

Vermont Judiciary  
Court Administrator's Office  
Division of Planning and Court Services



**VERMONT ADULT TREATMENT COURT  
POLICIES AND PROCEDURES MANUAL**

MAY 2022

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## **PROGRAM HISTORY**

Vermont's Adult Treatment Courts are designed to guide offenders identified as having a substance use disorder into treatment that will reduce drug and alcohol dependence and improve the quality of life for offenders, their families, and the community. Drug Treatment Courts are a collaborative process between multiple agencies including the Court, State's Attorney's Office, Public Defenders, Probation and Parole Office, Law Enforcement, and Clinical Treatment Providers. The benefits to society are reductions in crime committed by Drug Treatment Court participants, resulting in reduced costs to taxpayers and increased public safety.

In 2002, under Act 128 the Vermont Legislature established a pilot project to create Drug Treatment Court initiatives and begin implementing drug courts in three Vermont counties: Rutland, Chittenden, and Bennington. By 2007, at the sunset of Act 128, Drug Courts in Vermont were up and running on their own. Currently, in Vermont, there are three operational Adult Treatment Courts, one Family Treatment Court, one Mental Health Court and one multi-county DUI Docket.

**Chittenden County Treatment Court (CCTC):** An effort between the Chittenden Superior Court, State's Attorney's Office, Public Defender's Office, Department of Corrections, Burlington Police Department, Department of Health and The Howard Center, the Court works with participants to create an individualized treatment plan to facilitate recovery. Participation in the Drug Treatment Court is voluntary and includes the support of professional clinical staff, frequent court appearances, random drug testing, and active participation. The Court will give incentives for progress, sanctions for negative behavior, and adjust the treatment plan as needed. If a participant does not follow their treatment agreement or the program rules, they may face sanctions or be terminated from the program and returned to the regular criminal docket. The Drug Treatment Court Team works with participants to communicate expectations and support successful program completion.

**Rutland County Treatment Court (RCTC):** In 2004, the Rutland County Drug Court Initiative Committee, established by Act 128, developed a pilot project for responding to drug crimes in Rutland County. The committee developed the Rutland County Treatment Court to provide accountability, assessment, substance use treatment, and other support services to adults who have been charged with committing a crime as a result of their substance use. A collaborative effort between the Rutland Superior Court, State's Attorney's Office, Public Defender's Office, Department of Corrections, Rutland Police Department Law Enforcement and Rutland Mental Health Services Center, Evergreen Substance Abuse Services the Court works to reduce drug-related crime, make communities safer, and help people recover from drug dependence.

**Washington County Treatment Court (WCTC):** The Washington County Treatment Court is a collaborative effort between the Washington Superior Court, Office of the

State's Attorney's Office, Public Defender's Office, Department of Corrections, Central Vermont Substance Abuse Services, and Washington County Mental Health Services. By working together, Washington County Treatment Court seeks to provide participants with individualized treatment plans to help maintain a healthy and substance-free life. Participants are assigned a Case Manager who will work with them to understand what is expected of them in order to succeed.

# **STATEWIDE POLICY AND PROCEDURE STEERING COMMITTEE**

The following individuals representing Regional Adult Treatment Courts and the Court Administrator's Office (CAO) participated in a series of meetings and workgroups to develop this manual.

## **Chittenden County Treatment Court**

- Honorable John Pacht, Judge
- Stephen Von Sitas, Regional Treatment Court Coordinator
- Andrew McFarlin, Deputy State's Attorney
- Sarah Reed, Public Defender
- Ed Williamson, Clinical Supervisor (resigned 2021)
- Lacey Smith, Community Affairs Liaison

## **Rutland County Treatment Court**

- Rebecca Smith, Regional Treatment Court Coordinator
- Karen Reynolds, Deputy State's Attorney (resigned 2021)
- Zanna Bliss, Public Defender
- Jess Daniels, Case Manager
- Clay Gilbert, Clinical Supervisor (resigned 2021)

## **Washington County Treatment Court**

- Elliott McElroy, Regional Treatment Court Coordinator
- Alfonso Villegas, Deputy States Attorney
- Caren Slayton, DOC Supervisor Probation and Parole

## **State Court Administrator's Office**

- Honorable Brian Grearson, Chief Superior Court Judge (resigned 2021)
- Kim Owens, Programs Manager, Treatment Courts
- Sheri Lynn, Projects Coordinator, Treatment Courts

## **MISSION STATEMENT**

Vermont Adult Treatment Courts work collaboratively with community stakeholders to break the cycle of substance use disorders and crime by partnering evidence-based treatment with intensive judicial oversight.

Vermont Adult Treatment Courts (Treatment Court) serve to:

- Reduce criminal behavior driven by substance use and behavioral health disorders;
- Enhance community safety;
- Reduce substance dependence;
- Reduce the impact of drug related cases on criminal justice resources; and
- Support Treatment Court participants to become healthy, productive members of the community.

## **GOALS AND OBJECTIVES**

**Goal #1:** Provide a program structure that aides in the recovery efforts of participants who have substance use and behavioral health disorders, reduces criminal behavior driven by substance use and behavioral health disorders, increases the safety of the citizenry, and improves the overall quality of life for the community.

### **Objectives for Goal #1:**

- Engage those who are high risk and high need and provide them with treatment, which aid in their path to recovery;
- Provide participants with a substance use disorder appropriate treatment service;
- Increase the number of participants who are assessed and linked to treatment;
- Reduce the amount of time between a participant's arrest and access to treatment services;
- Retain participants in programming and provide culturally competent services to all participants;
- Improve the circumstances of referred defendants, their families, and the community;
- Improve outcomes through Treatment Court monitoring and supervision;
- Evaluate the impact of Treatment Court on the program participants;
- Evaluate each Treatment Court for any disparities pertaining to race, ethnicity, gender, and sexual orientation; and
- Abide by the Adult Drug Court Best Practice Standards and 10 Key Components.

**Goal #2:** Expand and maximize the availability and efficacy of treatment and recovery resources in the community.

### **Objectives for Goal #2:**

- Advocate for an increase in the number of community-based treatment units for participants;
- Advocate for expanding treatment options consistent with Treatment Court policies;
- Maximize the use of available treatment and criminal justice resources; and
- Abide by the Adult Drug Court Best Practice Standards and 10 Key Components.

**Goal #3:** Reduce costs associated with drug-related crime (e.g., corrections, court, health care) by utilizing Treatment Court services and resources

### **Objectives for Goal #3:**

- Ensure cost-effectiveness of Treatment Court through fidelity to the drug court model; and
- Abide by the Adult Drug Court Best Practice Standards and 10 Key Components.

## **PROGRAM STRUCTURE**

The Vermont Adult Treatment Courts are voluntary programs designed to provide individuals the opportunity to be linked to treatment for their substance use disorder and move out of the criminal legal system permanently. The program is recovery based and intensive in nature. All programs allow for Medically Assisted Treatment (MAT) and Medical Opioid Use Disorder (MOUD) treatment as interventions.

Requirements include mandatory substance use disorder treatment, random drug testing, on-going appearances before a Treatment Court Judge, Case Management meetings, and attendance at recovery support groups. Participants may also be required to try and obtain employment or pursue educational opportunities, try, and obtain safe and stable housing, access community resources, and participate in pro-social activities.

Treatment Court is a minimum of 14 months and is divided into five specific phases. Movement from phase to phase is contingent on the completion of the previous phase's requirements. An application process is utilized for phase movement and graduation.

Treatment Courts follow a post-adjudication model. Post-adjudication courts enable graduates to avoid a sentence of incarceration and/or shorten a term of probation. Upon successful completion of the program, charges can be dismissed or drastically reduced.

Admission into the Treatment Court requires acceptance of criminal responsibility and acknowledgement of a substance use disorder. This acceptance of criminal responsibility comes in the form of a guilty plea – or in rare cases, no contest – to a Plea Agreement crafted by the Defense Attorney and the State's Attorney. Candidates are also required to sign a contract agreeing to abide by program rules and expectations.

The Plea Agreement will include two possible dispositions often referred to as “Door A” and “Door B” [see [APPENDIX III](#), ADULT TREATMENT COURT PROCESS]. These two scenarios describe the outcomes to the participant's case(s) whether they are successful or unsuccessful in completing the Treatment Court Program. Door A is successful completion which occurs at graduation and can include dismissal of all charges or a reduction of charges and credit for time served. Door B describes what will happen if a Treatment Court participant is unsuccessful and is discharged or withdraws voluntarily.

## TARGET POPULATION AND RISK ASSESSMENT

The target population are those who score high risk and high need on the [Ohio Risk Assessment System \(ORAS\) —Community Supervision Tool \(CST\)](#) (<https://www.assessments.com/purchase/detail.asp?SKU=5253>) assessment tool and have a moderate to severe substance use disorder. The ORAS Community Supervision Tool (CST) predicts the likelihood that community-based adult offenders will be arrested for a new crime, as measured in a 12-month follow-up period.<sup>1</sup>

- **Risk** is the likelihood of re-arrest for any charge within one year, more commonly referred to as recidivism. There are eight central risk factors used to determine if a person is high risk.<sup>2</sup> A person's score on these eight risk factors, but specifically on criminal history, will determine if they are high risk and appropriate for Treatment Court. The ORAS CST uses 35 questions in 7 different subscales to determine risk:
  - criminal history (6 items);
  - education, employment, and finances (6 items);
  - family and social support (5 items);
  - neighborhood problems (2 items);
  - substance abuse (5 items);
  - antisocial associations (4 items);
  - and antisocial attitudes and behavioral problems (7 items).
- **Need** refers to a criminogenic need, which is a risk factor that is amendable to change. These are also referred to as dynamic risk factors. Criminogenic needs or dynamic risk factors, when changed, have been shown to result in a reduction of recidivism.<sup>3</sup> There are many needs but not all of them are criminogenic. A person's need will be determined on their score among criminogenic needs and that will identify areas where intervention is best focused.<sup>4</sup>

During a screening with the Regional Treatment Court Coordinator (RTCC), a defendant's level of risk and need will be assessed using the ORAS-CST tool. This assessment will determine the

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<sup>1</sup> See p. 16 in Latessa, E. J., Lemke, R., Makarios, M., Smith, P., & Lowenkamp, C. T. (2010). The creation and validation of the Ohio Risk Assessment System (ORAS)\*. *Federal Probation*, 74, 16-22. Retrieved from Appendix: RNA Instrument Profile for the ORAS-CST Offender Risk & Needs Assessment Instruments Primer Page A-57 [http://www.uscourts.gov/uscourts/FederalCourts/PPS/Fedprob/2010-06/02\\_creation\\_validation\\_of\\_oras.html](http://www.uscourts.gov/uscourts/FederalCourts/PPS/Fedprob/2010-06/02_creation_validation_of_oras.html)

<sup>2</sup> The central eight risk factors are criminal history, antisocial personality pattern, antisocial cognition/impulsivity (criminal thinking), antisocial networks, family or marital problems, school or work problems, lack of pro-social leisure activities, and substance use. The first four of these factors, often called the Big Four, are the most predictive of criminal behavior in the general adult civilian population.

<sup>3</sup> See p. 16 in Latessa et al. (2010) at endnote 1 and slide 22 in Lovins (2010) at endnote 3.

<sup>4</sup> See p. 8 in Latessa, E., Smith, P., Lemke, R., Makarios, M., & Lowenkamp, C. (2009). Creation and validation of the Ohio Risk Assessment System: Final report. Cincinnati, OH: University of Cincinnati Center for Criminal Justice Research. Retrieved from [http://www.ocjs.ohio.gov/ORAS\\_FinalReport.pdf](http://www.ocjs.ohio.gov/ORAS_FinalReport.pdf) "Authors do not use this term except to discuss criminogenic needs (see dynamic risk, above), but describe the needs principle as suggesting that "effective classification systems should identify dynamic risk factors directly related to recidivism so that they can be used to target programmatic needs."

defendant's level of risk and need and include a review of any special circumstances that may affect the defendant's ability to meet program requirements, such as barriers to attending treatment. **Defendants who score both *high risk* and *high need* will be considered appropriate for the program.**

Provided adequate treatment is available, persons are not disqualified from participation in Treatment Courts because of co-occurring mental health or medical conditions, or because they are legally prescribed medications including psychotropic medication and those for opioid use disorder.

Individuals who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, gender identity, physical or mental disability, religion, language, or socioeconomic status will receive the same opportunities as other individuals to participate and succeed in the Treatment Court.

## **ENTRY: REFERRAL PROCESS AND ELIGIBILITY CRITERIA**

### **Vermont Adult Treatment Court Eligibility Criteria**

Eligibility for entry into a Vermont Adult Treatment Court is based on three criteria: 1) whether the participant is high risk and high need; 2) whether the charged offense is eligible for admittance into the program; and 3) whether the participant has a moderate to severe substance use disorder. The Treatment Court strives to have participants begin the program within 50 days of an arrest or criminal incident which initiated consideration for entry into a Treatment Court. Upon referral to the court, defendants will be contacted within seven days to schedule an eligibility screening. The Regional Treatment Court Coordinator or designee will complete the eligibility screening to determine participant eligibility [See [APPENDIX III. ADULT COURT PROCESS](#)].

### **Referral and Legal Eligibility to the Adult Drug Treatment Court**

**Referral:** Anyone can refer a participant to the Treatment Court, including Defense Attorneys, the State's Attorneys, Probation and Parole, Treatment Providers, Law Enforcement Officials, and self-referrals from defendants. The [ADULT TREATMENT COURT REFERRAL FORM](#) [APPENDIX V] must be completed and returned to the Regional Treatment Court Coordinator at the email address listed on the form. Referral Forms for each docket are available through the Vermont Judiciary [website](https://www.vermontjudiciary.org/programs-and-services/treatment-and-specialty-dockets), (<https://www.vermontjudiciary.org/programs-and-services/treatment-and-specialty-dockets>) at the participating county courthouses, or by contacting the Regional Treatment Court Coordinator listed on the website. Referrals made by Defense Attorneys or the State's Attorney can be submitted through the Odyssey Filing System, but a copy must still be sent to the Regional Treatment Court Coordinator. For all other referrals, the Regional Treatment Court Coordinator will contact the Defense Counsel of record for the participant prior to filing the referral in Odyssey.

**Legal Eligibility:** Upon receipt of a completed Referral Form, the Regional Treatment Court Coordinator will notify the State's Attorney, Defense Attorney(s), and Probation and Parole Officer listed on the Referral Form. The referral will be reviewed by the State's Attorney for legal eligibility. Charges accepted into the program should be as broad as possible and include all charges that may be driven by substance use disorders or co-occurring disorders. These can include misdemeanors, nonviolent felonies, and violent felonies. Cases that are screened as high risk and high need and meet the written legal eligibility should be presumptively accepted unless there is a compelling public safety concern. As with all charges, the State's Attorney will review drug distribution, listed offenses, and crimes of violence-related charges on an individualized basis. Each program will have written legal eligibility – approved by the State's Attorney – that is distributed to all Treatment Court stakeholders. Simultaneous to the legal eligibility review, the Regional Treatment Court Coordinator will schedule and

administer the risk assessment tool, ORAS-CST [See [TARGET POPULATION AND RISK ASSESSMENT](#)] for the risk assessment process.

Individuals under supervision through the Department of Corrections (DOC) may be eligible for the Treatment Court. Probationers with new charges or violations of probation may be considered. Furloughed inmates (“furlougees”) under supervision for a non-listed offense who are charged with a new non-listed offense may be eligible. The agreement for furlougee admission is determined regionally by District Managers and/or their designee. Listed offenses are codified in [13 V.S.A. 5301 \(7\)](#), (<https://legislature.vermont.gov/statutes/section/13/165/05301>). Input from Probation and Parole Officers will be considered when determining program admission for individual referrals.

### **Screening and Clinical Eligibility**

**Screening:** The Regional Treatment Court Coordinator screens all referred defendants to determine eligibility for the program. Vermont Adult Treatment Courts target defendants who need intensive treatment and supervision in compliance with best practice standards. Screenings may occur in the Regional Treatment Court office, a holding cell, a correctional facility, electronically, or via phone. Prior to screening, the defendant will have the right to consult with legal counsel. At the screening, the defendant will be asked to sign A [RELEASE OF INFORMATION FORM](#) [APPENDIX VIII] authorizing an exchange of information between all parties involved in the Treatment Court. The results of the screening will be available to all members of the Treatment Court Team [see [TEAM MEMBER ROLES/ETHICAL CONSIDERATIONS](#)]. Information obtained in the screening will not be used by Law Enforcement or the State’s Attorney’s Office to bring new criminal charges against the defendant. Notice of eligibility will be provided to the Defense Attorney and the State’s Attorney’s Office via email by the Regional Treatment Court Coordinator. Screening results are not made available to the general public and are protected under [42 CFR Part 2](#), (<https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=b7e8d29be4a2b815c404988e29c06a3e&rgn=div5&view=text&node=42:1.0.1.1.2&idno=42>) federal guidelines.

**Clinical Eligibility:** If the defendant is found to be eligible for program participation and the State’s Attorney’s Office approves of the referral, the Regional Treatment Court Coordinator will connect the defendant to a licensed clinician who completes a Clinical Assessment. Defendants who meet the moderate to severe substance use disorder as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) are eligible for the program.

### **Change of Plea and Enrollment in the Treatment Court**

If the defendant is found to be legally and clinically eligible for participation in the Treatment Court, and the State’s Attorney approves of the referral, the State’s Attorney and Defense

Attorney will craft a Plea Agreement that includes outcomes for both successful and unsuccessful program completion. If the defendant agrees to the Plea Agreement, it is filed with the court. At the same time, the defendant, Defense Attorney, State's Attorney, and Judge will sign the **PARTICIPANT CONTRACT AGREEMENT** [[APPENDIX XI](#)]. The designated Defense Attorney of record will meet with the participant to review the contract and file it with the Change of Plea. The State's Attorney will review Conditions of Release and adjust as appropriate and a date for the Change of Plea will be set. The case(s) will move from the Criminal Court to the Treatment Court and the participant will be set to appear at the next scheduled Treatment Court hearing.

## **TEAM MEMBER ROLES AND ETHICAL CONSIDERATIONS**

The Treatment Court Team consists of a Judge, Regional Treatment Court Coordinator, Defense Attorney, State's Attorney or Deputy State's Attorney, Treatment Provider, Case Manager, Probation and Parole Officer, Law Enforcement Representative, and possibly administrative staff. In Treatment Courts, all parties, including the State's Attorney and Defense Attorney, share the common goal of successful treatment completion for each participant.

### **Judge**

As the leader of the team, the Judge remains abreast of the latest research on best practices and evidence-based practices in Treatment Courts, participates in all determinative legal proceedings for the program, and exercises independent judicial decisions after giving due consideration to the expertise and input of the other team members. The Judge also interacts with all participants in a manner that is consistent with best practice standards.

### **Regional Treatment Court Coordinator**

The Regional Treatment Court Coordinator (RTCC) oversees all daily operations and coordinates with all team members. The RTCC also oversees record keeping, data entry and statistical reporting, program material development, operational program development, and grant writing and grant management. The RTCC serves as an operational troubleshooter, interacting with all necessary court and partner staff. The RTCC along with the Case Manager is responsible for building and maintaining the broad network of treatment and social services providers utilized by the court and serves as a full member of the stakeholder team.

### **Case Manager**

The Case Manager provides case management services and referrals for all participants. The Case Manager is responsible for monitoring the progress of each participant through collaboration with community service providers. The Case Manager is also responsible for monitoring participant's compliance with their individualized treatment plans, court mandated appointments, and referrals. The Case Manager facilitates referrals to support treatment goals and facilitates communication with the individual, family, and the treatment team regarding the progress of the participant. The Case Manager provides a Case Management Report for staffing and participants at court hearings. The Case Manager maintains accurate records and works closely on all matters with the Regional Treatment Court Coordinator [see [DATA COLLECTION AND REPORTING](#) ].

### **State's Attorney/Deputy State's Attorney**

The State's Attorney will review all potential participants for legal eligibility, actively participate in staffing meetings, and interact with the Treatment Court Team to address revocations, pleas, and application of incentives and sanctions as they apply to each participant. The role of the State's Attorney in the Treatment Court is quite different from a "typical" criminal proceeding where the roles of State's Attorney and Defense Attorney are adversarial.

The State's Attorney reviews new cases and determines which cases are appropriate for the Treatment Court. As part of a collaborative team with the Judge, Defense Attorney, Case Manager, Treatment Staff, Probation and Parole, Law Enforcement Officer, the State's Attorney monitors participant progress and can make recommendations regarding sanctions and Treatment Court outcomes. Also, if a participant is re-arrested, the State's Attorney's Office investigates the new case and assesses the appropriateness of continued participation in the Treatment Court.

The State's Attorney's Office files all necessary legal documents in Odyssey and participates in a coordinated strategy for responding to positive drug tests and other instances of noncompliance. The State's Attorney agrees that a positive Urine Drug Test (UDT) or open court admission of drug possession or use will not result in the filing of new charges based on that admission. Decisions regarding each participant's continued enrollment in the program is based on that participant's performance and compliance in treatment and the recovery process.

### **Defense Attorney**

The Defense Attorney represents participants to whom they are assigned. Participants may also access their own private counsel or be assigned to conflict counsel. The Defense Attorney is independent and does not represent any outside interest. The Defense Attorney's primary functions are to articulate and litigate the participant's position and to protect the participant's due process rights and legal interests. The Defense Attorney will actively participate as Defense Counsel by advocating for the participant during staffing and court proceedings in a non-adversarial manner, assisting with the negotiation of plea agreements, and completing necessary documents to facilitate the Treatment Court process for the participant. The Defense Attorney represents and counsels the participant in all court proceedings, including providing timely notice of sanctions. The Defense Attorney is interested in promoting not only the legal rights but also the health and wellbeing of the participant. Defense Attorneys should make clear their position and the rationale for that position to participants and team members at the onset of each case. At the same time, the Defense Attorney always makes the participant's constitutional rights the primary concern.

### **Law Enforcement and Probation and Parole Representatives**

Probation and Parole Officers may assist in supervising Treatment Court participants. Participants must comply with both their Treatment Court requirements and probation requirements. Probation and Parole Officers and Law Enforcement Officers work with Case Managers for communication and home visits and may provide supervision updates for Treatment Court reports.

### **Treatment Representative**

Typically, an Addiction Counselor, Social Worker, Psychologist, or Clinical Case Manager serves on the team. The treatment representatives receive clinical information from programs treating Treatment Court participants, reports information to the Treatment Court team, and

contributes clinical knowledge and expertise during team deliberations.<sup>5</sup> Designated treatment staff will participate in bi-weekly staffing, make treatment recommendations to the court, and as appropriate, will identify and/or provide a continuum of care for participants while advocating on behalf of the client and for the integrity of the court. Staff refer participants to specific programs based on their clinical suitability, the program's ability to comply with reporting requirements, and the program's capacity to meet any special needs that may exist (e.g., mental, or physical health, or language barriers). Also, in the case of outpatient services, staff will attempt to refer participants to a provider located nearby that participant's community of residence.

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<sup>5</sup> In many Drug Courts, participants can be referred to multiple treatment agencies or providers for substance use disorder treatment and other complementary services such as mental health counseling or vocational rehabilitation. Because it is unwieldy to have multiple providers attend pre-court staff meetings and status hearings, many Drug Courts will designate one or two treatment professionals to serve as treatment representatives on the Drug Court team (Carey et al., 2012).

## PHASE STRUCTURE AND COMMENCEMENT CRITERIA

The Treatment Court Program is a minimum of 14 months. Program length depends on participant treatment and progress. There are five program phases.

<b>Phase 1</b>	
<b>Key Concept:</b>	<b>Show up</b> to all scheduled treatment, program appointments, and court hearings, as directed
<b>Length of phase:</b>	<b>60 days</b> with a minimum of <b>14 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings bi-weekly</li> <li>• Comply with treatment</li> <li>• Comply with supervision</li> <li>• Develop a Case Plan</li> <li>• Weekly Case Management appointments</li> <li>• Home visits</li> <li>• Weekly, random drug testing (minimum of 2)</li> <li>• Address housing needs</li> <li>• Obtain medical assessment</li> <li>• Change people, places, and things</li> <li>• Complete orientation session at Turning Point Center</li> <li>• Curfew, as directed by the Court</li> </ul>

<b>Phase 2</b>	
<b>Key Concept:</b>	Stability, Recovery and Responsibility to Self
<b>Length of phase:</b>	<b>90 days</b> with <b>30 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings bi-weekly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Weekly Case Management appointments</li> <li>• Monthly, home visits</li> <li>• Weekly random drug testing (minimum of 2)</li> <li>• Begin to build a sober network - Making Recovery Easier</li> <li>• Attend a minimum of 2 community recovery support groups per week (end of phase focus)</li> <li>• Maintain approved housing</li> <li>• Complete budget assessment or financial education</li> <li>• Curfew, as directed by the Court</li> </ul>

<b>Phase 3</b>	
<b>Key Concept:</b>	<b>Maintenance of Recovery</b> and Responsibility to Self and Others
<b>Length of phase:</b>	<b>90 days</b> with <b>45 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings bi-weekly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Create and implement Relapse Prevention Plan</li> <li>• Bi-weekly Case Management appointments</li> <li>• Monthly home visits</li> <li>• Weekly, random drug testing (minimum of 2)</li> <li>• Maintain approved housing</li> <li>• Begin to address Criminal Thinking</li> <li>• Establish sober network</li> <li>• Establish pro-social activities</li> <li>• Curfew, as directed by the Court</li> </ul>

<b>Phase 4</b>	
<b>Key Concepts:</b>	<b>Reinforce a sober and legal lifestyle.</b> Develop life goals including healthy social network
<b>Length of phase:</b>	<b>90 days</b> with a minimum of <b>60 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings monthly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Bi-weekly Case Management appointments</li> <li>• Monthly Home visits</li> <li>• Weekly, random drug testing (minimum of 2)</li> <li>• Maintain approved housing</li> <li>• Maintain sober network</li> <li>• Maintain pro-social activities</li> <li>• Curfew, as directed by the Court</li> <li>• As needed, based upon assessment: <ul style="list-style-type: none"> <li>- Obtain or maintain employment</li> <li>- Vocational Training</li> <li>- Enroll in education programming</li> <li>- Parenting/Family Support</li> </ul> </li> </ul>
<b>Phase 5</b>	
<b>Key Concept:</b>	<b>Reinforce a sober and legal lifestyle.</b> Develop life goals including sober social network
<b>Length of phase:</b>	<b>90 days</b> with a minimum of <b>90 days</b> of abstinence before graduation
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings monthly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Monthly Case Management appointments</li> <li>• Monthly home visits</li> <li>• Random drug testing</li> <li>• Maintain approved housing</li> <li>• Development of Continuing Care Plan</li> <li>• Maintain sober network</li> <li>• Maintain pro-social activities</li> <li>• Complete a Community Engagement Project</li> <li>• Curfew as directed by the Court</li> <li>• Maintain, as needed, based upon assessment: <ul style="list-style-type: none"> <li>- Employment</li> <li>- Educational programming</li> <li>- Parenting/Family Support</li> <li>- Vocational Training</li> </ul> </li> </ul>

### **Phase Advancement**

To move from one phase to the next, the participant must complete all of the phase requirements and length of time. The Case Manager will work with the participant to complete all requirements and will recommend to the Treatment Court Team that a participant be given a Phase Advancement Application. The participant will submit the Phase Advancement Application to the Case Manager for team review. If phase advancement is not given, the participant will be notified in writing on the application and include unmet requirements. Upon completion, the participant can resubmit the application.

### **Commencement**

When a participant successfully completes all five (5) phases of Treatment Court, the Case Manager will recommend to the team that they be given an Application for Graduation. This application will be considered by the Treatment Court Team and the final decision will be made by the Judge. If graduation is denied, the participant will be notified in writing on the application and include unmet requirements. Upon completion of the unmet requirements, the participant can resubmit the application.

A celebratory public graduation ceremony will be scheduled when the application is approved. The participant will receive a Treatment Court graduation certificate and the participant's case will be resolved as established in the Plea Agreement.

## **DISCHARGE PROTOCOL**

### **Notice of Discharge**

Upon a decision to terminate a participant from the Treatment Court, the participant will be notified on the record. The State's Attorney will provide written notice to the participant's attorney of record and the Defense Attorney the same day or as soon as practicable thereafter. The written notice will state the basis of the violation(s) including the alleged sections of the participant contract the participant has violated. Once notice has been provided, an evidentiary hearing will be scheduled. A participant may waive their right to an evidentiary hearing after written notice of the alleged violation and consultation with their Defense Attorney.

### **Suspension**

A participant may be suspended from the Treatment Court pending the outcome of the evidentiary hearing. During suspension, Treatment Providers may offer services to the participant at their discretion and should make every effort to maintain the participant's level of treatment and care. The court will take special effort to ensure Medication Assisted Treatment (MAT) / Medication for Opioid Use Disorder (MOUD) is not interrupted even during suspension.

Attendance requirements during suspension will be determined by the Treatment Court Team. Participants should be made aware of any portions of the participant contract that they may still be obligated to comply with during suspension. If the evidentiary hearing is found in

favor of the participant and they are reinstated to the Treatment Court, all participation during suspension will be credited to the participant.

### **Discharge Merits Hearing**

At a Discharge of Merits Hearing, the State's Attorney will present the case for discharge on behalf of the Treatment Court Team. The alleged violations must be proven by a preponderance of the evidence and show that the participant violated the requirements of the program as set out in the Participant Handbook and Participant Contract Agreement [see [APPENDIX XI. PARTICIPANT CONTRACT AGREEMENT](#)]. The participant shall have the right to counsel at the discharge hearing. The participant may cross examine witnesses and call witnesses on their behalf. Hearsay evidence, deemed reliable by the court, may be admitted at the hearing.<sup>6</sup> The court must make findings of reliability on the record.

Immunity to any witness or the participant will only be granted by the court after request by the state in accordance with 12 V.S.A. §1664. If new criminal conduct is the basis for the discharge request, the issue of use and/or derivative use immunity will be reviewed on a case-by-case basis in relation to the facts and circumstances of each case. The discharge hearing may, for good cause, be continued pending resolution of the new criminal charges. The Treatment Court Judge shall preside at the discharge hearing unless the participant requests an alternate Judge. If this request is made the discharge hearing and subsequent sentencing will be decided by the Criminal Division Judge who was assigned the original case. The decision of the Judge regarding discharge may be appealed to the Vermont Supreme Court.

If the participant is discharged from the Treatment Court, the hearing will proceed to sentencing per the Plea Agreement in the case. Sentencing will be before the Treatment Court Judge unless the participant requests sentencing before the Criminal Division Judge who was assigned the original case. If there are pending charges and attorneys have an agreement, cases can be sentenced in Treatment Court. Participants should be informed of Defense Counsel and be made aware of the Public Defender or Defense representative to contact for sentencing.

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<sup>6</sup> See V.R.E. 1101(b)(3); State v. Austin, 165 Vt. 389, 396-7 (1996).

# **INCENTIVES AND SANCTIONS**

## **ENCOURAGING ACCOMPLISHMENTS: ACHIEVEMENTS AND INCENTIVES**

Participants who are engaging with treatment and are in compliance with the mandates set by the Treatment Court receive benefits and positive reinforcement through receipt of incentives. The Judge should seek to apply the NADCP standard ratio of four incentives to one sanction to help participants achieve desired outcomes.

### **What is an "incentive"?**

An incentive is an acknowledgement by the Treatment Court Team that a participant has reached a treatment milestone or accomplished a specific goal. Incentives can be as simple as applause in the courtroom or praise from the Judge. Incentives should be given at a rate of four incentives to every one sanction. Incentives and positive reinforcement are integral to a participant's long-term recovery.

### **Why are incentives given?**

It is important to acknowledge achievements and progress in some tangible way. Receiving incentives can build self-esteem and help set the stage for continued progress toward recovery.

### **Are the incentives the same for everyone?**

There are several possible incentives that can be granted for each particular achievement or milestone such as phase advancement. Since every case is different, the Judge decides which incentive is most appropriate for each case. In some situations, the Judge may grant more than one incentive.

### **What achievements and incentives are available?**

Each program establishes the achievements and incentives within the team and should include a catch-all requirement to encourage incentivizing any positive behavior throughout the program. The lists below are examples of possible achievements and incentives. Incentives of monetary value may be donated to the Treatment Court, but judicial staff cannot solicit donations.

#### **Achievement Behaviors**

- Attending all treatment sessions
- Attending all urine drug testing
- Receiving all negative urine drug testing (i.e., no illicit substances detected)
- Moving to the next program phase
- Moving to the next treatment phase (e.g., graduation from the Intensive Outpatient Program)
- Attending self-help groups (i.e., Alcoholics Anonymous-AA, Narcotics Anonymous - NA or other community support groups)

- Arriving to court on time
- Personal achievement (e.g., getting a job, starting school, getting a valid driver's license)
- Following treatment plan (e.g., counseling sessions, Intensive Outpatient Program - IOP, enrolling in education program or school)
- Attending prosocial activities
- Participating in parenting groups, attending children's school activities or extracurricular activities
- Any other positive behavior achieved by the participant

### **Possible Incentives**

- Praise from Judge and Treatment Court Team
- Applause
- First on court docket
- Early dismissal from court
- Reduced frequency of urine drug testing
- Reduced frequency of court appearances
- Reduced curfew
- Reduced home visits or supervision requirements
- Advancement to the next phase
- Elevated status such as assistant group leader or all-star list for community supervision requirements
- Letter of recognition
- Motivational button/stone
- Gift certificates to recovery supportive activities
- Grocery vouchers
- Small tangible rewards (e.g., gas cards, bus passes)
- Large tangible rewards (e.g., tickets to events, health club memberships, waiver of fines and fees)
- Recovery bracelet (e.g., graduation from Intensive Outpatient Program or first negative drug test result)
- Consider adding in virtual appearance in court as an incentive
- Fast Pass to leave court following your hearing
- Travel privileges, such as weekend pass out of county

The Judge has the ultimate discretion in deciding which incentives are appropriate for which achievements or milestones.

## **INFRACTIONS AND SANCTIONS**

Just as it is important to recognize progress, it is also important to respond quickly to negative behaviors in Treatment Courts. By imposing a series of graduated sanctions, participants who are not complying with Treatment Court requirements find that there are swift actions for noncompliance. The objectives, however, are not only to admonish a noncompliance, but to re-engage and encourage participants to continue working through the recovery and treatment process. Sanctions should never be painful, injurious, or shaming. Additionally, they should be associated with the targeted behavior which needs to be changed. Sanctions should be imposed swiftly and delivered in a fair manner.

### **What is an infraction?**

An infraction is a negative behavior or action that is contrary to the treatment process. Infractions are divided into three groups, based on severity. "Level III" infractions are very serious, "Level II" infractions are considered moderately serious, and "Level I" infractions are less serious.

### **What is a sanction?**

A sanction is a response to an infraction. The seriousness of the infraction determines the severity of the sanction imposed. Sanctions are "graduated." Not only are more severe sanctions imposed for more serious infractions, but also, as infractions accumulate, the sanctions become harsher.

### **What are the infractions and sanctions may be used?**

The following is a list of infractions and the possible sanctions that can be imposed.

\* These lists represent what is currently used in the Treatment Courts. Each program may use some or all sanctions in response to the infraction and its severity.

#### Level I Behaviors

- Missed appointment
- Late arrival to court hearings
- Inappropriate behavior/dress in court
- Non-compliance with treatment plan or integrated case plan
- Inappropriate behavior in treatment
- Taking banned medications/self-prescribing dose

#### Level II Behaviors

- Missed drug testing
- Dishonesty
- Missing court

#### Level III Behaviors

- Tampering with a urine drug test
- Submitting false documents

- Dishonesty in court
- Non-compliance with sanctions/court order
- Threatening team members, Treatment Providers, or staff

### **Sanctions**

- In court dialogue with the Judge
- Waiting to appear before the Judge until the end
- Court observation (1/2 to full day)
- Ted Talks (approved by the whole Treatment Court Team)
- Journaling/Essay (topic ideas: definition of recovery, relapse triggers, stress management, managing cravings, role of peer support groups, impact of substance use disorder on life, impact of substance use disorder on the participant's family) \*Programs should be clear about what parts of journaling are part of the positive treatment plan and what is a sanction - these should be clearly separated by topic to ensure there are not negative connotations that accompany positive treatment activities.
- Calendar of appointments to be submitted to the Judge
- Letter of apology
- Increased urine drug testing
- Increased community support meeting requirement
- Restarting the count towards negative drug tests for phase advancement
- Imposed Curfew
- Increased appearances at court
- Useful community service – programs should try to partner with agencies that can provide meaningful and not degrading community service opportunities (e.g., set up or clean up after treatment sessions or graduation, work in a soup kitchen, staff community events, assist with Habitat for Humanity)
- Meet with Treatment Court Team to discuss subject of sanction
- Home detention (exceptions for attendance at treatment\*, prosocial activities, work, and childcare should always be made)\*Any participant who is prescribed MAT/MOUD will be ensured consistent access to that treatment throughout the duration of home detention.
- Electronic monitoring
- Short-term incarceration lasting no longer than 72 hours and used only after all other sanctions have been exhausted. Incarceration should never be used as a response or sanction for a positive drug test of use.
- Termination [see [PHASE STRUCTURE AND COMMENCEMENT CRITERIA](#) and [APPENDIX VI.](#)]

### **Therapeutic Adjustments**

The above list does not include therapeutic responses or adjustments to participant's treatment regimens. Treatment adjustments should be based on each participant's clinical needs as

determined by qualified treatment professionals and should not be used to reward desired behaviors or to punish undesired behaviors.

Therapeutic adjustments, not sanctions, should be the response to positive urine drug test and participants self-disclosure of use or thoughts of use.

**Equity Statement on Incentives and Sanctions**

All Treatment Courts will track and monitor the application of incentives and sanctions to be sure there is equity in application. All Treatment Court Team members will attend training on incentives and sanctions on an annual basis. Updates to the Statewide Policies and Procedures manual will be made to reflect the most recent research on incentives and sanctions.

## TREATMENT PROTOCOL

The treatment protocol provides for therapeutic interventions based on ASAM (American Society of Addiction Medicine) Patient Placement Criteria, for individuals with substance use disorders enrolled in the Treatment Court. The primary mode of treatment is outpatient, inclusive of individual, group, and intensive outpatient. However, participants may be referred to a residential or inpatient program as needed. The program will also develop treatment plan for those who have co-occurring mental health and substance use disorders and medical needs.

Consistent with the Treatment Court model, a participant's treatment begins with a thorough and complete biological-psychological-social assessment of their history and level of involvement with alcohol and other substances. Based on this assessment, the assigned clinician will develop a treatment plan which may include the following elements:

- Individual outpatient treatment
- Group outpatient treatment
- Intensive outpatient treatment
- Inpatient treatment
- Residential treatment
- Mandatory attendance at self-help meetings, like Narcotics or Alcoholics Anonymous (NA & AA), Self-Management and Recovery Training (SMART), etc.
- Mandatory drug testing and/or breathalyzer testing, sweat patch, or oral fluid testing
- Ongoing reassessments
- Relapse prevention groups
- Aftercare planning
- Psychiatric evaluation
- Primary care health care provider
- Dental assessment and treatment
- Peer Recovery centers/Peer Recovery curriculum, such as Making Recovery Easier
- Vocational assessment and rehabilitation
- Housing assistance
- Safe and sober housing
- Educational
- Recreational opportunities
- Information from the ORAS screen

The Treatment Court Case Manager will remain in ongoing communication with Treatment Providers and ancillary service providers as noted above to assist in facilitating the treatment plan and coordinating treatment requirements to avoid duplicating services.

## **SUPERVISION PROTOCOL**

A Treatment Court participant will be required to appear for court hearings on a regular basis as ordered by the court [see [PHASE STRUCTURE AND COMMENCEMENT CRITERIA](#)].

Failure to appear in court on the date and time scheduled may result in a warrant being issued for the participant's arrest. If a participant cannot appear in court as scheduled, the participant must notify their Case Manager or Probation and Parole Officer and the Regional Treatment Court Coordinator as soon as possible.

Probation and Parole and Law Enforcement officers both serve on the Treatment Court Team. Community supervision may include drug and alcohol testing, home visits or employment visits, enforcement of curfews and travel restrictions, and delivering cognitive-behavioral interventions designed to help a participant achieve successful completion of the program.

The Probation and Parole Officer:

- Supervises participants during terms of probation to ensure full compliance with probation orders;
- Determines supervision level to determine level of supervision contacts;
- Shares DOC criminogenic risk/needs assessment results with the team;
- Coordinates with law enforcement to monitor and ensure compliance with probation conditions;
- Conducts home and field visits using strengths-based approach;
- Assists participants with life skills such as time management, job searches, budgeting, and sober recreation;
- Informs the Treatment Court Team of progress in supervision; and
- Uses their discretion in filing a new violation of probation charge with the court for violating probation conditions while under their supervision.

The Law Enforcement Officer:

- Identifies potential participants at arrest;
- Provides transportation to support participants (e.g., residential treatment);
- Follows up on bench warrants from the court;
- Assists with background investigations of potential participants;
- Monitors compliance with court obligations and sanctions;
- Acts as a liaison between the Treatment Court and the Law Enforcement agency and officers that may come in contact with participants;
- Assists with home visits and drug testing; and
- Informs the Treatment Court Team of trends and other activities being seen on the street – new drugs and reemergence of old.

## **DRUG AND ALCOHOL TESTING**

Regional Treatment Courts may use different testing providers and establish specific testing regimens based upon the availability of resources in each region.

As a requirement of participation, all participants in Treatment Court must agree to drug and alcohol testing. All participants agree that at any time while in the program they may be subject to random drug and alcohol testing, unscheduled hearings, treatment, or other responses as indicated by their behaviors. Please refer to [APPENDIX XIII. DRUG TESTING POLICY AND AGREEMENT](#).

Testing allows the court to determine which substances participants have recently used. The tests must be frequent, random, observed, and credible. Drug tests measure a participant's progress in the program and hold that person accountable to the requirements of the program. This information helps Case Managers develop an appropriate treatment plan for each individual participant based upon their substance use history. By detecting the presence of drugs, testing reveals the effectiveness of a particular course of treatment and can alert treatment staff to the need for a heightened or reduced level of care.

### **Frequency and Manner of Testing**

Drug tests should be random to avoid participants planning substance use around a set testing schedule. Random testing should be conducted throughout the duration of the program (including weekends). Participants are tested a minimum of 2 times per week. Decreasing the frequency of testing may be used as an incentive for negative test results; similarly, increasing the frequency of testing may be a sanction for missed tests. Increased frequency may also be indicated as part of a therapeutic response. Any reason for increased frequency should be made clear to the participant.

Urine samples are sent to a lab for analysis and breathalyzer results are immediate. The collection of breathalyzer and urine samples must be supervised by a staff member to verify that the participant is not attempting to substitute or adulterate the specimen. All urine samples will be taken under the observation of a staff member of the same gender. Every participant is required to wash their hands before providing a urine sample. This practice will decrease the potential for contamination.

Sweat patches are available to participants. The application and removal are conducted by a certified individual who completes online training. The Regional Treatment Courts will follow the testing protocols as outlined by the manufacturer. The use and manner of the sweat patches post COVID-19 is under review. The following principles are applied:

- When available, sweat patch drug testing may be utilized for participants when clinically indicated.

- Sweat patch application and removal will be conducted by a certified individual.
- Treatment Courts will follow testing protocols as outlined by the manufacturer.
- All Treatment Court Team members have appropriate education on the use of sweat patch drug test results.

### **Positive Result**

If a urine sample tests positive, the sample is tested again to confirm the results. However, if a participant admits that the urine will be positive for drugs or alcohol, a confirmation test is not necessary. A participant who tests positive will engage with treatment to discuss the appropriate therapeutic adjustments.

### **Refusal or Failure to Report for Testing**

A participant who refuses to be tested or cannot provide a sample when required, without adequate reason may be subject to sanctions.

### **Drug Retention Times**

To understand how recently a participant used drugs, it is necessary to know a drug's retention time. Substances vary in how quickly they pass through the body. These variations can be caused by the specific drug, the individual's metabolism, physical condition and organ functions, frequency of drug use, amount of drug consumed, and other prescribed medication interactions. Guidelines for excretion should be provided by testing providers and testing protocols should reflect these guidelines.

### **Medical and Recreational Cannabis Use**

Vermont Adult Treatment Courts use an adaptive approach toward in program cannabis use. The programs pursue abstinence from cannabis use among participants through a manualized cessation program that includes educating participants about the risks of cannabis use, discouraging cannabis use, and taking corrective actions in response to cannabis use with the goal of abstinence. Participants who report a medical necessity for cannabis use while in the program are required to produce convincing and demonstrable evidence of medical necessity presented by a licensed health care provider such as a primary care provider (MD) or nurse practitioner (NP), in consultation with substance use disorder clinician (e.g., Licensed Alcohol and Drug Abuse Counselor - LADC) to be allowed to use cannabis for medical purposes while in the program. The courts will review medical cannabis use on a case-by-case basis, which may include requiring health care provider testimony.

A positive test result due to the passive inhalation of second-hand cannabis smoke is highly unlikely, however, in the unlikely event that such extreme circumstances could occur, it is the participant's responsibility to remove themselves from that situation. The positive test will result in a loss of sober day count (e.g., negative testing days).

### **Over-the-Counter Medications**

Caution must be used when taking over-the-counter medications. For instance, cough, cold and flu medicines with any alcohol content may produce a positive result. It is a participant's responsibility to find alternative medications that will not produce a positive test result. CBD (cannabidiol) products may produce a positive result. Participants are responsible for reading all labels or consulting with the pharmacist or their health care provider and Case Manager before taking any medication. The consumption of alcohol in any form is prohibited, without exception.

### **Prescription Medications**

Participants may have complex medical needs and health care providers may need to prescribe a medication for those needs. Therefore, it is critically important when participants visit their health care provider, they disclose their substance use disorder diagnosis. Participants and their health care provider must make informed decisions on which medications will meet their medical needs and support their recovery. All medications used, including over-the-counter medications, must be reported to the Case Manager. If a client provides a prescription from a health care provider for a medication that has the potential to produce a positive result, the test shall be recorded as compliant. In order to support participant compliance with medications, teams may require a participant to use medication packaging to allow for pill-counting and other monitoring strategies.

### **Tampering**

Urine Drug Testing (UDT) conducted by a lab will monitor biological markers and a validity marker at levels determined by the lab and in compliance with Best Practice Standards. Biological markers include creatinine, pH and specific gravity, and the validity marker determines the presence of oxidants. If a test result indicates that any of the biological markers, or validity marker is out of range, the test result will be considered invalid. Urine samples provided out of temperature range will also be considered invalid. Participants must provide at least 30 mL of urine for adequate testing.

If a participant provides a sample that does not fall within range for biological and validity markers, the participant may be directed to go immediately to the health care provider for a full physical examination. The participant would be required to provide documentation regarding the results of the exam. If there is no medical condition that caused the invalid sample, the sample will be considered invalid, and sanctions will apply.

Regional Treatment Courts may use different testing providers and establish specific testing regimens based upon the availability of resources in each region.

As a requirement of participation, all participants in Treatment Court must agree to drug and alcohol testing. All participants agree that at any time while in the docket they may be subject to random drug and alcohol testing, unscheduled hearings, treatment, or other responses as indicated by their behaviors.

## STAFFING MEETINGS

The Treatment Court Team (Judge, Regional Treatment Court Coordinator, State's Attorney, Defense Attorney, Treatment Provider, Case Manager, Probation and Parole, and Law Enforcement Officer) will meet for a staffing meeting prior to scheduled status hearings to review and discuss participant progress. The purpose of each staffing is to present a coordinated response to participants behavior during Treatment Court status hearings. This allows for feedback and informed decision making among the team.

The Case Manager should complete a status update for each participant, which should include information on attendance at individual and group treatment appointments, compliance and progress in treatment, and results of drug screens [see [APPENDIX VIII. ADULT TREATMENT COURT CASE MANAGEMENT REPORT](#)]. Reports should include updates and attendance from Probation and Parole and Law Enforcement Team Members.

Staffing meetings allow the team to review each participant's progress, develop a plan to improve outcomes, and prepare for status hearings. Staffing meetings are generally closed and consistent attendance by all team members allows for the most informed decisions about Treatment Court participants. Information shared by team members about participants may include:

- Drug and alcohol test results;
- Assessment results pertaining to a participant's eligibility, including treatment and supervision needs;
- Attendance at scheduled appointments;
- Attainment of treatment plan goals, such as completion of required counseling regimen;
- Evidence of symptom resolution, such as reduction in drug cravings or withdrawal symptoms;
- Evidence of treatment-related stages of change, attitudinal improvements, including increased insight or motivation for change;
- Attainment of Treatment Court phase requirements, including obtaining and maintaining employment or enrolling in an educational program;
- Compliance with court specified restrictions;
- Adherence to legally prescribed and authorized Medication Assisted Treatment (MAT) / Medication for Opioid Use Disorder (MOUD);
- Obtaining unauthorized prescriptions for addictive or intoxicating medications;
- New arrests or offenses;
- Menacing, threatening, or disruptive behavior directed at team members, participants, or other individuals; and
- Other information that could affect their stability.

In the staffing meeting, the Judge will consider the information presented by all team members before making any decisions that will affect a participant's welfare and liberty interest. At the subsequent status hearing, the Judge will explain the rationale for their decisions to team members and Treatment Court participants.

## **STATUS HEARINGS**

Status hearings should be regularly scheduled and attended by Treatment Court participants and staffing team [see [PHASE STRUCTURE AND COMMENCEMENT](#)]. The Judge will review each participant's progress and discuss any concerns they have with the participant and the Treatment Court Team. The Judge may ask open-ended and skill-building questions and engage in attentive, conversational dialogue directly with participants. The Judge may also direct specific questions to members of the Treatment Court Team. The Judge may then award incentives or impose sanctions as discussed during the staffing meeting.

Status hearings are opportunities for participants to receive feedback and communicate with the Judge. In accordance with best practices, these interactions should be at least three minutes. Each individual participant's status hearing is not just for the benefit for that specific individual participant. Participants can and should observe and learn from each other in Treatment Court. During a status hearing, team members may report on participants' progress, offer praise, or answer specific questions from the Judge.

Participant absences will be excused on a very limited basis. An absence may be excused when a health care provider's note is presented showing a serious illness of the participant or immediate family member. Absence due to the death of a household or immediate family member may also be excused. Unexcused absences may result in a warrant for the participant's arrest.

# **CONFIDENTIALITY PROTOCOL AND CONSENT**

## **Confidentiality**

Treatment Courts are bound by federal statutes, most commonly Health Information Patient and Portability Act (HIPAA) and 42 CFR Part 2, that establish confidentiality rights related to medical and behavioral health information. There are numerous exceptions within each statute to allow for information sharing between drug treatment court teams. 42 CFR Part 2 and HIPAA overlap in some restrictions. When there are conflicts between the court practices and the confidentiality laws, the laws outweigh the drug court practice. These conflicts can be avoided by adjusting procedures or having consent from the participants. When federal laws and state laws conflict, the most restrictive rule will apply. 42 CFR Part 2 applies only to substance use disorder patient records. HIPAA applies to all patient records.

## **Consent**

Treatment Providers may only share information pursuant to a valid, knowingly executed consent. The consent permits the sharing of minimally necessary information related to the Treatment Court participant's participation in treatment. Minimally necessary information is not clearly defined. As a result, Treatment Providers may face an ethical dilemma when trying to determine what information to share.

A treatment program cannot condition treatment on a participant signing a consent, and for HIPAA purposes, the participant can revoke consent at any time. However, Treatment Court can properly condition participation in the Treatment Court program upon execution of a HIPAA consent form. There are two requirements for a valid consent form: advisement of the participant's rights under the law and the actual consent. The consent form must reflect the name of the Treatment Court participant, the name of the person(s) permitted to disclose information, the name of the program disclosing information, the purpose of the disclosure, and what kind of information may be disclosed.

## **Elements of Consent**

There are two requirements for procuring a valid consent: the advisement of the participant's rights under the law and the actual consent.

The advisement must contain the following notices:

- A header with the following statement: "This notice describes how medical, drug, and alcohol-related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.";
- A citation to both HIPAA and the confidentiality law and regulations;
- A description, including at least one example of the types of uses and disclosures that the program is permitted to make for treatment, payment, and health care operations (include only those permitted under 42 CFR Part 2);

- A description, including at least one example of each of the other purposes for which the program is permitted or required to disclose public health information without the individual's consent (this should include only those permitted under 42 CFR Part 2, including a warning that information can be released if the patient commits or threatens to commit a crime on program premises or against program personnel) and that the program must report suspected child abuse or neglect;
- A statement that other uses and disclosures will be made only with the individual's written consent and that the individual may revoke this consent;
- A statement of the individual's rights and a description of how the individual may exercise their rights;
- A statement that the program is required by law to maintain the privacy of and to provide individuals with notice of its legal duties and privacy practices;
- A statement that the program is required to abide by the terms of the notice;
- A statement that the program reserves the right to change the terms of the notice, and a description of how the program will provide individuals with a revised notice;
- A statement that (1) mentions a violation of 42 CFR Part 2 is a reportable crime, (2) mentions under HIPAA, individuals may complain to the program and to the U.S. Department of Health and Human Services (HHS) if they believe their privacy rights have been violated, and (3) describes how the complaint may be filed;
- The name, title, and telephone number of a contact for further information; and
- The date on which the notice became effective.

The consent form must contain the following:

- Name or general designations of the programs;
- Entities or individuals permitted to make the disclosure;
- Names of the individuals or entities to which the disclosure is to be made;
- Name of participant;
- Purpose of the disclosure;
- How much and what kind of information may be disclosed;
- Participant's signature;
- Date on which the consent was signed;
- Date and event to condition upon which the consent will expire;
- Participant's right to revoke the consent in writing; and
- The program's ability to condition treatment, payment, enrollment, or eligibility of benefits.

For Vermont Treatment Courts, consent is documented with the [ADULT TREATMENT COURT TEAM RELEASE OF INFORMATION FORM](#) [APPENDIX IX] that is signed by both the participant and a representative of the Treatment Court team.

## **DISPARATE IMPACT STATEMENT**

Individuals who experience sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, gender identity, physical or mental disability, religion, or socioeconomic status shall receive the same opportunities as other individuals to participate and succeed in each of Vermont's Adult Treatment Court Dockets. The court has an affirmative duty to ensure equivalent access, retention, treatment, incentives and sanctions, and equivalent dispositions for all participants. Each Treatment Court will work to ensure there are not disparate outcomes in their program. This is completed by conducting a self-assessment by the treatment team or an independent evaluator [see [EVALUATION DESIGN](#)]. Additionally, each member of the Treatment Court Team will attend up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of groups that have historically experienced discrimination.

## **DOCUMENTATION (ELECTRONIC AND PAPER FILES)**

The following section includes detailed information on how documentation will occur and in which format files will be stored and retrieved.

One purpose of documentation is to ensure participants receive proper notice prior to implementing a sanction for program violations for non-compliance. The Judge will require proper notice has been given prior to issuing an order or taking action.

Access to Treatment Court documents and files shall align with Vermont Judiciary Public Access protocols, 42 CFR, and HIPAA requirements. Requests for court case files are made at the Criminal Superior Court. 42 CFR prohibits disclosure of individual participant information contained in the Treatment Court files unless requested by the participant's Defense Attorney in writing.

**Statewide Documents:** The following lists are statewide documents maintained by all Regional Treatment Court Coordinators.

### **Current Documents**

1. Discharge Protocol [[APPENDIX VI](#)]
2. Case Management Report [[APPENDIX VIII](#)]
3. Release of Information Form: Regional Treatment Court Coordinator will update Treatment Court Team Members. This document follows 42 CFR Part 2 Substance Abuse Confidentiality (persons granted access) [[APPENDIX X](#)]
4. Referral Form [[APPENDIX V](#)]
5. Media Release (permits photos and videos of participants for public release) [[APPENDIX XIV](#)].
6. Participant Contract Agreement [[APPENDIX XI](#)]
7. Reasons for Discharge – Notice to the defendant includes a checkbox on the contract that Defense Attorney has reviewed with their client [[APPENDIX VII](#)]
8. Participant Handbook [[APPENDIX XII](#)]
9. Drug Testing Policy and Agreement [[APPENDIX XIII](#)].

### **Updating and Revising Statewide Documents**

Regional Treatment Court Coordinators on behalf of their docket may request modifications to the statewide documents to reflect specific regionalisms, which are in alignment with best practices. These statewide document updates are processed under the direction of the state Programs Manager, the Statewide Policy and Procedure Steering Committee, Advisory Committee and Executive Oversight Committee (.

## **Changes to the Vermont Adult Treatment Court Policies and Procedures Manual**

Requests for changes and amendments can be submitted to the statewide Programs Manager. The request is submitted to the Statewide Policy and Procedure Steering Committee for consideration. The Committee will review and make recommendations submitted by memo to the Advisory Committee. The Programs Manager will forward the memo from the Advisory Committee to the Executive Oversight Committee for final determination.

## **Treatment Court Documentation in Odyssey (Electronic)**

The following lists statewide electronic documentation and who is responsible for processing:

1. Referral Form (initiates status change): Regional Treatment Court Coordinator or referring agent scans into Odyssey.
2. Plea Agreement (legal documentation related to plea agreement): Courtroom Operator and/or Docket Clerk scans into Odyssey.
3. Probationary Sentence: Courtroom Operator records and Docket Clerk processes conditions of release and supporting documentation for Probation and Parole as usual.
4. Participant Contract (legal document for participation and discharge of status): Courtroom Operator scans in Odyssey.
5. Motions (discharge and other Treatment Court motions follow normal multistep court process): Defense Attorney and/or State's Attorney files for court staff processing internally and in Odyssey.
6. Warrants (follows normal court process): Courtroom Operator and/or Docket Clerk process.
7. Mittimus (follows normal court process): Courtroom Operator and/or Docket Clerk process.

## **Individual Participant Files (Electronic or Paper)**

Maintained by the Regional Treatment Court Coordinator in compliance with 42.

CFR. Documents shall be retained in the building for 10 years. Files include:

1. Copy of Referral form
2. Copy of Release of Information signed by team and each participant (updated annually, or as needed when Treatment Court Team Members change)
3. Handbook Signature Page
4. Screening Tool Information/results (paper copy in file or electronic version in the DIMS)
5. Case Management Reports and supporting documentation – (paper copy in file or electronic version in DIMS)
6. Essays
7. Community Service
8. Court Room Observation - Jury Box reports
9. Phase Advancement Application
10. Graduation Application

### **Program Document Files**

Maintained by the Regional Treatment Court Coordinator. Documents shall be retained for one year.

1. Memorandum of Understanding with each Agency on the Treatment Court Team.
2. Waiver of Consent – completed for all visitors permitted access to staffing meetings under 42CFR, including team members.

### **Datagain Information Management System (DIMS) – Electronic Documentation**

Data has been collected and maintained in a Management Information System (MIS) for each Adult Treatment Court. This information is collected on each Treatment Court participant and used for evaluation and monitoring the progress of participants. The current system is stored in secure Microsoft Access databases, maintained by the Regional Treatment Court Coordinator for each Treatment Court. DIMS is a new centralized, web-based, secure, state-of-the-art that will take the current data, migrate it to DIMS and be used by all the Treatment Courts. DIMS will be implemented by September of 2023.

Each Treatment Court collects at a minimum, the following participant information. This is not an exhaustive list of the details.

#### **A. Referral**

1. Referral source
2. Referral date
3. Referral name
4. Personal information
  - i. Date and place of birth with verified documentation notation
  - ii. Gender
  - iii. Race
  - iv. Ethnicity
  - v. Current marital status
  - vi. Current mailing and physical address
  - vii. Children in family
  - viii. Participant's dependents
5. Work /Employment
  - i. Currently employed/unemployed
  - ii. Employer
  - iii. How long
  - iv. Location of employment
6. Financial Information
  - i. Receiving state or federal assistance
  - ii. Wages
7. Education – Highest level of education
8. History of Drug Use

- i. Age Began Drug Use
- ii. OD (Overdose)
- iii. Withdrawal
- iv. Frequency of Use
- v. Last use (drop down)
- vi. Route Comments
- vii. First Drug of Choice
- viii. Second Drug of Choice
- 9. Criminal History
  - i. How long in jail in last 2 years?
  - ii. Current Charges
  - iii. Docket Number
  - iv. Charges (drop down options)
  - v. Drug (drop down options)
  - vi. Mis/Fel (drop down options)
  - vii. Code (drop down options)
  - viii. Pleas (drop down options)
  - ix. Dismissed
  - x. Cases pending

**B. Enrollment to Drug Court Docket Program**

- 1. Date of assessment/intake
- 2. Name of Assessment
- 3. Score
- 4. Comments Notes
- 5. Found eligible for drug court?
- 6. Admitted to drug court

**C. Hearings Progress**

- 1. Current program phase
- 2. General attendance in program activities
- 3. Sanctions ordered
- 4. Termination from program
- 5. Incentives ordered
- 6. Recommendations
- 7. Drug test

**D. Graduation**

- 1. DUI or Drug Treatment Court Discharge Date (same as graduation auto fill)
- 2. Discharge Completed By
- 3. Status or Reason for Discharge (dropdown)
- 4. Comments/Notes
- 5. Had Drug Free Baby
- 6. Date
- 7. Employed at Graduation

# DATA COLLECTION AND REPORTING

## Data Collection

Participant and program data are managed by the Regional Treatment Court Coordinator. The data are used for program management, program evaluation, and program reporting. All Vermont Adult Treatment Courts comply with 42 CFR part 2 federal regulations regarding the confidentiality and re-disclosure of substance use records.

## Program Management

Participant program data for each Treatment Court are maintained in an Access database called the Management Information System (MIS) and supporting spreadsheets. A new system DIMS (Datagain Information Management System) will be implemented by September 2023 that centralizes data collection. Sources of data collected include interviews, screening tools, clinical assessment, case filings, criminal history, case management reports, and laboratory drug testing. Each Regional Treatment Court Coordinator maintains a separate Access database that houses information on each participant and their progression in the Treatment Court. Data collected include, but are not limited to, demographics, health information, substance use, housing, education and employment, phase progression, treatment attendance, drug testing results, hearings, progress and compliance, and sanctions, and criminal charges.

A CASE MANAGEMENT REPORT [[APPENDIX VII](#)] is completed prior to staffing meetings for each participant by the Case Manager assigned to the team. The Case Manager collects data since their last hearing on participant progress and compliance from all providers working with each participant including treatment, employers, educators, peer supports, community supervision, and drug testing. The Case Management Report is sent electronically to the team 24 hours prior to staffing.

## Reports and Performance Measures

The Vermont Judiciary receives grant funds to conduct independent evaluations of Treatment Courts [see [EVALUATION DESIGN](#)].

In addition to independent evaluation, data are used to ensure that evidence-based practices are utilized by each agency involved in the program and by the Treatment Court Team. A yearly August review of program adherence to the NADCP Best Practice Standards is conducted using the Fidelity First Tool and monitored by the Court Administrator's Office (CAO) Programs Manager for Treatment Court.

Additional grant reporting may be required on a program-to-program basis as required by the federal granting agency.

Common performance measures reported include:

- Number of participants accepted into the Treatment Court program;

- Percentage of Treatment Court participants who reduce substance use while in the Treatment Court;
- Percentage of Treatment Court participants who reoffend while in the program;
- Participant retention in the program;
- Total number of Treatment Court graduates;
- Percentage of Treatment Court participants who reoffend within one year; and
- Percentage of Treatment Court participants who reoffend up to three years after completing the program.

## EVALUATION DESIGN

The evaluation design of Treatment Courts is influenced by questions the evaluation will answer and the available data to respond to the questions. A robust evaluation answers questions which may include:

- Does the program meet national standards?
- How can local practice be improved?
- Does the program achieve or fall short of the desired outcomes; and
- What are the policy and procedures implications of the findings?

Participant and program data required to support evaluation of the Treatment Courts are collected by the Regional Treatment Court Coordinator from the time a participant is referred to Treatment Court to when the participant graduates or is discharged.

Treatment Court programs rely on federal funding for independent evaluation consultants who design the evaluation, gather the data for analysis, and summarize the findings and recommendations with the support of the CAO Programs Manager and Regional Treatment Court Coordinators.

There are three types of primary evaluation designs utilized in the Treatment Courts:

1. **Process evaluation**, which examines the design, implementation, and service delivery of the program and its adherence to standards.
2. **Program impact or outcome evaluation**, which looks at in-program and post-program results.
3. **Cost-benefit analysis**, which looks at the efficiency of the program by comparing the costs for participants in the Treatment Court compared to a similar population in jail or prison or individuals supervised by Probation and Parole.

### **Data Collection and Maintenance of Information**

Treatment Court data from multiple sources is maintained in an Access database system referred to as the Management Information System (MIS) and in Excel spreadsheets. The current system data will migrate to a new web-based centralized DIMS.

### **Roles in the Data Collection and Maintenance of Data**

Regional Treatment Court Coordinators collect and maintain participant and program data. The Regional Treatment Court Coordinator enters data at all stages of programming and following all court hearings.

Case Managers, under supervision of the local Treatment Provider, collect and report to the Treatment Court Team on participant attendance and compliance with program requirements.

Case Managers collaborate with team Probation and Parole Officers and Law Enforcement Officers who provide supervision updates for the reports. All three team members work in the community directly with participants to support and supervise their progress in the program. Each agency maintains data in its own data system.

Treatment Providers collect data on treatment and clinical assessments as part of their agencies' Electronic Medical Record data system. These provider systems do not link together and are maintained separately by each agency.

Defense Attorneys and State's Attorneys enter and file legal documents into the 2021 Odyssey Electronic Filing System. This system maintains the history of charges, convictions, and pleas of all court cases.

### **Evaluation**

Process evaluations analyze the degree to which the Treatment Court adheres to the [National Association of Drug Court Professionals \(NADCP\) Standards](#). Each Treatment Court conduct a yearly internal self-evaluation using the Fidelity First Tool<sup>7</sup> to ensure adherence to the NADCP Standards and the Drug Treatment Court Model. Contingent on funding to contract with an independent evaluator, the process evaluation goes beyond self-evaluation by collecting additional data through interviews with the Treatment Court Team and Treatment Court participants, observations of staffing meetings and process hearings, and review of documents like the Policies and Procedures Manual and Participant Handbook.

Outcome evaluations measure the results that are expected from implementing best practices. For instance, there is an expectation that a participant who enters the Treatment Court engages in treatment, works toward recovery, and graduates with a lower likelihood of reengaging with the criminal justice system, therefore increasing public safety. The program data supports outcomes like length of time in the program (retention) and number of graduates (successful completion). An independent evaluator can expand the analysis of the outcomes of participants while in the program and after leaving the program (post program). The independent evaluator sets up agreements with other agencies like the Department of Corrections, Vermont Crime Information Center, and Department of Public Safety to access the data outside of what is collected in the Treatment Court. The independent evaluator can accurately assess new arrests, charges, and convictions to identify recidivism rates.

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<sup>7</sup> The Fidelity First Tool was adapted from NPC, Research presentation by Juliette Mackin, Fidelity Matters: Strategies for Achieving and Maintaining Adherence to Best Practices (NADCP Annual Conference, July 2017).

The cost-benefit evaluation is performed only by an independent evaluator. It is a complex process and an independent evaluator with cost-benefit analysis expertise is best suited to lead it. The following is a list of the scope of work to conduct a cost-benefit analysis:

- Examine what the cost is to implement the Treatment Court and compare this to a population with similar characteristics;
- Connect the cost-benefit to the outcomes. For example, the cost-benefit analysis presents an average cost per participant and outcome/impact costs due to re-arrests, jail time, and other recidivism costs;
- Calculate the cost for Treatment Court processing for each agency and the outcome cost per agency; and
- Explore other societal costs related to substance use, such as health issues, child welfare involvement, and employment challenges.

The expectation is that the Treatment Court program cost is efficient, and the benefits are greater for participants than the comparison population.

### **Program Continuous Improvement**

Evaluation leads to improvements in Treatment Court. One goal of evaluation is to identify the strengths and challenges of a program. The RTCC and the Treatment Court Teams use evaluation findings to plan for improvements and to sustain strengths by developing continuous improvement plans.

Because evaluations inform the continuous improvement plan, evaluations should follow this timetable:

1. Process evaluation is performed **annually** by each Treatment Court Team using the Fidelity First tool.
2. Program outcomes and other data are collected at regular intervals throughout the year. Data collected include:
  - a. **Annual Results Based Accountability (RBA) of Treatment Court:** This collects data to respond to four RBA questions: 1) How many new participants entered the Treatment Court programs? 2) How well did the participants do (retention rates)? 3) Is anyone better off (graduation, which supports reduced recidivism)? 4) This informs the State and each regional court about the number of new participants, retention rates, and graduation rates.
  - b. Quarterly and cumulative (year-end) reports submitted by the RTCC to the Programs Manager. These reports inform continuous improvement throughout the year in each Treatment Court.
  - c. The RTCC shares data with team members and stakeholders at systems meeting or other community meetings.
  - d. Case Managers provide the Treatment Court Team with participants' case management reports prior to staffing meetings.

- e. At the state level, the Treatment Court Programs Manager and Grant Projects Coordinator use outcome data to report quarterly and annually to the judiciary leadership and federal agencies that fund the Treatment Court programs.
3. Contingent on funding an independent evaluator, complete a comprehensive evaluation (conducting all three types of evaluation) at least **every three years**.

Regardless of which type of evaluation is completed, the evaluation analysis prompts discussion among the Treatment Court Team and other stakeholders, which leads to developing strategies for continuous improvement.

### **List of Indicators to Measure**

The following is a list of performance indicators from the [National Institute of Justice: Drug Court Performance Measures, Program Evaluation and Cost Efficiency – Logic Model for Adult Drug Courts](https://nij.ojp.gov/topics/articles/drug-court-performance-measures-program-evaluation-and-cost-efficiency-logic-model#programevaluation), ( <https://nij.ojp.gov/topics/articles/drug-court-performance-measures-program-evaluation-and-cost-efficiency-logic-model#programevaluation>). The Treatment Court teams, and state advisory committee will discuss the progress with these indicators annually. These are the expected outcomes of a program that is implemented according to NADCP Best Practices Standards and has a continuous improvement plan.

- Increase percentage of Treatment Court participants who reduce substance use while in the program.
- Reduce percentage of Treatment Court participants who reoffend while in the program.
- Increase the percentage of Treatment Court participants who complete program requirements.
- Increase total number of Treatment Court graduates.
- Reduce percentage of Treatment Court participants who reoffend within one year and up to three years after completing the program.

See [DATA COLLECTION AND REPORTING](#) section.

## **FEES AND FISCAL MANAGEMENT**

There are no fees to participate in the Vermont Adult Treatment Courts. However, any fees owed to the Court, as they relate to past or current charges, remain the responsibility of the participant. Restitution orders remain in effect.

# COMMUNITY RESOURCES AND OTHER SUPPORTIVE SERVICES

These are resources and support services to meet the individual needs of the participants. This is part of their recovery and community of care during and after graduation or discharge from Treatment Court.

Vermont Adult Treatment Courts have formal and informal relationships established with both dedicated and external providers and local service delivery systems. See the list below.

## **Statewide Resources located in all Treatment Court counties.**

- **Housing**
  - Pathways Vermont
  - Vermont State Housing Authority
- **Mental Health Services**
  - Pathways Vermont
  - National Alliance on Mental Illness (NAMI)
- **Overdose/Health Risk Behaviors Prevention - Vermont CARES**
- **Recovery Supports**
  - Local 12 Step Meetings
    - Alcoholics Anonymous (AA)
    - Al-Anon for family and friends of alcoholics
    - Narcotics Anonymous (NA)
  - Turning Point
  - Vermont Psychiatric Survivors
- **Residential Treatment**
  - Valley Vista
  - Serenity House
- **Vocational**
  - Vermont Department of Employment and Training
  - Vocation Rehabilitation
  - Working Fields
- **Vermont 211** - a statewide FCC-assigned, telephone number that provides access to vital community resources.

## **Chittenden County**

- **Housing**
  - Burlington Housing Authority
  - Champlain Housing Trust
  - Champlain Valuation Office of Economic Opportunity
  - Chittenden County Homeless Alliance
  - Committee on Temporary Shelter's Housing Resource Center
  - Winooski Housing Authority
- **Medical/Dental**
  - Community Health Center of Burlington
  - Safe Harbor Clinic
  - Safe Harbor Dental Clinic
- **Mental Health Services**
  - Community Health Centers Burlington
  - Howard Center
  - University of Vermont Medical Center
- **Overdose/Health Risk Behaviors Prevention Safe Recovery**
- **Substance Use Disorder and Opiate Use Treatment**
  - Detox - UVMMC, Act 1
  - MAT/ MOUD - Chittenden Clinic, SAVIDA, Primary Care Prescribing Dr's
  - In Patient – UVMMC
  - Outpatient - UVMMC, Howard Center, Private Practice Clinicians
  - Residential - Serenity House, Valley Vista
  - Supporting Living- Howard Center
- **Vocational Vermont Works for Women**

## **Rutland County**

- **Housing**
  - BROCC Community Action
  - Homeless Prevention Center
  - Rutland County Housing Coalition
  - Rutland Housing Authority
- **Medical/Dental**
  - Rutland Regional Medical Center (RRMC)
  - Community Health Center
  - Convenient Medical
  - Community Dental (CHCRR) Rutland
  - Rutland Free Clinic
- **Mental Health Services**
  - Bradford Psychiatric Associates (BPA)
  - Rutland Mental Health Services
  - West Ridge Center MAT and Mental Health Services
  - Rutland Regional Medical Center (RRMC)
  - Forensics Consultation and Counseling

- **Substance Use Disorder and Opiate Use Treatment**
  - Detox - RRMC
  - MAT/ MOUD – Bradford Psychiatric Associates, West Ridge Center
  - In Patient - RRMC
  - Outpatient – Evergreen Substance Abuse services, Bradford Psychiatric Associations, and RRMC
  - Residential - Grace House , Valley Vista, Serenity House, Dismas House
  - Supporting Living – Grace House

## **Washington County**

- **Housing**
  - Barre Housing Authority
  - Capstone Community Action
  - Good Samaritan Haven
  - Barre/Montpelier Community Justice Centers
- **Medical/Dental Health**
  - Central Vermont Medical Center (CVMC)
  - Peoples Health and Wellness Clinic
  - The Health Center (Plainfield) Dental Services
- **Mental Health Services**
  - Another Way Community Center
  - Washington County Mental Health Services
  - Private Practice clinicians
- **Recovery Supports**
  - The Phoenix (A Sober Active Community)
- **Substance Use Disorder and Opiate Use Treatment**
  - Detox – CVMC, Act 1
  - MAT/ MOUD – Central Vermont Addiction Medicine, Treatment Associates, Better Life Partners, Primary Care prescribers
  - In Patient - CVMC
  - Outpatient – Central Vermont Substance Abuse Services, Treatment Associates, Private Practice clinicians
  - Residential – Serenity House, Valley Vista
  - Sober Living – Grace House

## **MEMORANDUM OF UNDERSTANDING (MOU)**

All Treatment Court practitioners or their agency designee will sign a yearly Memorandum of Understanding. The Regional Treatment Court Coordinator will circulate the MOU document by January 30 each year [see [APPENDIX X](#). MOU].

## **APPENDIX**

- I. [GLOSSARY](#)
- II. [GUIDE TO ACRONYMS](#)
- III. [ADULT TREATMENT COURT PROCESS](#)
- IV. [NADCP STANDARDS FLYER](#)
- V. [ADULT TREATMENT COURT REFERRAL FORM](#)
- VI. [DISCHARGE PROTOCOL](#)
- VII. [REASONS FOR DISCHARGE](#)
- VIII. [ADULT TREATMENT COURT CASE MANAGEMENT REPORT](#)
- IX. [ADULT TREATMENT COURT TEAM RELEASE OF INFORMATION FORM](#)
- X. [ADULT TREATMENT COURT MOU](#)
- XI. [PARTICIPANT CONTACT AGREEMENT](#)
- XII. [PARTICIPANT HANDBOOK](#)
- XIII. [DRUG TESTING POLICY AND AGREEMENT](#)
- XIV. [ADULT TREATMENT COURT MEDIA RELEASE FORM](#)
- XV. [TREATMENT COURT STRUCTURE OF THE TREATMENT COURT](#)

## I. GLOSSARY

### 9.30.2021

- 1. 42 CFR Part 2** - Federal Register / Vol. 82, No. 11 / Wednesday, January 18, 2017 / Rules and Regulation | SUMMARY: The Department of Health and Human Services (HHS) is issuing this final rule to update and modernize the Confidentiality of Alcohol and Drug Abuse Patient Records regulations and facilitate information exchange within new health care models while addressing the legitimate privacy concerns of patients seeking treatment for a substance use disorder. These modifications also help clarify the regulations and reduce unnecessary burden ( <https://www.govinfo.gov/content/pkg/FR-2017-01-18/pdf/2017-00719.pdf> )
- 2. Clinical assessment** - The clinical-assessment tool evaluates the formal diagnostic symptoms of severe substance use disorder or addiction as defined in NADCP Standards Vol 1.
- 3. Conflict counsel**- Conflict counsel is an attorney assigned by the court when the public defender has a conflict with a defendant.
- 4. Criminal thinking or criminogenic** - Likely to cause a person to engage in criminal behavior. [https://treatmentcourts.nmcourts.gov/wp-content/uploads/sites/34/2021/04/2020-NM-Treatment-Court-Standards\\_Order-No.-21-8500-002.pdf](https://treatmentcourts.nmcourts.gov/wp-content/uploads/sites/34/2021/04/2020-NM-Treatment-Court-Standards_Order-No.-21-8500-002.pdf)
- 5. District Managers** - The Vermont Department of Corrections has 11 community-based facilities, also called Probation and Parole Offices or field offices, at locations throughout the state. Each facility has a Corrections District Manager and supervisory staff to support staff that supervise probationers and parolees.
- 6. Docket Number** - A formal record in which a Judge or court clerk briefly notes all the proceedings and filings in a court case. A docket may also refer to a specific type of court case, such as the "criminal docket".
- 7. Evidentiary Hearing** - An evidentiary hearing is a legal court proceeding that involves eyewitness testimony, given under oath, that's relevant to the case.
- 8. Failure to Appear** - If a person who has been released on a secured or unsecured appearance bond or a surety bond fails to appear in court as required [13 V.S.A. § 7560a](#) .
- 9. Health Care Provider** – under federal regulations is defined as: a Doctor of Medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or a clinical social worker who is authorized to practice by the State and performing within the scope of their practice as defined by State law.
- 10. Health Insurance Portability and Accountability Act (HIPAA)** - Privacy Rule to support individuals' engagement in their health care, remove barriers to coordinated care, and decrease regulatory burdens on the health care industry, while continuing to protect individuals' health information privacy interests. Substance Abuse Confidentiality Regulations are located at the [Substance Abuse and Mental Health Services](#)

[Administration website](#). Other information can be found at the [Health and Human Services Health Information Privacy website](#).

- 11. Integrated Case Management Plan** - The goal of the Integrated Case Plan is to reduce risk of recidivism through the development of an individualized plan that matches the participant to effective interventions to address his or her own risks and needs, as identified by validated and standardized assessments. The Integrated Case Plan achieves this by:
  - a. Explicitly identifying for the participant and the team the areas that the participant needs to address to reduce his/her risk of recidivating as identified by validated and standardized assessments.
  - b. Developing clear and explicit individualized goals that a participant can work toward to make progress toward reducing risk of recidivism
  - c. Helping the participant and the members of the multidisciplinary team focus their individual treatment, case management, supervision, and recovery coaching plans to support the overall goals of the case plan.
  - d. Providing a clear framework to assess and measure a participant's progress.
  - e. Documenting interventions and strategies used to address risk factors and achieve goals and objectives. (Shannon Carey, NPC Research)
- 12. Liberty interest** - An interest recognized as protected by the due process clauses of state and federal constitutions <https://barprephero.com/legal-terms/constitutional-law/liberty-interest/#:~:text=What%20is%20Liberty%20Interest%3F,of%20state%20and%20federal%20constitutions>
- 13. Mittimus** - a warrant issued by a court to commit someone to imprisonment. <https://definitions.uslegal.com/m/mittimus/>
- 14. Moral Reconciliation Therapy** - Moral Reconciliation Therapy—MRT® fosters moral development in treatment-resistant individuals. Moral reasoning is how people make decisions about what they should or should not do in each situation, [Correctional Counseling, Inc. \(CCI\)](#) is the sole provider of MRT-based training and materials.
- 15. Non-listed offenses** - "Unlisted crime" means any offense that is a crime under Vermont law but is not identified in 13 V.S.A. § 5301(7). (Added 2001, No. 61, § 89, eff. June 16, 20 (Cite as: 28 V.S.A. § 722)
- 16. Parole** – (1) the release of an inmate to the community by the Parole Board before the end of the inmate's sentence subject to conditions imposed by the Board and subject to the supervision and control of the Commissioner. If a court or other authority files a warrant or detainer against an inmate, the Board may release him or her on parole to answer the warrant and serve any subsequent sentences. [28 V.S.A. § 402](#)
- 17. Post adjudication** – after a court's judgment on a matter in controversy that has been brought before the court. For example, a child is said to be an adjudicated delinquent when the Judge has found the child delinquent based on evidence presented to the juvenile court.

- 18. Probation** - a procedure under which a respondent, found guilty of a crime upon verdict or plea, is released by the court, without confinement, subject to conditions imposed by the court and subject to the supervision of the Commissioner. Title 28: Public Institutions and Corrections, Chapter 5: Probation (Added 1971, No. 199 (Adj. Sess.), § 20.)
- 19. Psychotropic drug** – any drug that has significant effects on psychological processes, such as thinking, perception, and emotion. Psychoactive drugs include those deliberately taken to produce an altered state of consciousness (e.g., hallucinogens, opioids, inhalants, cannabis) and therapeutic agents designed to ameliorate a mental condition; these include antidepressants, mood stabilizers, sedatives, hypnotics, and anxiolytics (which are Central Nervous System depressants), and antipsychotics. Psychoactive drugs are often referred to as psychotropic drugs (or psychotropics) in clinical contexts.  
<https://dictionary.apa.org/psychoactive-drug>
- 20. Recidivism** – Criminal recidivism includes new arrests or charges, new convictions, and new incarcerations and are monitored for at least three years following each participant’s entry into the drug court. It may include recidivism while in the drug court and after graduation or discharge, depending on the length of time a participant is retained in drug court. [NADCP Standards Vol 2](#)
- 21. Relapse Prevention** - Relapse to drug use is a common problem for recovering individuals-it is one of many symptoms of the condition of alcohol and other drug dependency. Treatment programs within the criminal justice system and within communities can greatly benefit this vulnerable population by helping patients build their relapse prevention skills as part of the treatment process. See Office of Justice Assistance, [Relapse Prevention and the Substance Abusing Criminal Offender](#). Relapse Prevention Therapy is one of the Cognitive-behavioral therapies (CBT) to reduce recidivism and one of the Evidence-Based Treatments in the NADCP Standards Vol 1.
- 22. Revocations** – to take away (Webster Dictionary). For example, revocation of parole means, the violation or conviction shall be both a necessary and a sufficient ground for the revocation of probation (Cite as: 28 V.S.A. § 303)
- 23. Risk assessment [see also screening]** - The risk-assessment tool has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.
- 24. Screening:** 1.5-to-2-hour meeting of the participant with the Regional Treatment Court Coordinator to evaluate risk and need level and implement other assessment and screening tools that inform the legal and clinical eligibility.
- 25. Staffing** – Treatment Court Team Members consistently attend pre-court staff meetings to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant’s case. NADCP Standards Vol 2

<https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-2-Text-Revision-December-2018-1.pdf>

- 26. Status hearings** – Treatment Court Team Members attend status hearings on a consistent basis. During the status hearings, team members contribute relevant information or recommendations when requested by the Judge or as necessary to improve outcomes or protect participants’ legal interests. NADCP Standards Vol 2
- 27. Substance Use Disorder** – is defined in drug court as moderate to high risk using a clinical assessment to DSM- 5.
- 28. Steering Committee** – also known as the Policy Committee is a group that meets separately from regular Treatment Court Team meetings to discuss program-level policies or practices. Membership ideally includes leadership (someone with decision-making authority) from the partner agencies in addition to the regular team members. Every program needs a dedicated time for the important decision-makers from the partner agencies to get together and discuss policies and procedures, review data, and make changes that help the program improve. The Regional Steering Committee may be the same group as the team, but it must include the individuals from each agency who have the authority to make decisions affecting their agency. The group can also meet during regular team meeting times, but there must be some distinction between the regular team meeting topics and policy committee topics, which are program-level rather than participant level discussions and actions (NM manual [https://treatmentcourts.nmcourts.gov/wp-content/uploads/sites/34/2021/04/2020-NM-Treatment-Court-Standards\\_Order-No.-21-8500-002.pdf](https://treatmentcourts.nmcourts.gov/wp-content/uploads/sites/34/2021/04/2020-NM-Treatment-Court-Standards_Order-No.-21-8500-002.pdf))
- 29. Treatment plan** - The treatment team, along with the person in treatment, develops a treatment plan based on the assessment. A treatment plan is a written guide to treatment that includes the person’s goals, treatment activities designed to help him or her meet those goals, ways to tell whether a goal has been met, and a timeframe for meeting goals. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4126.pdf>
- 30. Violation of probation** – violation of one or more conditions of probation (Cite as: 28 V.S.A. § 302) <https://legislature.vermont.gov/statutes/section/28/005/00302>
- 31. Warrant** - A document issued by a legal or government official authorizing the police to make an arrest, search premises, or carry out some other action relating to the administration of justice.

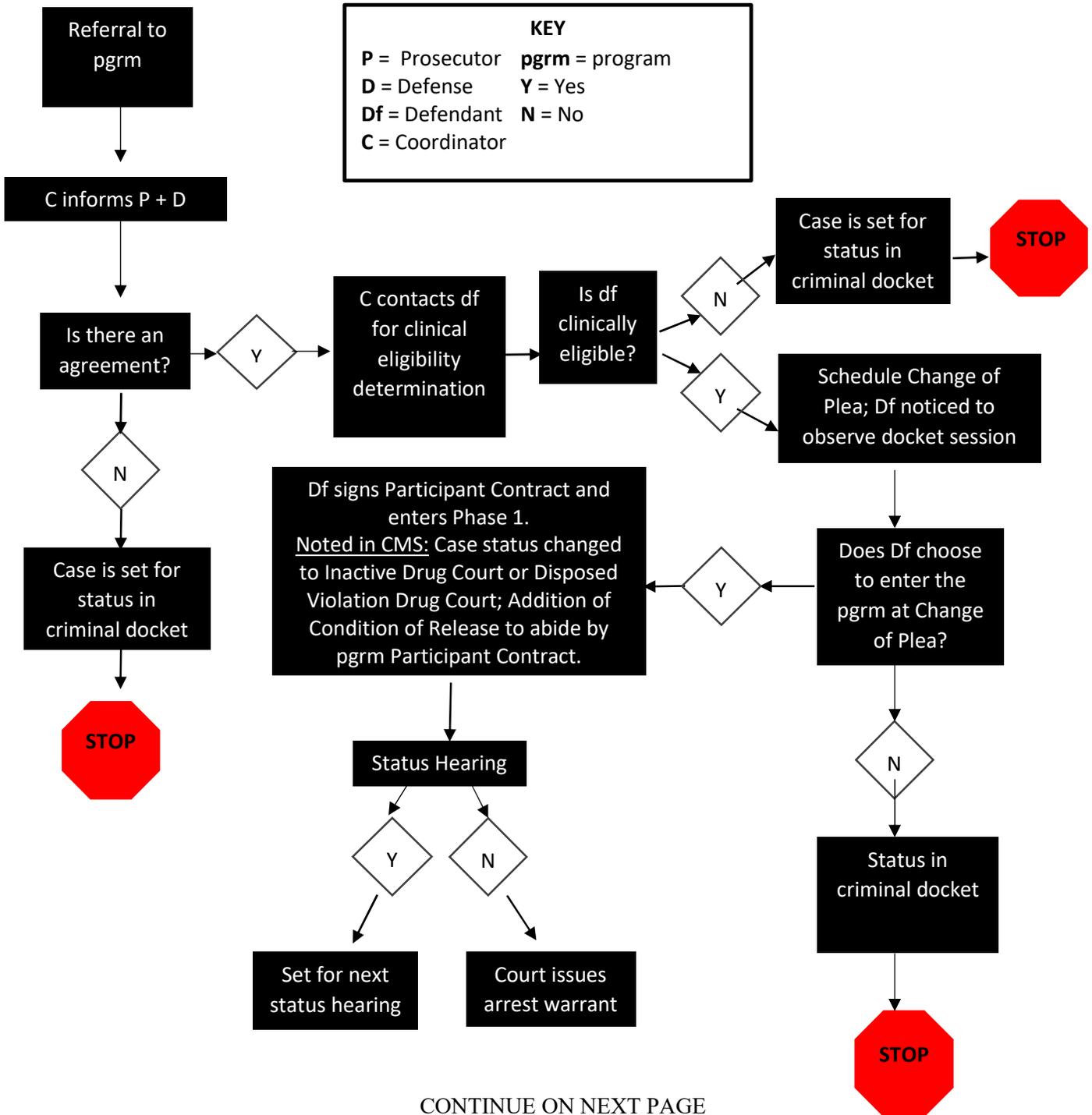
## II. GUIDE TO ACRONYMS – VERMONT JUDICIARY

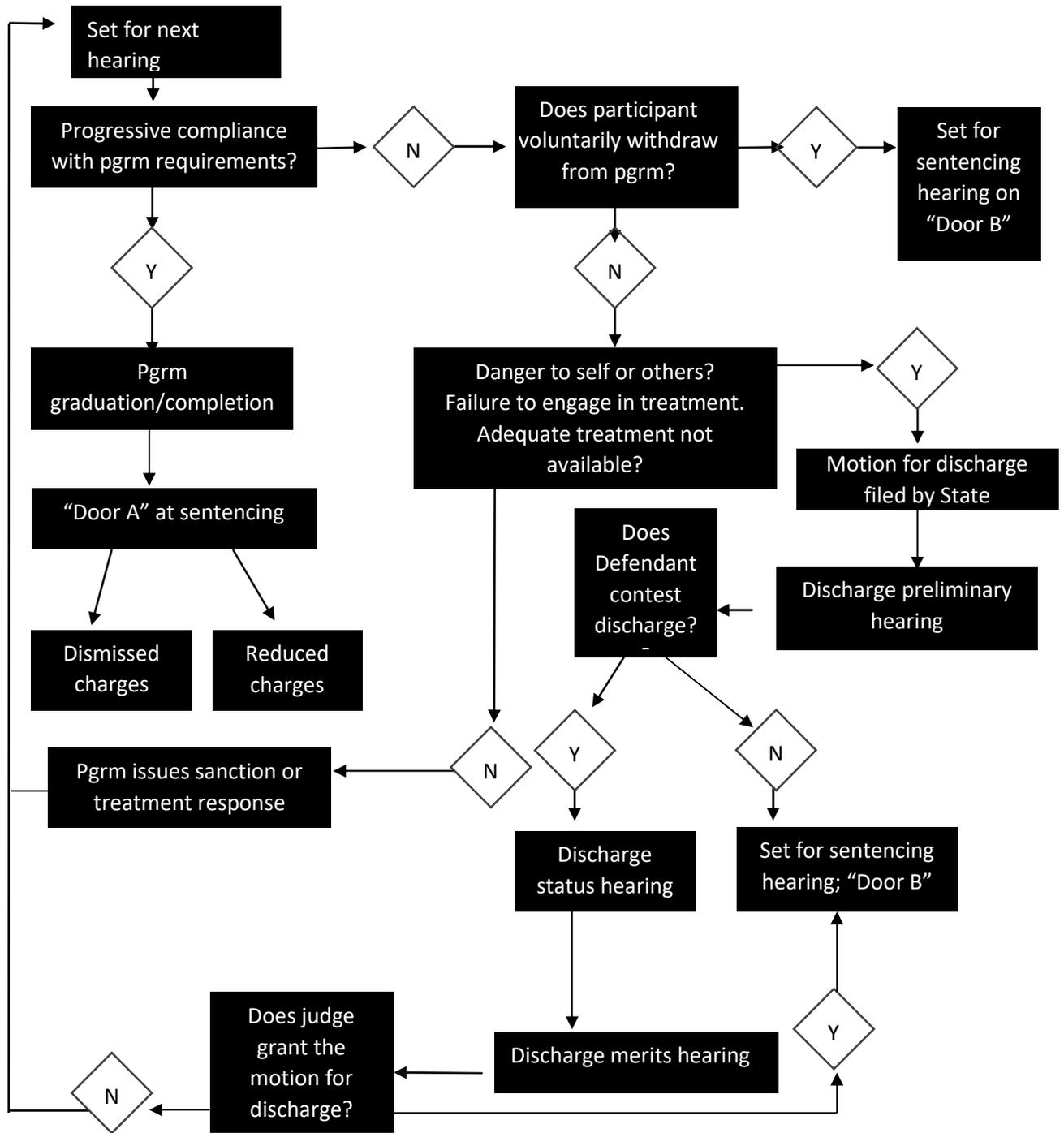
9.30.2021

Several application documents include acronyms. With the exception of some common screening tools, each acronym listed below is defined in the document in which it appears. For the raters’ convenience, the Vermont Judiciary provides this list as an optional attachment.

Acronym	Term
ATTC-NE	Addiction Technology Transfer Center Network – New England Region
BJA	Bureau of Justice Assistance
DIMS	Datagain Information Management System new web-based centralized data collection
DSM-5	Diagnostic and Statistical Manual – V (five)
DUI	Driving Under the Influence
MAT	Medication-Assisted Treatment
MIS	Management Information System Microsoft Access data collection
MM	Modified Mini screen
NADCP	National Association of Drug Court Professionals
NDCI	National Drug Court Institute
NEARCP	New England Association of Recovery Court Professionals
ORAS- CSST	Ohio Risk Assessment System Community Supervision Screening Tool
ODY	Odyssey Court Case Management System
ORAS-CST	Ohio Risk Assessment System Community Supervision Tool
RTCC	Regional Treatment Court Coordinator
SUD	Substance Use Disorder
UDT	Urine Drug Testing
VTJ	Vermont Judiciary

### III. ADULT DRUG TREATMENT PROCESS 3.30.22





#### **IV. NADCP BEST PRACTICES FLYER**

The National Association of Drug Court Professionals created a flyer about the 10 standards. Go to this [link](#) for the flyer. Volume 1 and Volume 2 that details the 10 standards is located on the [NADCP website](#) (<https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/>)

## **V. ADULT TREATMENT REFERRAL FORM**

The Referral Form is available on the Vermont Judiciary website at this [link](https://www.vermontjudiciary.org/programs-and-services/treatment-and-specialty-dockets)  
(<https://www.vermontjudiciary.org/programs-and-services/treatment-and-specialty-dockets>)

## **VI. ADULT TREATMENT COURT DISCHARGE PROTOCOL**

**5.18.2022**

### **1. Notice of Discharge**

- a. Upon a discussion and recommendation of the Treatment Court Team and/or a motion filed by the State's Attorney's Office that a participant be discharged from Treatment Court, the participant will be notified by the Court.
- b. The Deputy State's Attorney assigned to the Treatment Court Team will file a motion for discharge as soon as possible after the decision to discharge has been made.
- c. The Motion to Discharge (notice) will state the basis of the violation including the sections of the Participant Contract and Handbook and Agreement which it is alleged the participant has violated.
- d. Notice will be given to the Participant's Defense Attorney of Record and the Treatment Court Public Defender.
- e. The notice will state that the participant has one week to decide whether to request a hearing on the discharge.
- f. It will also state the participant has a right to a hearing on the allegations and that there is a right to counsel at the hearing.

### **2. Effect of Notice**

- a. Upon notice of discharge, the participant is still in the Treatment Court, pending the request of a hearing.
- b. If no hearing is requested, the discharge is effective the date the motion is granted.
- c. If a participant absconds from the program for 30 days, the State will file a motion to discharge on this basis. The participant can request a hearing on their discharge upon return.
- d. If the participant requests a hearing, they may be suspended from the Treatment Court pending the outcome of the hearing.
- e. If suspension is ordered pending discharge status hearing, the participant's attendance at and engagement with Treatment Court hearings, treatment services, and Case Management is suspended.

### **3. Discharge Status Hearing**

- a. If the participant is contesting the motion for discharge:
  - i. Discovery will be exchanged, including a list of witnesses and other evidence which the State intends to call or introduce at the hearing not previously disclosed.
  - ii. The participant will give notice as to whether they may testify at the hearing, for purposes of reviewing immunity.
- b. The status hearing will also be an opportunity to address any procedural or legal matters pertaining to the conduct of the hearing or potential consequences.
- c. The Discharge Merits Hearing will be scheduled at this hearing.

#### **4. Discharge Merits Hearing**

- a. At the hearing on the merits, the DSA assigned to the Treatment Court Team will present the case for discharge on behalf of the State.
- b. The alleged violations must be proven by a preponderance of the evidence: that the participant has violated the requirements of the program as set out in the “Participant Contract” and the “Participant Handbook and Agreement”.
- c. The participant shall have the right to counsel at the discharge hearing.
- d. The participant or their counsel may cross examine witnesses and call witnesses on their behalf.
- e. Hearsay evidence, deemed reliable by the court, may be admitted at the hearing. The court must make findings of reliability on the record. Hearsay is only admissible where good cause is shown, (usually a combination of witness unavailability and reliability), *State v. Stuart*, 2018 v t 81.
- f. Immunity to any witness or the participant will only be granted by the court after request by the State in accordance with 12 V.S.A. §1664. If new criminal conduct is the basis for the discharge request, the issue of use and/or derivative use immunity will be reviewed on a case-by-case basis in relation to the facts and circumstances of each case.
- g. The discharge hearing may, with good cause shown, be continued pending resolution of the new criminal charges.
- h. If the participant objects to the Treatment Court Judge presiding at the discharge hearing, an alternate Judge shall be assigned to the proceedings.
- i. The decision of the Judge regarding discharge may be appealed to the Vermont Supreme Court.

#### **5. Disposition**

- a. If the allegation is not proven by a preponderance of the evidence, the participant may remain in the Treatment Court. However, this does not preclude the issuance of any other sanction relating to the alleged conduct.
- b. If the participant is discharged from the Treatment Court, a sentencing hearing will be scheduled. Sentencing will be before the Treatment Court Judge unless the participant requests sentencing before the criminal division Judge. Sentencing shall occur within a reasonable time. Conditions of release may be amended pursuant to 13 V.S.A. § 7554.
- c. The participant shall be given credit for time served for any work crew, jail time, or residential treatment during participation in the Treatment Court.

## VII. REASONS FOR DISCHARGE FROM TREATMENT COURT

5.18.2022

This is **not an exhaustive list of reasons** or grounds for a participant's discharge from Treatment Court but a list of common reasons.

1. Consistently failing to appear for court. \_\_\_\_\_
2. Consistently failing to appear for treatment and/or Case Management appointments. If you are missing from Treatment Court participation for more than one month (30 days) you may be discharged from the Treatment Court and your case will return to the criminal docket for sentencing. Consideration for a formal discharge hearing will be on a case-by-case basis.  
\_\_\_\_\_
3. Consistently failing to participate in drug and alcohol testing. \_\_\_\_\_
4. Consistently failing to comply with the treatment plan and/or being unsatisfactorily discharged from treatment or demonstrating a lack of program engagement by failing to cooperate with the Case Manager or treatment program. \_\_\_\_\_
5. Continued dishonesty: It is understood that when an individual enters the Treatment Court it will take some time in Phase 1 for an individual to adjust and understand the need and requirement for honesty. If the behavior continues through Phases 2-5, it may be reason for discharge. \_\_\_\_\_
6. Behavior that puts other participants' safety at risk and/or jeopardizes their success in the program, e.g., inviting other participants to take part in situations known to be a violation of program expectations, threatening other participants or staff, offering drugs to a participant, using drugs or alcohol with participants, supplying urine/adulterants to others and/or receiving such items from others. \_\_\_\_\_
7. Behavior that creates issues of program integrity or perception such as harassment of other participants, selling drugs, violence, or threats of violence, use of racist, sexist, or abusive language toward any other person or placing such language on social media. \_\_\_\_\_
8. Displaying lack of respect toward other participants, court personnel or Treatment Court staff. \_\_\_\_\_
9. Behavior that creates a risk to public safety, including criminal conduct even if charges are not filed, may result in the State filing a motion to discharge without consultation with the

Treatment Court Team. Depending on the seriousness of the violation, it is usually not one but a combination of violations, and a lack of progress over time, that creates the grounds for discharge from the Treatment Court. However, if the violation or risk to public safety is great, discharge may be based on a single violation. \_\_\_\_\_

10. If a participant's lack of progress or behavior demonstrates to the court that the participant's needs are greater than the resources and assistance that the program can provide, the participant, at the discretion of the Treatment Court Judge, after conferring with the Treatment Court Team, shall be returned to the Criminal Docket and the participant will be allowed to withdraw their plea to the criminal charges. \_\_\_\_\_
11. I understand that the decision of the Judge to discharge a participant or return a participant to the criminal docket may be appealed to the Vermont Supreme Court. \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment Court Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
State's Attorney or Deputy

\_\_\_\_\_  
Date

## VIII. ADULT TREATMENT COURT CASE MANAGEMENT REPORT 9.30.2021

**Participant:**  **Case Manager:**  **Court Date:**

Referral	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Graduation

**Phase Day Count:**  **Phase Consecutive Sober Days:**  **Phase Sober Start Date:** Current

Phase Specific Goal	Proximal/Distal	Behavior	Recommended Response

Phase specific tasks in progress:

Progress Notes/Recommendations/Additional Information:

Employment	Behavioral Health & Medications			Community Meeting Goal	
	Behavioral Health Dx	Medications	Medication Compliant	Attended / Required	Met?(Y/N)
Change in contact info					

**Pending Sanctions**

Sanction Issued	Completed	Verified	Notes

**Community Supervision Contact**

Date	Field/Office	Attended	Excused

**Drug (UDT) Tests / Breathalyzer (B) / SCRAM**

UDT – Date	B – Date	Location	Pos/Neg/NS/Pend	Substance(s) Detected	Confirmation
SCRAM	Date On	Date Off	Reading Date	Tampering / Use Detected	

**Treatment:**

Date	Modality	Attended	Excused

**Case management:**

Date	Attended	Excused

**IX. ADULT TREATMENT COURT TEAM RELEASE OF INFORMATION  
AUTHORIZATION FOR RELEASE AND DISCLOSURE OF CONFIDENTIAL  
ALCOHOL AND/OR DRUG ABUSE PATIENT INFORMATION**

I, \_\_\_\_\_ (Print Client's Name), hereby authorize the \_\_\_\_\_ (Name of Treatment Court) and staff thereof, to receive information from and release information to the following: (The information being shared is regarding my eligibility, progress, attendance, and compliance with Treatment Court services.) Check appropriate boxes and insert name.

- State's Attorney representative: \_\_\_\_\_
  - My Attorney: \_\_\_\_\_
  - Public Defender representative: \_\_\_\_\_
  - Dept. of Corrections: \_\_\_\_\_
  - Treatment Provider(s): \_\_\_\_\_
  - Law Enforcement: \_\_\_\_\_
  - Evaluator: \_\_\_\_\_
- 

I understand that any information shared is protected by Federal Regulation 42 CFR, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records" and cannot be disclosed without my written consent unless otherwise provided for in the regulations. (See back of Authorization). Recipients of this information may re-disclose it only in connection with their official duties.

I understand that I have the right to restrict this information. I understand that this information may be discussed in open court; however, detailed specific treatment information will not be disclosed in open court. I am aware that the courtroom is a public place and that the hearings are recorded, and that anyone present in the courtroom can hear the information shared, including members of the media.

I understand that the services I receive are not conditioned upon authorizing this disclosure and that although revocation of this consent will result in termination from the Treatment Court program, services may continue. Revocation is permissible at any time and should be submitted in writing to the Treatment Court.

I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this authorization voluntarily.

This authorization permits the release of the information as described above from \_\_\_\_\_  
to \_\_\_\_\_ or through my completion or termination in the program, whichever occurs first.

**Participants Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I have read and explained the content and purpose of this release and have received verbal  
acknowledgement of understanding by the individual.

**Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(Representative of the Treatment Team)

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Revocation

I hereby revoke this authorization on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Do not release any further information under this authorization. I understand that any  
information that has already been released is not affected by the revocation and may be  
considered covered under this authorization. Signature: \_\_\_\_\_

**(Rev. 9.2017, Last updated: 10/2021)**

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**Notification Form from 42 C.F.R. § 2.22(d)**

**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- 1) The patient consents in writing;
- 2) The disclosure is allowed by a court order; or
- 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations.)

## **X. ADULT TREATMENT COURT TEAM MOU**

**3.01.2022**

This Memorandum of Understanding (MOU) shall serve as a basis for agreement between the \_\_\_\_\_ and the members of the Team.

### **Purpose**

The purpose of this MOU is to establish a collaborative relationship between the members of the Treatment Court Team which to build a partnership based on an understanding of the role of each team member in accordance with; the Ten Key Components, The National Association of Drug Court Professionals Standards Vol I & II, the Court Administrator on behalf of the Supreme Court of Vermont dated September 28, 2016 (Attachment B), and the National Drug Court Institute Core competencies.

### **Definition**

The Treatment Court Team is a multidisciplinary group of professionals responsible for administering the day-to-day operations of a Treatment Docket, including reviewing participant progress during pre-court Case Management Staffing Meetings and Status Hearings, contributing observations and recommendations within team members' respective areas of expertise and profession, and delivering or overseeing the delivery of legal, clinical treatment, and supervision services (Hardin & Fox, 2011).

### **Term**

The term of this Memorandum of Understanding (MOU) shall begin on \_\_\_\_\_ [date] and shall end on either \_\_\_\_\_ [date], or upon execution of superseding MOU, whichever occurs first.

### **Modifications**

Any party wishing to modify this MOU must notify the Vermont Court Administrator's Office in writing of its desire to do so. All parties will have an opportunity to review any requested changes to this MOU. If modifications are made, the revised document will be submitted to the parties for signatures. Any proposed modification shall be deemed effective upon filing with the Vermont Court Administrator's Office an amendment executed by every party to the MOU.

### **Termination**

Any party wishing to terminate participation in this MOU must notify the Regional Treatment Court Coordinator (RTCC) in writing of their intent and reason for termination no less than 30 days prior to the termination date. The RTCC will notify the team members and the Court Administrator's Office. The terminating party will work with the RTCC to identify a suitable replacement to fill their position prior to terminating their role - if possible - and assist in the training and/or on-boarding of the new team member.

**Confidentiality Agreement**

All parties agree to comply with all federal and state regulations regarding alcohol and/or drug treatment records, including (1) the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Pts. 160 & 164; and (2) Confidentiality of Alcohol and Drug/Abuse Patient Records, 42 CFR Part 2.

**Other Team Members**

If a team decides to permit a member in addition to those listed above, the decision to allow that participation will be by consensus of the team members, in accordance with best practices, in compliance with 42CFR part 2, and approved by the Court Administrator's Office. Additional members may include representatives from Housing, Community Corrections, physicians, peer mentors, vocational advisors, or sponsors from the self-help recovery community, or evaluators. All team members must sign a non-disclosure agreement.

**Team Commitment**

The \_\_\_\_\_ having joined as a team, agree to collaborate to reduce substance abuse and drug related criminal activity in their jurisdiction by supporting a comprehensive program of services to meet the needs of the program participants.

We, the team members, commit to maintaining the confidentiality of client information in accordance with Part 2 of Title 42 Code of Federal Regulations (C.F.R. 42 Part 2) governing confidentiality of substance use disorder treatment records. Any information about program participants discussed at pre-court Case Management Staffing or obtained by any member of the Treatment Court Team in their role as a team member is confidential and should not be discussed outside of the Treatment Court Team. No information learned during pre-court Case Management Staffing may be shared with any outside agency or any person who is not a member of the Treatment Court Team, nor may it be used for any purpose other than that required for the duties and responsibilities of the team, unless by court order. In addition, any information learned by members of the team during team meetings about an applicant to the Treatment Court Program shall not be used for any other purpose if the applicant is not accepted to the program or declines to participate, except by court order.

We, the team members jointly agree to commit to our respective roles as outlined below.

**Regional Treatment Court Coordinator (RTCC)** - The Regional Treatment Court Coordinator oversees the day-to-day operations of the Treatment Court Program and is the manager of program Policies and Procedures. RTCC oversees the activity of the team, conducts quality assurance of each team member, maintains client data, remains informed regarding budgetary concerns of the Treatment Court, and coordinates services from each discipline and the local community, in a manner that is most therapeutic to the treatment court participant. The RTCC is responsible for maintaining files on all applicants, compiling statistical data, soliciting community support through education and linkages to enhance services available to the participants. The coordinator attends all weekly and bi-weekly team meetings, Case Management Staffing, prepares the agenda and meeting minutes. The Treatment Court Coordinator assists in determining incentives and sanctions for the participants. The RTCC administers the program screening and orientation and assists in the assessment and supervision of all program participants. The Treatment Court Coordinator is responsible for maintain program data and database, providing reports to the team, the Vermont Judiciary, and the State of Vermont Drug Division of Alcohol & Drug Abuse Program (ADAP).

Core Competencies of the Regional Treatment Court Coordinator includes:

1. Participate fully as a Treatment Court Team Member, committing to the program mission and goals and works as a full partner to ensure program success.
2. As part of the Treatment Court Team, in appropriate non-court settings (i.e., case management staffing), the coordinator reports on previous incentives and sanctions or lack thereof.
3. Is knowledgeable of addiction, alcoholism, and pharmacology and applies that knowledge to suggest responses.
4. Is knowledgeable of gender, age and cultural sensitivities that may impact the participant's success.
5. Develop team resource strategies to acquire funding; writes grant applications and manages the program's budget. Creates opportunities to obtain funding and build linkages by supporting team in community outreach and lobbying activities.
6. Participate in the planning process to create and the memorialize program eligibility standards, operating procedures, and rules. Assist in the development of the client.
7. Create and maintain a data collection system to monitor client compliance, identify trends and provide a basis for evaluation. contract, confidentiality releases and entry procedures. Create Memoranda of Understanding (MOU) and linkage agreements.
8. Negotiate and monitor treatment and ancillary service contracts. Conducts site visits, review progress reports and assists in audits and certification monitoring.
9. Create and monitor standards for Urine Drug Testing (UDT) collection and compliance reporting. Ensure gender, age, and culturally specific treatment services.
10. Create interagency linkages to address client's ancillary needs in the areas of culture, age and gender needs, medical and mental health provision, educational, vocational, skills training and employment training and placement.

11. Develop Law Enforcement linkages to improve supervision and agency coordination.
12. Educate referral sources and the community on eligibility standards and program goals.  
Encourage team members to educate in their fields and in the community. Develop teambuilding activities and conduct staff replacement training.
13. Manage day-to-day operations and filing systems.

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**Print Name**

**Signature**

**Date**

**The Judge** - The Superior Court agrees to provide a judge, who will preside over the Treatment Court. The Treatment Court Judge will attend Case Management staffing, preside over all court proceedings, and monitor appropriate application of incentives and sanctions, while maintaining the integrity of the court. The Treatment Court judge will stay abreast of current law and research on Best Practices in Treatment Courts, participate regularly in weekly and bi-weekly team meetings, Case Management Staffing, interacts frequently and respectfully with participants, and gives due consideration to the input of all other team members. The Judge will make the final decision on incentives and sanctions if consensus cannot be reached or as otherwise appropriate. The Judge will be the sentencing Judge for those participants who do not complete the program successfully unless they recuse themselves or the participant requests a recusal.

Core competencies for the Treatment Court Judge includes:

1. Participate fully as a Treatment Court Team Member, committing to the program, mission, and goals, and works as a full partner to ensure program success.
2. As part of the Treatment Court Team, in appropriate non-court settings (i.e., case management staffing), the judge advocates for effective incentives and sanctions for program compliance or lack thereof.
3. Is knowledgeable of addiction, alcoholism, and pharmacology and applies that knowledge to respond to compliance in a therapeutically appropriate manner.
4. Is knowledgeable of gender, age, and cultural sensitivities that may impact the participant's success.
5. Initiates the planning process by bringing together the necessary agencies and stakeholders to evaluate the current court processes and procedures and thereafter collaborates to coordinate innovative solutions.
6. Becomes a program advocate by utilizing their community leadership role to create interest in and develop support for the program.
7. Effectively leads the team in the development the protocols, policies, and procedures of the program.
8. Is aware of the impact that substance abuse has on the court system, the lives of offenders, their families, and the community
9. Contributes to education of peers, colleagues, and judiciary about the efficacy of Treatment Court Dockets.

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**Print Name**

**Signature**

**Date**

**The Defense Attorney** - The Defense Attorney ensures participant's constitutional rights are protected and advocates for participant's stated legal interests. The Defense Attorney works with the coordinator to ensure appropriate cases are identified, reviews the option of Treatment Court with clients who are legal eligibility and whom they believe would benefit from the program. Makes referrals to the Treatment Court Program in a timely manner - as soon as eligibility is identified. The Defense Attorney assists the team in determining incentives and sanctions for the participants. The Defense Attorney attends weekly and bi-weekly team meetings, Case Management Staffing, court hearings and scheduled policy and procedure meetings. The Defense Attorney reviews the participant's contract agreement with participants who enter the program without an attorney. The Defense Attorney also works to ensure that the participants receive due process and collaboratively advocate for participants throughout their entire time program. The Defense Attorney is responsible for maintaining the confidentiality of information concerning all participants obtained in their role on the team and to not use that information for any other purpose.

Core competencies of the Defense Attorney includes:

1. Participates fully as a Treatment Court Team Member, committing to the program mission and goals and works as a full partner to ensure program success.
2. Evaluates the offender's legal situation and ensures that the offender's legal rights are protected.
3. While in Drug Court, participates as a team member, operating in a non-adversarial manner while in court, promoting a sense of a unified team presence.
4. Effectively advises the defendants on their legal rights, legal options, clinical treatment options, program conditions and sentencing outcomes while developing a relationship with the offender that promotes the offender's long-term best interest and sobriety.
5. Monitors client's progress to support full participation and ensure the appropriate provision of treatment and other rehabilitative services.
6. As part of the Treatment Court Team, in appropriate non-court settings (i.e., case management staffing), defense counsel advocates for effective incentives and sanctions for program compliance or lack thereof.
7. Is knowledgeable of gender, age and cultural sensitivities that may impact the participant's success.
8. Is knowledgeable about addiction, alcoholism, and pharmacology and applies knowledge to respond to compliance in a therapeutically appropriate manner.
9. Contributes to the team's efforts in community education and local resource acquisition.
10. Contributes to education of peers, colleagues, and judiciary in the efficacy of Treatment Courts.

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**Print Name**

**Signature**

**Date**

**The Prosecutor** - The Prosecutor is responsible for reviewing potential applicants for legal eligibility, works with coordinator to ensure appropriate Treatment Court cases are being identified. Makes referrals to the Treatment Court Program in a timely manner - as soon as eligibility is identified. The Prosecutor assists the team in determining appropriate sanctions and incentives for participants in the program. The Prosecutor makes sentencing recommendations for those participants who do not complete the program successfully. The Prosecutor attends weekly and bi-weekly team meetings, Case Management Staffing, court hearings and scheduled policy and procedure meetings. The Prosecutor is required to maintain the confidentiality of information obtained about participants in their role on the Treatment Court Team and not use that information for any other purpose. If the Prosecutor learns of information about a treatment court participant from a source outside the treatment court process, the Prosecutor may use that information for another purpose. Nothing in this section shall impede a Prosecutor's obligation to disclose exculpatory information. The Prosecutor will advocate on behalf of public and community safety, victim interests, and hold participants accountable for meeting program obligations. The Prosecutor may also help to resolve other pending legal cases that impact a participant's legal status or eligibility for the Treatment Court Docket.

Core competencies of the Prosecutor includes:

1. Participates fully as a Treatment Court Team member, committing to the program mission and goals and works as a full partner to ensure program success.
2. The prosecutor, while in treatment court, participates as a team member, operating in a non-adversarial manner, promoting a sense of a unified team member.
3. As part of the Treatment Court Team, in appropriate non-court settings (i.e., case management staffing), the prosecutor advocates for effective incentives and sanctions for program compliance or lack thereof.
4. Ensures community safety concerns by maintaining eligibility standards while participating in a non-adversarial environment which focuses on the benefits of therapeutic program outcomes.
5. Monitors offender progress to define parameters of behavior that allow continued program participation and suggest effective incentives and sanctions for program compliance.
6. Is knowledgeable about addiction, alcoholism, and pharmacology and applies knowledge to respond to compliance in a therapeutically appropriate manner.
7. Is knowledgeable of gender, age and cultural sensitivities that may impact the participant's success.
8. Contributes to the team's efforts in community education and local resource acquisition.

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**Print Name**

**Signature**

**Date**

**Treatment Representative(s)** – The Treatment Provider delivers rehabilitative therapy sessions, drug and alcohol screening, case management and monitoring for treatment court participants in keeping with the holistic recovery of the participant. Additionally, within the bounds of ethics and legalities, the Treatment Provider and Case Manager share information regarding the progress of a participant in appropriate settings to all Treatment Court Team Members and contribute clinical knowledge and expertise during team deliberations. The treatment provider agency conducts substance use disorder assessments utilizing agreed upon, evidence-based methods and formulates individualized treatment plans. The Treatment Provider provides evidence-based substance use disorder treatment services to the participants in the Treatment Court. The Case Manager coordinates the utilization of community-based services such as, but not limited to, health and mental health services, victims’ services, housing, entitlements, transportation, education, vocational training, job skills training and placement to provide a strong foundation for recovery.

The Treatment Provider and Case Manager attend weekly and bi-weekly planning and staffing meetings and court sessions to discuss individual participants’ progress in the program. The Treatment Provider and Case Manager provides information regarding participants’ progress including but not limited to:

- Attendance of treatment, including whether the participant was late, missed treatment, or left treatment early.
- Any information learned in treatment sessions that would assist the team in determining appropriate incentives or sanctions.
- Information regarding whether participants were disruptive or rude towards staff or other participants.
- Whether the participants are actively engaged in treatment and completing homework assignments.
- Whether the participants completed previous sanctions, appointments, or requirements.
- Whether a participant missed a Urine Drug Test (UDT), provided a diluted UA sample, produced a positive urine screen sample (yet to be confirmed), admitted using, or attempted to tamper with or substitute a urine sample.

Because confidential information is discussed during team meetings, the Treatment Provider will determine how much information should be disclosed to assist in the recovery of the participant and to ensure that the team can operate according to Best Practices. Participants sign an agency specific HIPAA (Health Insurance Portability and Accountability Act) release and a Treatment Court Team Release of Information upon entering treatment court. Treatment Providers are not required to reveal all confidential information during team meetings if such disclosure is not listed in the required case management reports, if it is not in the best interest of the participant, or if it’s disclosure would impede the likelihood of the participant effectively utilizing treatment.

Treatment Providers, however, shall provide enough information to assist the team in determining appropriate responses to behavior and treatment needs of the participants.

Core competencies of the Treatment Provider(s) and Case Manager(s) includes:

1. Participates fully as a Treatment Court Team Member, committing to the program mission and goals and works as a full partner to ensure program success.
2. Ensures that all participants receive the highest level of care available, at a reasonable cost, by all contracted and ancillary service providers. Develop post program services, client outreach, mentor programs and alumni associations.
3. Ensures that participants are evaluated in a timely and competent process.
4. Ensures treatment placement and transportation are effectuated in an expedited manner.
5. Develop an effective procedure for drug and/or alcohol testing to be included in the treatment progress reporting which provides the team with sufficient and timely information to implement incentives and sanctions systems.
6. Assists in providing advanced training in substance abuse, addiction, and treatment methodologies to provide the team with a meaningful basis to implement incentives and sanctions systems and design program protocols and procedures.
7. As part of the Treatment Court team, in appropriate non-court settings (i.e., case management staffing), the treatment provider advocates for effective incentives and sanctions for program compliance.
8. Is knowledgeable of gender, age and cultural sensitivities that may impact the participant's success.
9. Is knowledgeable about addiction, alcoholism, and pharmacology and applies that knowledge to respond to compliance in a therapeutically appropriate manner.
10. Provide and enter data into Treatment Court DIMS and monitor participant compliance, identify trends, and provide any necessary data points needed for program evaluation.
11. Contributes to the team's efforts in community education and local resource acquisition.
12. Contributes to education of peers, colleagues, and judiciary in the efficacy of Treatment Courts.

---

**Print Name**

**Signature**

**Date**

**Law Enforcement** - Law Enforcement is often the eyes and ears of the Treatment Court Program - on the street, observing participant behavior and interacting with participants in the community. Law Enforcement assist with home and employment visits and serves as a liaison between the Treatment Court Team and the Law Enforcement community. All client contact is documented, and visits logged to help encourage positive participant behavior. The Law Enforcement provides appropriate information and insight from the Law Enforcement community and represents their perspective on the team. The Law Enforcement helps to identify potential and eligible participants. The Law Enforcement attends weekly and bi-weekly team meetings, Case Management Staffing, court hearings and scheduled policy and procedure meetings. Law Enforcement is responsible for maintaining the confidentiality of information about participants obtained in their role on the team and not use that information for any other purpose. If Law Enforcement learns of information about a participant from a source outside the court process, Law Enforcement may use that information for another purpose.

Core competencies of the Law Enforcement includes:

1. Participates fully as a Treatment Court Team Member, committing to the program mission and goals and works as a full partner to ensure program success.
2. Provides information of participant appropriateness from law enforcement sources to the team and make recommendation to the team.
3. Facilitate the swift delivery of bench warrants for participants who have absconded from the program.
4. Acts as a liaison to police agencies, providing education, information, and training on the importance of the Treatment Court program to community safety and the benefits of law enforcement in collaborating with Treatment Court.
5. Is knowledgeable about addiction, alcoholism, and pharmacology and applies knowledge to respond to compliance in a therapeutically appropriate manner.
6. Is knowledgeable of gender, age and cultural sensitivities that may impact the participant's success.
7. Provides a monitoring function to the team (along with supervision and treatment): i.e., going on joint home visits, reporting on a participant's activities in the community, and supervising participation in community service.
8. Provides assistance, information, and support to participants in the community encouraging them to succeed in the program.

---

**Print Name**

**Signature**

**Date**

**Community Supervision/Probation Officer** - The Community Supervision/Probation Officer shall supervise, consistent with the State of Vermont Department of Corrections Policies and Procedures, Treatment Court participants on dual-status of probation and Treatment Court outside of the court setting. All client contact is documented, and visits logged to help encourage positive participant behavior. The Community Supervision Officer/Probation Officer reports dual-status participant behavior and status to the team while maintaining federal and state requirements for confidentiality. The Community Supervision Officer/Probation Officer attends weekly and bi-weekly team meetings, Case Management Staffing, court hearings and scheduled policy and procedure meetings. The Community Supervision Officer/Probation Officer provides and/or updates risk assessments of potential participants, if needed. The Community Supervision Officer/Probation Officer is responsible for testifying in legal proceedings, as required. The Officer contributes to the implementation of incentives and sanctions for the participants. The Community Supervision Officer/Probation Officer conducts supervision of the participants through office contacts, home visits, and collateral contacts. The Community Supervision Officer/Probation Officer also can make referrals to the program whom they believe would be appropriate for, and benefit from, the program.

Core competencies of the Community Supervision/Probation Officer includes:

1. Participates fully as a Treatment Court Team Member, committing to the program mission and goals and works as a full partner to ensure program success.
2. Provides coordinated and comprehensive supervision consistent with the State of Vermont Department of Corrections Policies and Procedures to minimize participant manipulation and splitting of program staff. Develop post program services, client outreach, Mentor programs and Alumni Associations.
3. Develops effective measures and supervision compliance reporting that provide the team with sufficient and timely information to implement incentives and sanctions.
4. Coordinates the utilization of community-based services such as health and mental health services, victims' services, housing, entitlements, transportation, education, vocational training, job skills training and placement to provide a strong foundation for recovery.
5. Is knowledgeable about addiction, alcoholism, and pharmacology and applies that knowledge to respond to compliance in a therapeutically appropriate manner.
6. Is knowledgeable of gender, age and cultural sensitivities that may impact the participant's success.
7. Contributes to the team's efforts in the community education and local resource acquisition.
8. Contributes to the education of peers, colleagues, and judiciary in the efficacy of Treatment Courts.
9. Provide and enter data into Treatment Court DIMS and monitor participant compliance, identify trends, and provide any necessary data points needed for program evaluation.

---

**Print Name**

**Signature**

**Date**

## XI. PARTICIPANT CONTRACT AGREEMENT

5.17.2022

I, \_\_\_\_\_, agree to enter the \_\_\_\_\_ (enter Court name) Treatment Court Program. I understand and agree that I will follow all the rules in this contract and in the Participant Handbook and Agreement as well as orders given to me by the Judge, and directions from the Treatment Court Case Manager and Regional Treatment Court Coordinator. I agree to the following:

1. I understand that my participation in the Treatment Court is voluntary. I wish to participate in the program; I am not required to join. \_\_\_\_\_
2. I agree to follow my treatment plan created by my Clinical Team and myself. My treatment may change in response to my progress and needs. \_\_\_\_\_
3. I agree to comply with all requirements of the Treatment Court including, but not limited to, following my treatment plan, and attending court hearings. \_\_\_\_\_
4. Failure to attend a scheduled court hearing, without permission from the Court, will result in issuing an arrest warrant. \_\_\_\_\_
5. Failure to complete Treatment Court, for any reason, will result in my case being returned to the regular criminal court process. If the case is returned to the criminal court process, I will have a sentencing hearing and will be sentenced according to my "Plea Agreement" signed on \_\_ / \_\_ / \_\_. \_\_\_\_\_
6. I will not possess and/or use alcohol, cannabis, illegal drugs, or other regulated drugs unless prescribed by a healthcare provider. \_\_\_\_\_
  - a. Participants who report a medical necessity for cannabis use while in the program are required to produce convincing and demonstrable evidence of medical necessity presented by a licensed healthcare provider such as a Primary Care Provider (PCP) or Nurse Practitioner (NP). The Judge may subpoena the health care provider to testify and respond to written inquiries about the medical justification for the recommendations. In addition, the Court may be authorized by the rules of evidence or rules of criminal procedure to engage an independent medical expert (Board Certified Addictions Psychiatrist) to review the case and offer a medical recommendation or opinion. \_\_\_\_\_
  - b. Participants and their healthcare provider must make informed decisions on which medications (e.g., prescriptions) will meet their medical needs and support their

recovery. In order to support participant compliance with medications, Clinical Teams may require a participant to use medication packaging to allow for pill-counting and other monitoring strategies. \_\_\_\_\_

7. I will tell ***all*** of my healthcare and treatment providers that I am a Treatment Court participant.
  - a. I will notify my Case Manager of any prescribed medications I am currently taking and the name of the prescribing health care and treatment providers.  
\_\_\_\_\_
  - b. I will also notify my Case Manager of any over the counter medications I am taking, and the health care and treatment providers recommending the medication.  
\_\_\_\_\_
  - c. I will notify my Case Manager ***prior to*** taking an opiate, narcotic, or benzodiazepine that has been prescribed by my healthcare and treatment providers. \_\_\_\_\_
  - d. Unless there is an emergency, I will request that my healthcare and treatment providers call my Case Manager or another member of the clinical team prior to accepting a prescription for these medications. \_\_\_\_\_
  - e. I give permission for the Case Manager to verify my prescriptions and talk to my healthcare and treatment providers. \_\_\_\_\_
  - f. I will provide full releases for all of my healthcare providers. \_\_\_\_\_
8. While I am in Treatment Court I will not possess or use firearms, muzzle loaders, knives, or other deadly weapons except for kitchen utensils in the home. \_\_\_\_\_
  - a. I will dispose of any and all weapons in my possession except for kitchen utensils in the home. \_\_\_\_\_
  - b. If there are firearms or muzzle loaders belonging to another member of my household, I will immediately notify my Case Manager. \_\_\_\_\_
  - c. I understand that I may request an exemption from this condition for hunting. In considering the exemption request, the court will consider my progress in the program. \_\_\_\_\_
9. I will sign all necessary authorizations to release information. \_\_\_\_\_

- a. I understand that information about my treatment plan, compliance, progress, and results of drug tests may be communicated orally, in writing, and by electronic mail. \_\_\_\_\_
  - b. I understand that releases will expire upon graduation or discharge. \_\_\_\_\_
  - c. I **will not** revoke a current release or fail to execute a new release while participating in the Treatment Court. \_\_\_\_\_
10. I understand for purposes of study, review, or evaluation some otherwise confidential information may be disclosed to third parties. Under no circumstances will researchers disclose my name or other identifying information. \_\_\_\_\_
  11. I agree that if a competency or sanity evaluation has been conducted by the court, the Treatment Court Team may review the evaluations for the purpose of determining a treatment plan. \_\_\_\_\_
  12. I agree to observed, scheduled and random drug testing as part of my treatment plan and will abide by the **Drug Testing Policy and Agreement**. \_\_\_\_\_
  13. I understand that incentives, sanctions, and therapeutic responses are built into the program. Failure to follow my treatment plan or program obligations may result in a response from the court or treatment. \_\_\_\_\_
  14. I will notify my Case Manager prior to moving. I will update the Treatment Court Team of my change of address, phone number, or other contact information. \_\_\_\_\_
  15. I will access available health care insurance, state or private, to offset the cost of treatment services and drug testing. I will immediately let my Case Manager know if my health insurance has lapsed, been terminated, or changed. \_\_\_\_\_
  16. I will follow all of my conditions of release set during my pending criminal cases.  
\_\_\_\_\_
  17. I understand that I will be responsible for arranging all of my transportation to/from all treatment court hearings, counseling sessions, community support meetings, Urine Drug Testing, etc. \_\_\_\_\_
  18. I understand that my treatment court appearances are court hearings and that I will wear appropriate and respectful clothing. Excessively revealing clothing, clothing with racist, sexist, or vulgar references or promoting drug or alcohol use is prohibited. \_\_\_\_\_



XII. Participant Handbook  
**STATE OF VERMONT**  
**TREATMENT COURT PROGRAM**

**Participant Handbook**



Name: \_\_\_\_\_

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## Welcome



Welcome to the State of Vermont Treatment Court Program!

If you are reading this handbook, you are being considered as a possible participant in the Treatment Court Program, based on your substance use disorder and difficulties with the law.

If you choose to participate in the Treatment Court Program, you will be required to follow the instructions given by the Judge and follow the treatment plan you set up with your Case Manager, Treatment Court Program Team.

This handbook is designed to give you information and answer your questions about the Treatment Court Program, and what is expected of you while you are an active participant.

## Overview



The State of Vermont Treatment Court Program is an effort between the Superior Court, State Attorney's Office, Public Defender's Office, Law Enforcement, Department of Corrections, and local treatment agencies. We will work with you to create an individualized treatment plan to help you achieve and maintain recovery.

Participation in the Treatment Court Program is voluntary and includes support in your recovery by professional clinical staff, frequent court attendance, random urine drug testing, and active participation, by you, in your treatment plan.

The court will give incentives for progress and sanctions for non-compliant behavior. If you do not follow your treatment plan or the program expectations, you may face sanctions, be terminated from the program, and returned to the regular criminal docket. The Treatment Court Program Team will work with you to make sure you understand all expectations and your responsibilities as you participate in the program

## The Team

The Treatment Court Program Team is made up of the following members:



- Judge
- Program Coordinator
- Representative for State's Attorney's Office
- Representative Public Defender's Office

- Case Managers and Clinicians
- Representative from Department of Corrections
- Law Enforcement Representative

## **Confidentiality**

Federal and State Law requires that your treatment records and information be protected. The Treatment Court and Case Managers have developed policies and procedures that guard your privacy. To participate in the Treatment Court Program, you will be required to sign **Release of Information** forms, and **Consent for Disclosure of Confidential Substance Abuse Information**. This will allow the disclosure of your information for the purpose of hearings and reports concerning your case, and for collaboration with other providers regarding your treatment. If you have more questions about how confidentiality applies in the Treatment Court Program, please talk with your Case Manager.

## **Progress Reports**

Before each Treatment Court Program hearing, the team meets to review your engagement since your last hearing. Information includes:

- Attendance and engagement in treatment
- Attendance and results of alcohol and drug testing
- Attendance and engagement with Case Management
- Other issues related to your integrated case plan
- Events affecting progress and engagement
- Employment
- Police incidents
- Approved Housing



During your court hearing, the Judge will ask you questions about your progress and discuss any barriers you may be facing. If you are doing well and in compliance with the program, your progress will be recognized; program requirements may be reduced, or you may receive other incentives. If you are not in compliance, the Judge will discuss this with you and determine future action, which may include a sanction. Sanctions may include, but are not limited to, written assignments, community service or nights in jail.

Treatment responses may include, but are not limited to, increased level of treatment, increased community support meetings, writing assignments, intensive outpatient treatment or residential treatment.

## Treatment Court Program Hearings



You will be required to appear for Treatment Court Program hearings on a regular basis. Your current phase and progress in your treatment plan will determine the number of hearings you are to attend monthly.

During the Treatment Court Program hearings, the Judge will call each participant to the center of the courtroom and engage you in conversation about your progress or any barriers you may be facing. You are required to remain in the court room until all hearings are completed, and you are dismissed by the Judge. At your hearing, you will be directed by the court when to appear in court again.

Please arrange childcare arrangements for your scheduled hearing time. Court proceedings that involve people going to jail may be traumatic for children. Court hearings are a learning environment and children can interfere and distract with the functioning of the court. **Under no circumstances should you bring a child to court when you may be required to serve a jail sanction.**

Family and friends who are supporting you in your recovery are invited. Failure to appear for a scheduled Treatment Court Program hearing may result in a warrant issued for your arrest.

## Treatment Court Program Phases

The Treatment Court Program requires a minimum of **14 months** to graduate. The rate at which you complete the program will depend on your treatment needs and on your success in each phase. There are **five (5) program phases**.



Each participant must successfully complete one phase at a time before moving onto the next. Each phase has key concepts and specific requirements you must meet before you are permitted to advance. Participants must submit a *Phase Advancement Application* to the Treatment Court Team demonstrating completion of phase requirements.

Phase advancement is celebrated in the Treatment Court Program. The Judge will present you with a Certificate of Completion when you advance to the next phase, and your phase requirements will be changed and updated. Your Case Manager works with you to outline your goals and requirements that will apply in the new phase of your treatment plan.

**Treatment Court Program Phases**

<b>Phase 1</b>	
<b>Key Concept:</b>	<b>Show up</b> to all scheduled treatment, program appointments, and court hearings, as directed
<b>Length of phase:</b>	<b>60 days</b> with a minimum of <b>14 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"><li>• Court hearings bi-weekly</li><li>• Comply with treatment</li><li>• Comply with supervision</li><li>• Develop a Case Plan</li><li>• Weekly Case Management appointments</li><li>• Home visits</li><li>• Weekly, random drug testing (minimum of 2)</li><li>• Address housing needs</li><li>• Obtain medical assessment</li><li>• Change people, places, and things</li><li>• Complete orientation session at Turning Point Center</li><li>• Curfew, as directed by the Court</li></ul>

<b>Phase 2</b>	
<b>Key Concept:</b>	Stability, Recovery and Responsibility to Self
<b>Length of phase:</b>	<b>90 days</b> with <b>30 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings bi-weekly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Weekly Case Management appointments</li> <li>• Monthly, home visits</li> <li>• Weekly random drug testing (minimum of 2)</li> <li>• Begin to build a sober network - Making Recovery Easier</li> <li>• Attend a minimum of 2 community recovery support groups per week (end of phase focus)</li> <li>• Maintain approved housing</li> <li>• Complete budget assessment or financial education</li> <li>• Curfew, as directed by the Court</li> </ul>

<b>Phase 3</b>	
<b>Key Concept:</b>	<b>Maintenance of Recovery</b> and Responsibility to Self and Others
<b>Length of phase:</b>	<b>90 days</b> with <b>45 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings bi-weekly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Create and implement Relapse Prevention Plan</li> <li>• Bi-weekly Case Management appointments</li> <li>• Monthly home visits</li> <li>• Weekly, random drug testing (minimum of 2)</li> <li>• Maintain approved housing</li> <li>• Begin to address Criminal Thinking</li> <li>• Establish sober network</li> <li>• Establish pro-social activities</li> <li>• Curfew, as directed by the Court</li> </ul>

<b>Phase 4</b>	
<b>Key Concepts:</b>	<b>Reinforce a sober and legal lifestyle.</b> Develop life goals including healthy social network
<b>Length of phase:</b>	<b>90 days</b> with a minimum of <b>60 days</b> of consecutive abstinence before advancement
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings monthly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Bi-weekly Case Management appointments</li> <li>• Monthly Home visits</li> <li>• Weekly, random drug testing (minimum of 2)</li> <li>• Maintain approved housing</li> <li>• Maintain sober network</li> <li>• Maintain pro-social activities</li> <li>• Curfew, as directed by the Court</li> <li>• As needed, based upon assessment: <ul style="list-style-type: none"> <li>- Obtain or maintain employment</li> <li>- Vocational Training</li> <li>- Enroll in education programming</li> <li>- Parenting/Family Support</li> </ul> </li> </ul>

<b>Phase 5</b>	
<b>Key Concept:</b>	<b>Reinforce a sober and legal lifestyle.</b> Develop life goals including sober social network
<b>Length of phase:</b>	<b>90 days</b> with a minimum of <b>90 days</b> of abstinence before graduation
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Court hearings monthly</li> <li>• Comply with treatment and supervision</li> <li>• Review Case Plan</li> <li>• Monthly Case Management appointments</li> <li>• Monthly home visits</li> <li>• Random drug testing</li> <li>• Maintain approved housing</li> <li>• Development of Continuing Care Plan</li> <li>• Maintain sober network</li> <li>• Maintain pro-social activities</li> <li>• Complete a Community Engagement Project</li> <li>• Curfew as directed by the Court</li> <li>• Maintain, as needed, based upon assessment: <ul style="list-style-type: none"> <li>- Employment</li> <li>- Educational programming</li> <li>- Parenting/Family Support</li> <li>- Vocational Training</li> </ul> </li> </ul>

# **Treatment Court Program Expectations**



You will be required to follow the expectations outlined in the Treatment Court Program Contract. Some important points to remember are below:

- Abstain from the use of all drugs including alcohol and marijuana.
- Inform your healthcare provider that you are participating in the Treatment Court Program.
- Notify your Case Manager of all prescription and over-the-counter medications you are taking.
- Attend all Treatment Court Program hearings, treatment appointments and program requirements as directed. You are responsible for your own transportation.
- Submit drug tests as directed by the Color Line and your Case Manager, treatment providers and probation.
- Do not possess any weapons while in the Treatment Court Program. You must tell the Case Manager about the presence of any weapons possessed by anyone in your household.
- Keep the Treatment Court Program Team and Court always informed of your current address and phone number.
- Do not commit any additional criminal offenses and follow your Conditions of Release. Notify your Case Manager if you have any contact with Law Enforcement.
- Be respectful of your fellow Treatment Court Program peers by not repeating personal information that you may hear during court sessions or treatment groups.

- If you are late for your court hearings, treatment appointments and program requirements, it may count as a missed appointment.

## **Incentives and Sanctions**

Upon the recommendations of the Treatment Court Program Team, participants may be given rewards or ***incentives*** in the program.

Examples of **Incentives** may include:



- Certificates of Completion and Achievement
  - Recovery stones, buttons, and tokens
  - In court praise, encouragement, and applause
  - Fast Pass
  - Adjustment of Curfew
  - Promotion to next phase
  - Gift cards
- Reduction in program responsibilities
  - Less frequent court appearances

***Sanctions*** will be given to you if you fail to comply with your treatment plan and program obligations. The purpose of a ***sanction*** is to encourage you to follow through with the commitment you have made to yourself and the Treatment Court Program.

Examples of behaviors that may warrant a **sanction** may include but not limited to:

- Substance use
- Missed, positive or invalid drug tests
- Missed appointments or court hearings
- Dishonesty
- Criminal activity
- Failure to comply with your Treatment Court Program Contract or your Conditions of Release

- Failure to complete a Treatment Court sanction as directed

Examples of a **sanctions** may include but not limited to:



- Increased court hearings
- Increased curfew
- Community service
- Observing criminal court
- Jail
- Writing assignments

## **Treatment Response**

A **treatment response** is a directive given to help support you through an increase in treatment recommendations.

Treatment responses may include but are not limited to:



- Increased community support groups
- Increased Case Manager contact
- Required change in level of care
- Increased or modified drug testing

## **Discharge from the Treatment Court Program**



Warrants, new crimes, or a violation of your Treatment Court Contract may result in you being discharged from the Treatment Court Program. More details are available in the Reasons for Discharge document.

Examples that may result in discharge may include but are not limited to:

- Multiple missed drug tests
- Altering or attempting to alter a drug test
- Unwilling or unable to engage in treatment
- Posing an immediate risk to public safety
- Consistent failure to show up for scheduled Treatment Court Program appointments

## **Drug Testing**



You will be tested randomly throughout your entire participation in the Treatment Court Program including nights, holidays, and weekends. The “Drug Testing Policy and

Agreement” is attached.

Drug testing may include but is not limited to:

- Urine drug screens
- Oral swabs
- Sweat patches

# Community Engagement Project



Once you move to Phase 5, you will begin to work with your Case Manager to develop a Community Engagement Project. The goal of community engagement is to donate your time, talents, or labor to a project or program that is meaningful to you and will help others. Whether you regularly volunteer your time helping others or engage with your local Community Justice Center, you are tasked with creating a Community Engagement Project. This is an important part of being welcomed back to your community as a productive member. Your project is a requirement of graduation.

Examples of projects:

- Creative or artistic project to benefit the recovery community
- Become a Recovery Coach
- Complete a Restorative Justice Panel
- Ongoing volunteer work for a non-profit in your community
- Painting or repair projects for non-profit group
- Landscaping projects for non-profit group

## Graduation



You are eligible to apply for graduation once you have accumulated 45 of the 90 consecutive days of negative testing time. Once you have completed all Phase 5 requirements and have developed your aftercare plan, you will submit a graduation

application to the Treatment Court Program Team.

Graduation from the Treatment Court Program is recognized as an important event. You are encouraged to invite family and friends who have supported you in your recovery to join your special commencement ceremony. The Treatment Court Program Team and your peers will celebrate you for successfully completing the Treatment Court Program and achieving your goal of establishing a life in recovery.

Following your graduation, someone from the Treatment Court Team will periodically contact you to check-in and support you in your recovery.

Graduation **does not** excuse you from your other legal responsibilities as stated in your Plea Agreement. If you have any questions, talk to your attorney.

# State of Vermont Treatment Court Programs

[www.vermontjudiciary.org](http://www.vermontjudiciary.org)

## Chittenden County Treatment Court Program

Costello Courthouse

32 Cherry Street

Burlington, VT 05401

Phone: 802-951-5716

[Stephen.VonSitas@vermont.gov](mailto:Stephen.VonSitas@vermont.gov)

## Rutland County Treatment Court Program

Francis B. McCaffrey Courthouse

9 Merchants Row

Rutland, VT 05701

Phone: 802-786-3835

[Rebecca.K.Smith@vermont.gov](mailto:Rebecca.K.Smith@vermont.gov)

## Southeast Regional DUI Treatment Court Program

Windsor Superior Court

82 Railroad Row

White River Junction, VT 05001

Phone: 802-295-8865

## Washington County Treatment Court Program

255 North Main Street, Suite 1

Barre, VT 05641

Phone: 802-479-7528

[Elliott.McElroy@vermont.gov](mailto:Elliott.McElroy@vermont.gov)

**State of Vermont Treatment Court Program**  
**Participant Handbook Agreement**

I agree to follow the Treatment Court Program expectations outlined in this handbook, and how they have been explained to me.

---

Participant's Name (please print)

---

Date

---

Participant's Signature

---

Program Representative

---

Date

**XIII. DRUG TESTING POLICY AND AGREEMENT**  
**5.1.2022 Initialing and Signature required prior to program entry.**

It is *your responsibility* to call the UA line **each day (enter times here by court)**. You will discuss testing options with your case manager.

1. I understand drug and alcohol testing will be performed frequently and on a random basis throughout my enrollment in the program. \_\_\_\_\_
2. I acknowledge that drug and alcohol testing will be performed by a laboratory or program approved by the court. \_\_\_\_\_
3. I acknowledge that I cannot use any regulated drug, marijuana, and/or alcohol. \_\_\_\_\_
4. I acknowledge that urine collections will be observed by a staff person from the lab. The staff person will be the same gender that I identify. I understand that I must indicate to my case manager my gender preference. \_\_\_\_\_
5. I acknowledge that failure to provide a test specimen or providing an insufficient volume of fluid for analysis is an infraction of the rules of the program and will be considered to be a positive test result and sanctioned accordingly. \_\_\_\_\_
6. I must follow the Lab's UDT policy and collection protocol at all times. If I don't follow policy and collection protocol, it will result in a sanction and may result in discharge from the program. \_\_\_\_\_
7. I acknowledge that drinking excessive fluids prior to providing a urine sample may result in a diluted sample. A diluted sample will be treated as a positive result and sanctioned accordingly. \_\_\_\_\_
8. I am responsible for all products I choose to consume. I understand that many products can result in a positive UDT including: CBD, poppy seeds, and medicine. I understand that I must speak with my case manager regarding products that might violate these rules. A positive result will be sanctioned accordingly. \_\_\_\_\_
9. The Court may direct me to provide a urine sample at any time. \_\_\_\_\_
10. If the initial test result is positive, I understand that I have the right to challenge the results. \_\_\_\_\_
11. However, I acknowledge the court will rely on the results of the confirmation test, and they may not be challenged. If the confirmation test returns positive, I understand the court may sanction me for the positive sample and for dishonesty. \_\_\_\_\_

12. I acknowledge that diluted, adulterated, or substituted urine samples are a significant program violation. Under such circumstances, I will receive a severe sanction for dishonesty and deception including, but not limited to, loss of negative testing time and up to potential discharge from the program. \_\_\_\_\_
13. I acknowledge that I will be sanctioned for using synthetic substances. \_\_\_\_\_
14. I acknowledge that I will be sanctioned for exposing myself to passive inhalation, secondhand smoke, or handling illicit substances. \_\_\_\_\_
15. I accept that a missed UDT is considered a positive UDT and will result in the loss of any accumulated negative UDT results during the phase. If an emergency occurs and I cannot report to the lab to produce a sample, I accept that it is my responsibility to immediately notify my case manager. I accept that failure to notify my case manager of an emergency that impeded my UDT result can be treated as a positive for missing  
\_\_\_\_\_
16. I accept that the Court may issue drug testing patches or the use of Alco-sensors (PBT) in addition to urine drug tests. \_\_\_\_\_
17. I acknowledge that using or attempting to use devices, methods, products, or practices to defeat UDTs or to adulterate will result in a serious sanction and my potential termination from the program. \_\_\_\_\_
18. I acknowledge that if I sell my urine to others to help another defeat a UDT will result in a serious sanction and may result in my termination from the program. \_\_\_\_\_
19. I acknowledge that using someone else's urine may result in a serious sanction and may result in my termination from the program. \_\_\_\_\_
20. I acknowledge that I must disclose the use of any substances prior to submitting a urine sample. I acknowledge that failure to disclose my consumption of program prohibited substances will be considered as dishonesty and will be sanctioned. \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature/Date

\_\_\_\_\_  
State's Attorney/Date

\_\_\_\_\_  
Participant's Attorney/Date

\_\_\_\_\_  
Treatment Court Judge/Date

**XIV. TREATMENT COURT MEDIA RELEASE AUTHORIZATION**  
**5.30.2021**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Without expectation of compensation or other remuneration, now or in the future, I hereby grant to \_\_\_\_\_ its divisions, legal representatives, licensees, and assigns \_\_\_\_\_ the irrevocable and unrestricted right to use and publish my image, my story, interview statements from me, photographs and videos in which I may be included, in any manner and medium, including in its internal and external publications, editorial trade, advertising or other media activities (including the Internet), such as website articles, social media posts, donor letters, grant applications and general publicity. This consent includes, but is not limited to, any or all of the following:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name;
- (c) Permission to use my story, quotes from the interview(s) (or excerpts of such quotes), the film/video, photograph(s), or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media, audio-visual presentations and/or in mailings for educational and awareness.
- (d) Permission for \_\_\_\_\_ (Name of Treatment Court), consistent with the terms of this Release, to release certain information to third parties for their subsequent use, including but not limited to my name, my story, image, likeness, photograph, and or videos. This includes release of such information to government officials, domestic and international, whether employed, elected, or appointed, for use in their advocacy efforts on behalf of \_\_\_\_\_ (Name of the Treatment Court).

I hereby release, discharge and agree to hold \_\_\_\_\_ (Name of the Treatment Court) harmless from and against any claims, damages or liability that I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have arising from or related to the use of any of the aforementioned material, including but not limited to any liability by virtue of any editing or alteration, whether intentional or otherwise, that may occur or be produced in the taking, recording, editing, processing, publishing or distribution of my story, testimonials, interviews, pictures, portraits, images and/or likenesses including, without limitation, any claims for defamation, invasion of privacy, right of publicity or violation of any other right. I waive the right to inspect or approve any product in which my image or likeness appears.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the photo/video subject is under the age of 18, please complete the section below.**

*I hereby warrant that I am the parent/legal guardian of the subject and am competent and authorized to contract on their behalf.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **XV. GOVERNANCE STRUCTURE FOR ADULT TREATMENT COURTS**

### **9.30.2021**

The Vermont Adult Drug Treatment Court Program has a four-tiered governance structure. The structure emphasizes communication, decision making, and training.

**Regional Treatment Teams** are local teams that collaborate to implement the State policies and procedures. The teams work to a) solve problems when there are issues with implementation of the best practice policies and procedures, b) share information and communicate on a participant's progress at staffing, and c) make recommendations to the Judge prior to the hearing status.

1. The **Staffing**, pre-court staff meeting, consists of the regional treatment team members who review participant's progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court hearings that follow. The team members that attend include the Regional Treatment Court Coordinator, Judge, Case Manager, Probation and Parole Officer, Law Enforcement, and Clinical Supervisor of the treatment program. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case.
2. Following the Staffing, team members attend the **Status Hearings** for each participant scheduled to court that day. Staffing and Status Hearings are held biweekly (twice per month). The Judge presides in the Status Hearing and addresses participant's behaviors and compliance with the participant's contract. The Judge talks with the participant about his progress based on information shared in the Staffing and delivers incentives, therapeutic responses, and sanctions to the participant.
3. The regional treatment team **Systems Meetings** are held separately from regular drug court team meetings to discuss program-level policies or practices. Membership ideally includes leadership from the partner agencies in addition to the regular team members. The treatment team Systems Meetings are held quarterly at a minimum.

Every program has a dedicated time for the important decision-makers from the partner agencies to discuss policies and procedures, review data, and make changes that help the program improve. The regional **Steering Committee** may be the same group as the team but includes individuals from each agency with the authority to make decisions affecting their agency. ([New Mexico Treatment Court Standards](#), Definition Steering Committee, pp 47-48).

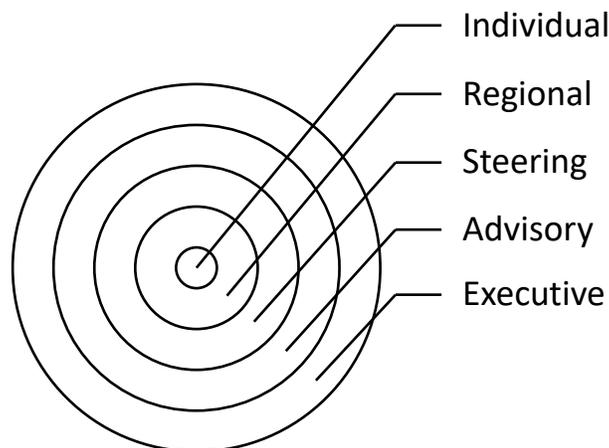
**State Committees (Teams)** are comprised of representatives in various roles of the treatment teams. Representatives from each region ensure a voice in matters when a region may have a different approach that is working. The three state committees a) align policies and procedures across the regions; b) develop and review documents (e.g., manuals, evaluation reports) for the

regional treatment teams; and c) approve the direction of the adult drug Treatment Court program.

1. **Statewide Policy and Procedure Steering Committee** is an ad hoc committee to address the overarching adult Treatment Court program. The Policy and Procedure Committee was convened to work on this State Policy and Procedures Manual. The committee members charge was to develop the policies and procedures that every region will follow. The Policy and Procedure Committee will meet as needed to review amendments to the manual or to work on similar state level projects.
2. **Advisory Committee** members include the Treatment Court Judges, Regional Treatment Court Coordinators, and Court Administrator’s Office staff. Other stakeholders may be invited. This committee meets quarterly. The Advisory Committee purpose is to share and implement best practice strategies in Vermont Treatment Courts in accordance with the 10 Key Components and National Association of Drug Court Professionals (NADCP) Standards to reach maximum outcomes.
3. **Executive Oversight Committee** meets quarterly to provide judicial leadership and oversight to guide systems towards improved outcomes for participants of the Treatment Courts. The Executive Oversight interfaces with executive-level managers from across state agencies. The Executive Oversight Committee includes the State Court Administrator, Chief Superior Judge, Division Chief of Planning and Court Services, Family Treatment Programs Manager, and Criminal Treatment Programs Manager.

This governance structure emphasizes interaction across the tiers to ensure that all perspectives are gathered when changing practice or policy. The committees in each tier rely on each other for input about what is working in Treatment Courts and to review the data and National Standards before deciding on a change or action. The goal of this structure is person-center. Every change are action factors to ensure participant success while in the adult Treatment Court

### Governance Structure for Adult Treatment Court Programs



## **Components of Effective Multidisciplinary Teams and Governance Structure**

The governance structure success is based on the NADCP Standard VIII. Multidisciplinary Team: A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.

The multidisciplinary teams conduct their work by sharing information (communication) and making decisions. This applies to each Regional Treatment Team and across the teams in the governance structure (i.e., Policy and Procedure, Advisory, and Oversight).

- **Sharing information and communication:** One example is the Case Manager sharing progress on each participant during Staffing. The Case Management Report summarizes to the team how the participant is doing with attendance at treatment, drug testing results, attainment of treatment goals, follow up to other services, and other compliance areas (e.g., travel, curfew, monitoring).
- **Making decisions:** During Staffing team members offer relevant information in the form of a report and discussion and recommend responses to participant behavior since the last hearing. During the hearing that follows the Judge, considering the team recommendations, decides on the appropriate response during the participants hearing after the participant has had an opportunity to respond what was reported.
- **Training:** In addition to sharing information and making decisions, the teams are trained every year on the best practices. Orientation is used to train new team members. Training and orientation are strategies to retain team members.

An example of the collaborative teamwork built into the governance structure is the development and approval of this Vermont Adult Drug Treatment Policy and Procedure Manual. A state Policy and Procedure Committee comprised of treatment court practitioners from each region and from different roles came together on this project. The Center for Court Innovation facilitated the state Policy and Procedure Committee meetings where practitioners shared information and experience in deciding on consistent practices and policies across regions. Once agreement was reached by the Policy and Procedure Committee team, the manual was presented to the Advisory Committee for review. The Executive Oversight Committee conducted a final review, and the manual was distributed to practitioners throughout the state. The governance structure will address the need for all future amendments to this document.