CD Related Arrests

_____

Prior CD Eval.? ☐ Yes Date: _____ ☐ None Reported

Have you reviewed the previous evaluation? ☐ Yes Is it consistent with your evaluation?

(If not please comment:) _____

Prior ADIS? ☐ Yes Date: _____ ☐ None Reported

Prior Def. Pros.? ☐ Yes Date: _____ ☐ None Reported

Prior CD Tx.? ☐ Yes Date: _____ ☐ None Reported

Diagnostic Assessment:

_____

Treatment Recommendation ASAM Level & Estimated Duration

_____

Recommendations for appropriate level of care and length of stay in accordance with ASAM PPC will be made periodically to the court and the patient based on ongoing assessment of the patient's progress in treatment and individual treatment needs.

Factors Considered in Recommendation

If defendant is recommended for treatment and the patient is amenable to treatment—set forth basis of amenability.

_____

This assessment includes collateral information from:

☐ Attorney ☐ Court/Probation ☐ Law Enforcement ☐ Treatment Agency

☐ Child Protective Services ☐ Physician ☐ Family/Who? _____

☐ Police Report ☐ Criminal History ☐ D.O.L. ☐ Other: _____

This assessment, and the treatment recommendations attached, are voided if the patient has failed to fully and honestly disclose information requested of him/her throughout the assessment process.

_____ _____

Assessing CD Counselor/Assessment Officer Agency Name

Date Signed _____ Telephone Number (_____) _____

CITY OF AUBURN WASHINGTON

Municipal Court

340 East Main Street, Suite 101 ✶ Auburn, WA 98002-5548 ✶ pburns.auburnwa.gov ✶ 253-804-3109

Patrick Burns
Presiding Judge

October 13, 2006

Dear Substance Abuse Treatment Provider,

On July 5 a letter from the presiding judges of the district and municipal courts of King County was circulated setting out what the courts would require as a basis for a substance abuse evaluation. As would be expected in an effort of this magnitude, a number of questions and issues have been raised which need clarification.

- Any evaluation done prior to August 1, 2006 does not have to be redone to comply with the July 5, 2006 format.
- All evaluation done at the request of defense counsel should be provided to that attorney and not to the court. They should not be filed with the court until either a finding of guilt has been entered or a petition for deferred prosecution has been submitted. The evaluation will be required to meet the criteria set forth in the letter of July 5, 2006.
- If a urinalysis has not been provided the evaluation should set out the reason, e.g., a refusal, unable to afford it, etc.
- If a police report or probable cause statement is unavailable from the court or defense counsel, than the evaluation should so indicate.
- DCH's will be provided by the courts for the defendant for the purpose of providing the same to the treatment provider to assist in the evaluation process.
- The courts will accept HIPPA/42CFR compliant CD agency releases of information when agencies request the DCH and police report. The releases included in the July 5, 2006 letter are samples, not requirements.
- Courts will accept assessments without U/A, police reports and DCH when the client has been assessed as chemically dependant (SP2). Any evaluation less than that will require all three items of information be considered.

On behalf of the judges of the district and municipal courts of King County thank you very much for the cooperation you have shown thus for in this effort to obtain consistency and accountability in the substance abuse evaluation process. The results to date have been very successful.

Sincerely yours,

Patrick R. Burns
Presiding judge
Auburn Municipal Court