



# **Drug Treatment Court of Grafton County Sentencing Program**

## **Participant Handbook**

**Revised  
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## I. Introduction

Dear Prospective Participant,

You are being considered as a potential participant or have already been accepted into the Grafton County Drug Treatment Court program. The team is committed to working with you and others who choose to participate in the program and who are willing to work toward making healthy lifestyle changes in support of their recovery.

This Handbook is designed to answer your questions and provide overall information about the Drug Treatment Court Program. It will detail what is expected of you as a Drug Treatment Court participant and review general program information.

As a participant, you will be expected to follow the instructions given in Drug Treatment Court by the Judges and to comply with the treatment plan developed for you by the treatment team and case manager. The Drug Treatment Court Team is confident that this program can help you learn how to make successful choices free of the influence of drugs and alcohol.

Reading and understanding the expectations of the program should help you decide if participating in Drug Treatment Court is right for you. The program is challenging, but if you are willing to make the commitment, we think you will find it will give you the tools you need for a fulfilling and rewarding life.

If you have not already been accepted into the program and you have any specific questions or concerns, please direct those questions to your lawyer. If you have already been sentenced into the program, please direct questions to the assigned probation officer, case manager, or a treatment counselor. We look forward to your participation and success.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dennis", is written over a horizontal line. Below the line, the text "Presiding Justice" is printed.

Presiding Justice



## II. What is a drug treatment court (DTC)?

DTC is multi-phase intervention program designed for adults who have pled guilty and have been diagnosed with a moderate to severe substance use disorder.

### We work together with several agencies to provide:

- ✓ Substance abuse treatment
- ✓ Psycho-educational program
- ✓ Steady supervision geared towards supporting and helping you maintain a drug-free lifestyle

### DTC Involves:

- 1) Frequent court appearances
- 2) Random drug testing
- 3) Group/Individual counseling
- 4) Community supervision

### Sanctions and Incentives

- ⇒ **Incentives are awarded for healthy, appropriate behavior**
- ⇒ **Sanctions are applied for negative actions/behaviors**

*Participants who are following the program may receive incentives, such as gift cards, curfew extensions, and permission to attend out-of-state recovery-oriented events.*

*Participants who do not comply with the rules may be subjected to sanctions—some of which are outlined in this handbook— up to and including termination from the program.*

## III. What are the benefits of a DTC?

- ✓ To reduce reoffending
- ✓ To enhance community safety
- ✓ To provide participants whose chemical dependence has resulted in criminal behavior with treatment and community supervision
- ✓ To offer offenders an alternative to incarceration

This judicially supervised program will provide participants with the opportunity to...

- 1) **Promote** their recovery
- 2) **Reduce** crime
- 3) **Restore** families



- 4) **Reintegrate** into the community

## IV. Who is on the DTC Team?

### **The Drug Treatment Court team includes:**

- Drug Treatment Court Judge
- Drug Treatment Court Coordinator/Program Manager
- Case Manager(s)
- Drug Treatment Court Therapist
- Supervision – Probation & Parole
- Supervision- Grafton County Sheriff's Department and Local Law Enforcement
- Representative from law enforcement
- Representative from the Grafton County Attorney's Office
- Representative from Grafton County Office of the Public Defender

### **Additional team members may be added from time to time depending on need and availability, including:**

- Court Clerk
- Program evaluator(s)

## V. Who is eligible for DTC?

### **To be eligible for the program, an applicant must meet all of the following qualifying requirements:**

#### ***Qualifying Factors***

- Applicants must be charged with a crime, a violation of probation that is or will be a felony-level offense, or a violation of probation.
- Applicants must be 18 years of age or older and a United States citizen.
- Applicants must reside in Grafton County while participating in the DTC program, unless attending a residential program approved by the DTC.
- Applicants must be diagnosed as having a moderate to severe substance use disorder as defined by the DSM V.
- Applicants must score as moderate to high on a validated risk assessment (Applicants that score as low-risk are not qualified to participate)
- Applicants must have the cognitive/physical ability to fully participate in the DTC Program. An Applicant that has been diagnosed with a mental health disorder that can be managed with medications and treatment services available in the DTC Program will not be disqualified.



**If any of the following disqualifiers applies to the Defendant, he/she may be excluded from participation in the DTC program:**

***Disqualifying Factors***

- Applicant is charged with a crime or violation of probation that carries a potential felony-level charge
- Applicant is under 18 years of age
- Applicant does not reside in Grafton County/is unable or unwilling to reside in Grafton County while participating in the DTC program, and does not qualify for transfer to another DTC program within the State
- Applicant is diagnosed with a Mild Substance Use Disorder or as a Substance Abuser (Low Need)
- Applicant scores as a Low-Risk offender on a validated assessment tool
- Applicant suffers from a serious medical or psychological condition outside the resources of the DTC Program. (Applicants with mental health conditions that cannot be stabilized within the resources of the DTC program will not be eligible to participate).
- Applicant poses a threat to the community as determined by the County Attorney.

## **VI. What are the Phases of Drug Treatment Court?**

This intervention program lasts between 18 and 36 months and is organized into multiple phases. You must successfully complete each phase before transitioning to the next phase. Each phase has a key concept or focus.

### **Phase I: Acute Stabilization**

*Length of Phase: Minimum of 60 Days*

**Requirements:**

- ✓ Attend weekly drug treatment court sessions (court or educational sessions)
- ✓ Comply with individual treatment/case plan (including scheduling)
- ✓ Comply with DTC and supervision rules
- ✓ Minimum once weekly face-to-face contact with the case manager, not including court or classes
- ✓ Home visits
- ✓ Random drug-testing
- ✓ Address medical needs immediately
- ✓ Be educated on people, places, and things (be patient, it's a process)
- ✓ 8 PM curfew, with the exception of work, or pre-approved event (proof must be provided)



Advancement = Meet ALL treatment requirements, be honest and don't use for 14 consecutive days and participant submits written request

## Phase II: Clinical Stabilization

*Length of Phase: Minimum of 90 Days*

### Requirements:

- ✓ Continued compliance with all Phase I requirements
- ✓ Review Treatment/Case Plan Goals (Continually adjusting plans as goals are reached)
- ✓ Participate in at least 2 Self-Help activities per week
- ✓ End of Phase begins to focus on peer support groups
- ✓ Create a Budget
- ✓ Remain current with all monthly participation fees (special requests can be made if unable to get current prior to Phase advancement)
- ✓ 9 PM Curfew, with the exception of work (proof must be provided)

**Phase Advancement** = 90 days compliance with ALL Treatment and Supervision Rules and a minimum of 30 consecutive days of clean time (participant must submit a written request)

## Phase III: Pro-Social Habilitation

*Length of Phase: Minimum of 120 Days*

### Requirements:

- ✓ Continued compliance with all requirements of Phases I and II, **EXCEPT**:
  - ✓ Court is a minimum of one time per month
  - ✓ Face-to-face case management meetings are bi-weekly, with once weekly phone contact
- ✓ Obtain/maintain stable housing and employment or schooling
- ✓ Demonstrate change in people, places, and things
- ✓ Review case/treatment plan (Is treatment helping to motivate and provide skills and insight for reaching individual participant?)
- ✓ Begin Criminal Thinking program
- ✓ Establish pro-social activities and begin developing recovery network
- ✓ 10 PM Curfew, with the exception of work (proof must be provided)

**Phase Advancement** = 120 days compliance with ALL Treatment and Supervision Rules and a minimum of 60 consecutive days of clean time (participant must submit a written request)



## Phase IV: Adaptive Habilitation

*Length of Phase: Minimum of 120 Days*

### Requirements:

- ✓ Continued compliance with all requirements of Phases I - III
- ✓ Address Other Needs: Parenting, Job Training, Vocational Skills, Education
- ✓ 11PM Curfew (with exception of work, proof must be provided)

**Phase Advancement**= 120 days Compliance with ALL Treatment & Supervision Rules with a minimum of 90 consecutive clean days and participant submits written request

## Phase V: Continuing Care

*Length of Phase: Minimum 150 days*

### Requirements:

- ✓ Continued compliance with all requirements of Phases I – IV, **EXCEPT:**
  - There is no longer a curfew
- ✓ Develop continuing care plan

**Phase Advancement**= 120 days Compliance with ALL Treatment and Supervision Rules with a minimum of 90 consecutive clean days and participant submits written request





## ***Why is Scheduling Important?***

**Scheduling in a DTC program is a tool for you to use in gaining the skills needed to bring organization and structure to your life.**

It is important to schedule appointments and be on time for them. All five phases of this program strongly emphasize:

- ✓ Time-management
- ✓ Accountability
- ✓ Safety
- ✓ Dependability

**!** Scheduling also permits DTC Team members to figure out times that allow community contact to be made in a timely manner

Grafton County is geographically large, so scheduling participant contacts can be time consuming and difficult. Random participant contacts are a part of the program. Participants are asked to respect this dynamic and be considerate of supervision time by letting DTC Team members know when they are deviating from their regular daily schedules. *Communication is key.*

**Upon entering the program, participants will be asked to open a Gmail account and a Google Calendar to help keep track of personal commitments, such as court, work, school, community service, self- help groups, treatment, medical appointments, and any other pertinent appointments. These events should all be logged in the participant's Google Calendar.**

Each week during the participant's case management meeting they will

- 1) Review the schedule**
- 2) Track changes or unexpected events in the week**
- 3) Build skills to work through issues effectively**

→ **Phases 1 & 2:** Participants are expected to email/text/hand in their anticipated schedule to the Case Manager on a daily/weekly basis, verifying their work schedule with pay stubs. In the event a participant calls out from work, they are to notify their Case Manager immediately via text message. If ANY scheduled event changes, the Case Manager must be notified immediately via text message.

→ **Phases 3, 4 & 5:** Participants need to email or text anticipated weekly schedule, and will continue to review and develop time management skills with their Case Manager.

If the participant has **repeated scheduling issues, late appointments, or missed treatment in any of the five phases**, a stricter schedule and/or GPS monitoring may be enforced. These extra costs may be the responsibility of the participant in full or part. The schedule is not a punitive tool, but a therapeutic/life skill tool.



Treatment is a key component to recovery; ***missing treatment will not be tolerated.*** Any changes to the treatment schedule must first be approved by the counselor, and then the participant must notify either their Case Manager or Probation Officer immediately via text/call. There is an “emergency” ten-minute window allotted for tardiness before sanctions are applied. Participants must notify their treatment provider as soon as possible of any changes to their schedule.

## **VII. What is Medication Assisted Treatment (MAT)?**

MAT incorporates prescription medication, chemical dependency counseling, and social support, into an individual’s treatment plan. Some forms of medication utilized for MAT include, Suboxone, Methadone, Naltrexone, and Vivitrol.

***👍 MAT is an authorized form of treatment in the Grafton County DTC program.***

### ***What do I do if I am already on MAT before entering DTC?***

All MAT providers must be pre-approved by the Drug Treatment Court of Grafton County. If a potential participant wishes to use a provider that is not on the pre-approved list, they can request that a provider be added to the list.

***👍 If a participant is on MAT, they must provide a copy of their entire treatment plan to the Program Manager and the DTC Therapist.***

The treatment plan must be approved by the DTC therapist and MAT provider who distributes the medication to confirm:

- ✓ Appropriate levels of medication are in the participant’s system
- ✓ Safe security of the medication (*to ensure the medication is not being diverted or taken in a manner not prescribed*)
- ✓ Plan for counseling and treatment (*the medication is assisting treatment, but is not the treatment*)

The counseling may be the identical counseling recommended for DTC.

If an individual being screened for DTC is currently on a MAT plan through an authorized provider who indicates that such MAT is a necessary part of the individual’s chemical-dependency treatment, then the individual must abide by the following prior to entry:

- ✓ Sign a release of information between the MAT provider and the DTC Therapist



- ✓ Take steps to ensure that there is always communication between the MAT provider and the DTC Therapist
- ✓ Understand that any abuse of MAT treatment (e.g. using illicit drugs/alcohol, over medicating, not following any of the physician's treatment/protocol, missing urinalysis tests or counseling sessions) will prompt review by the DTC team and may result in a therapeutic adjustment or a court sanction

### ***What if as participant wants to do MAT once they are sentenced into DTC?***

Current DTC participants also have the option of exploring MAT as part of their individualized treatment plan. However, this can only be done as a therapeutic option that is recommended through the DTC Therapist and the MAT provider. **A current participant may not make this decision on their own.**

**\* The participant must take the following steps prior to beginning MAT treatment:**

1. Meet with their treatment provider to discuss MAT requirements and restrictions
2. Sign Releases of Information before their first appointment is arranged
3. The participant's DTC Therapist will be responsible for maintaining contact with the MAT provider and providing status updates in the participant's court reports

➔ Any non-compliance involving continual misuse of MAT medications may result in sanctions imposed by the court including the possibility of termination from the DTC program

➔ If at any point while in the DTC program a participant wishes to cease their MAT regimen, they must discuss the situation with their treatment provider and receive authorization from the MAT provider

### ***Are participants required to be off of MAT medications in order to successfully complete the DTC program?***

At no point will a participant be required to titrate (reduce medication dosage with the goal of getting off of it) prior to completing Drug Treatment Court. The only time this is permitted is under a doctor's supervision; the DTC Therapist must be notified in advance.

### ***What happens if a participant on MAT must serve a sanction at the Grafton County House of Corrections?***

During participation in Drug Treatment Court, if the participant is incarcerated as a sanction, the Grafton County House of Corrections (GCHC) will **not** provide MAT



medication. If the participant is incarcerated, the MAT provider must be aware of the possibility of an interruption to the MAT medication treatment. However, GCHC will continue to administer any and all MAT medication to any pregnant female that is on a physician-approved MAT plan.

## VIII. What are the Program Rules?

### Abstinence from Substance & Drug Testing

#### **PARTICIPANTS MUST:**

- ➔ Submit to all requested drug testing. If a participant fails to submit a drug test within an hour of any DTC team member request, or if a drug test registers an unacceptably low creatinine level, it will be considered the same as a positive test result.
- ➔ Totally abstain from the use of illegal drugs, alcohol, mind-altering substances, supplements or synthetic drugs (e.g. K2, bath salts, molly, inhalants, and workout supplements).
- ➔ Verbally inform the treating physicians that they are in recovery and may not take narcotic medications or drugs without first contacting the DTC Therapist. The participant must give permission to their DTC Therapist and/or Case Manager to talk to the treating physician directly about why a narcotic medicine is medically required/necessary. Participants must provide medical documentation to the Case Manager.
- ➔ BEFORE taking ANY prescribed or over-the-counter medication, confirm with the Case Manager that they are allowed. The participant must bring in any and all documentation from doctors' visits to the Case Manager.

### CHEMICAL TESTING

Participants will be drug tested throughout the entire program by any community supervision officer, case management, PPO, counselors, or other staff. Participants will also be tested randomly by an outside agency. The program requires a minimum of two random urine tests per week. Random tests will occur outside of court, case management, or treatment settings.

#### **Urine Screen Procedures:**

- Participants will be observed to ensure freedom from errors
- Participants will rinse off hands, select their own testing cup, provide the sample in the cup, secure the lid, and hand the cup back to the observer
- Urine that is diluted, substituted, and/or adulterated will be considered a positive test result
- Participants should avoid consuming any products that contain poppy seeds
- All random tests will be submitted to the lab for analysis



### Weapons

A participant shall not possess or be in the presence of any firearms, destructive devices, weapons, simulated weapons or ammunition while in the DTC program.

### Address and Telephone Contact

#### **The participant must:**

- ⇒ Keep the DTC team, Case Managers, treatment provider, and Probation Officer informed of current address and phone number at all times
- ⇒ Obtain permission from the DTC team to change address/residence
- ⇒ Have a working telephone where they can be reached at all times

### Contact with Law Enforcement

If a participant has any police contact – regardless of the reason— they are required to report the contact immediately to their Case Manager and Probation Officer and provide the officer's name and contact information. The participant shall inform the law enforcement officer that they are in DTC.

### Contact with Felons, Probationers/Parolees, and/or People Who Use/Possess Drugs

- Participants shall not associate with people who use or possess drugs, are on probation/parole, or are convicted felons, *unless authorized by the DTC.*
- Participants must request and obtain permission from the Case Manager and/or the Probation Officer the ability to associate with people who are on probation/parole.
- The DTC may also restrict participants' contact with other individuals who are detrimental to their recovery.

### Overnight/Furlough and Out-of-state Travel



#### **Participants are NOT permitted to:**

- ✗ spend any overnights outside their home without prior authorization from the Case Manager to whom they will submit the name and address of the person with whom they are requesting to stay. This request will be brought to the DTC Team for final approval.
- ✗ travel outside of New Hampshire without permission from their Probation Officer. They will bring their request to the DTC team for approval, providing advanced notice to all team members to weigh in on the decision.



***A participant's failure to submit requests in advance may result in denial of their request.***

### SEARCHES

As a condition of participation in the DTC program, a participant's person, vehicle, cell phone, social media accounts, electronics, residence, and personal effects may be searched at any time, as documented in their court waiver.

## **IX. Will participants be supervised?**

The supervision of participants while residing in the community will be provided with a team approach including various DTC Team members. **Random home visits will be conducted 24 hours a day/7 days a week by any or all of the following people:**

- ✓ **Probation and Parole Officers**
- ✓ **Sheriff's Deputies**
- ✓ **Law Enforcement Officers at the request of the DTC Team**
- ✓ **Case Managers**

## **X. What happens if a participant does not follow the rules?**

The Drug Court Team will review a participant's progress and determine the need for therapeutic adjustments, sanctions, or incentives.

***Incentives:*** *Upon the recommendation of the Drug Court Team, participants may be given rewards or incentives for healthy and appropriate behaviors.*

Common behaviors and incentives include, but are not limited to:

Positive Behaviors	Incentives/Rewards
<ul style="list-style-type: none"> <li>• Honesty</li> <li>• Starting employment/schooling</li> <li>• Participating positively in IOP</li> <li>• Getting a self-help sponsor or recovery coach</li> <li>• Effective communication with the team</li> <li>• Paying fines/restitution</li> <li>• Sustaining stable housing</li> <li>• Consistent negative substance screens</li> <li>• Helping others in need</li> </ul>	<ul style="list-style-type: none"> <li>• Judicial praise/congratulations</li> <li>• Reduction of court appearances</li> <li>• Called at the beginning of the docket</li> <li>• Allowed to leave court early</li> <li>• Curfew extension</li> <li>• Reduction of fees</li> <li>• Gift cards</li> <li>• Gym memberships</li> <li>• Movie Tickets</li> <li>• Certificate of achievement</li> </ul>



**Sanctions:** will be brought forth immediately by the Drug Treatment Court Judges upon the recommendation of the team when/if a participant violates any of the Drug Treatment Court rules. These sanctions are intended to be immediate responses to negative behavior(s) and are individualized to the participant's behavior(s).

**Honesty plays a part in determining sanctions: The most important part of a participant's recovery is to be honest with themselves and the team.** In the event of a relapse, the DTC adopts a tiered system of responses that depends on both a participant's accumulated time in the program, but most importantly the participant's degree of honesty:

1. **Honesty** - Admitting to use within 24-48 hours of the incident to any DTC team member
2. **Partial honesty** – Admitting before a urine sample is given, but after 24-48 hours
3. **Dishonesty** – Admitting only after confronted
4. **Dishonesty and lying** – Denial during and after being confronted with a positive test result

**\*\*\* Participants who are dishonest may receive a more significant sanction than participants who are honest \*\*\***

Common behaviors and sanctions include, but are not limited to:

Behavior	Sanctions
<ul style="list-style-type: none"> <li>• Positive drug/alcohol test/tampering with urine sample</li> <li>• No-shows or unexcused tardiness to IOP, court, or drug testing</li> <li>• Disruptive behavior or lack of participation in group</li> <li>• Failure to comply with curfew or maintain appropriate residence</li> <li>• Failure to comply with restitution/fines or fees (if applicable)</li> <li>• Re-arrests</li> <li>• Failure to make court appearances or disruptive behavior in court</li> </ul>	<ul style="list-style-type: none"> <li>• Increased court appearances</li> <li>• Imposition of community service</li> <li>• Apology letter</li> <li>• Increased self-help requirements</li> <li>• Extension/reduction of phase</li> <li>• Imposition of electronic monitoring equipment</li> <li>• Employment search form completed</li> <li>• Incarceration at the House of Corrections</li> <li>• More frequent drug testing</li> <li>• Placed back on a schedule for a period of time</li> <li>• Community Service</li> </ul>



## **XI. Can participants ask for exceptions?**

***Participants must make a special request to engage in any activity that deviates from the rules and regulations of Drug Treatment Court, Probation Supervision, or other reasons.*** A special request includes, but is not limited to: staying out past curfew, sleeping at another person's home, missing a DTC appearance, missing a treatment appointment, moving, overnight trips, or events, etc.

***Special requests of any kind must be submitted in writing to the Case Manager, using the attached form, one week prior to the date of the requested activity to allow enough time for the DTC team to consider the request.***

All requests must be approved by the DTC team. Requests for change of employment or residence must be submitted to the Case Manager. Requests involving amendments to probation rules, out-of-state travel, overnight visits, or visitors, must be approved by probation supervision. If a participant has the opportunity to work extra hours not previously scheduled, they must notify the Case Manager of the schedule change via phone, email, or text, prior to working the additional hours. These requests may be approved if they do not interfere with a scheduled treatment appointment or court appearance. Exceptions to this policy will be handled on a case-by-case basis. Any urgent requests should be submitted to the Case Manager and probation supervision.

## **XII. Is there a cost to the program? What if the participant owes fines or restitution?**

**There is a \$20 monthly fee** for participating in the Grafton County Drug Treatment Court Program. *If payments become prohibitive, the participant should speak with the Case Manager to make an alternative arrangement.*

- ⇒ If restitution was part of the sentencing order, once employed the participant will be asked to make a restitution payment plan with their PPO, which is to be paid monthly. Failure to comply could result in a probation violation.
- ⇒ If the participant owes fees to Office of Cost Containment (OCC), treatment providers, banks, other institutions or for license restoration, the Case Manager can help develop a financial plan to fulfill those obligations.
- ⇒ If at any time the participant has a change of employment status and is unable to meet their financial obligations, they are required to update their payment plans with the Case Manager to avoid any lapse in payment.



### XIII. What types of treatment are available?

The Drug Treatment Court will work with participants to determine the appropriate level of care. Care may include inpatient, outpatient, group, one-on-one and/or MAT.

The DTC also requires participants to engage in self-help activities.

### XIV. What are Self-Help Activities?

#### Participants are expected to...

Attend self-help activities, including either Twelve-Step (“AA,” “NA”), the Twelve-Step SMART Recovery meetings, or an equivalent program. (*See Phase requirements for details*).

“Self-help” activities serve the following purposes:

- **Teach** participants how to live a sober life
- **Help** participants get support from others who are recovering from addiction
- **Learn** new skills to cope with challenging issues

#### Participants are expected to...

Have a mentor or recovery coach who has experience with long-term sobriety for at least 3 to 4 years.

**Mentor/Recovery Coach:** an experienced person who can mentor a participant through their recovery and provide support when needed

The best place to find a mentor or recovery coach is at a self-help meeting or Recovery Center. At many meetings, the chairperson will often ask who would like to mentor or coach newcomers. Those who are interested in doing so will make it known by raising their hand.

The DTC team also recognizes that Twelve-Step meetings are not the only self-help activities available. Participants are encouraged to seek out other self-help activities. These activities must be therapeutic in nature, meaning they will aid in your recovery. ***Before beginning any self-help activity, participants must gain approval from the DTC team.***



### **Suggested additional self-help activities include:**

**SMART Recovery:** a self-help organization that holds regular meetings and focuses on learning and utilizing cognitive behavioral techniques (recognizing and changing faulty thinking patterns) to maintain sobriety.

**Learn more about the program and locations:** [smartrecovery.org](http://smartrecovery.org)

#### **Participants may attend:**

1. Support groups, such as those offered at mental health centers/hospitals
2. Religious services (*those at a church, temple, or mosque*)
3. Therapeutic art, exercise, or writing classes designed to assist in coping with mental health issues (*including drug and alcohol recovery*)
4. Additional classes offered by DTC staff/community members, like financial management, nutrition, or general education needs

***The suggestions above are just examples. If the participant finds an activity that they are interested in pursuing, they should first consult the DTC team.***

### **XV. Will participants see a judge or go to court during the program?**

DTC participants are required to appear in court on a regular basis.

- The number of times a participant must appear in court depends upon the phase they are currently in; Phase 1 and 2 participants report to court weekly. Participants in phases 3-5 report to court at least monthly.
- Failure to appear at any court hearing can result in a warrant being issued for the participant's arrest and detention in jail until they can appear before the court.

***If participants have any questions about their court appearances, they may contact the Case Manager or probation officer for clarification.***

#### **DTC Participant Court Check-Ins**

1. For scheduled court days, the participant must appear at each session and report to the Case Manager as follows:
  - **11:00 am** for participants in **Phase 1 or 2**
  - **1:30 pm** for participants in **all other phases** (Participants should confirm with the Case Manager the location to which they are to report)
2. Participants are required to sign in with the Case Manager to show proof of employment and Recovery Self-Help Group participation

## XVI. What are the Drug Treatment Courtroom Rules?

- ✘ Do not chew gum, eat or drink in the courtroom.
- ✘ Turn off cell phones before entering the courtroom. The use of cell phones during court is prohibited. All Phones brought into the court room will be collected by DTC staff and held until the end of the court session.
- ✘ Do not leave the courtroom unless permission is granted by the Judge

## XVII. Is there a dress code for court?

- 👍 Appropriate dress pants, shirt, dress, or skirt
- 👍 Men must wear a tie in court
- 👍 Proper footwear

### The following are NOT acceptable:

- 👎 Any clothes with holes, tears, stains, or dirt
- 👎 Shorts
- 👎 Flip Flops
- 👎 Sleeveless tops with straps less than two inches wide
- 👎 Short skirts or low-cut tops that expose cleavage
- 👎 Exposed under garments
- 👎 Leggings worn as pants without appropriate covering
- 👎 Sweatshirts, pajamas, leisure or yoga pants
- 👎 Clothing with nudity, alcohol, drug, and/or vulgar references
- 👎 Hats of any kind (except religious head coverings)

➡ **The dress code applies to men and women.** Repeated violations of the dress code may result in a sanction. *(The Case Manager can assist participants that do not have the resources to meet these requirements).*

## XVIII. What happens if court is cancelled?

DTC sessions will be determined by the Judge. In the rare event that no Judge is available to preside over the DTC session, the DTC Program Manager will arrange for a meaningful alternative program.



## **XIX. How does the DTC Team know about a participant's progress?**

Before a participant's Drug Treatment Court session, and periodically as needed, DTC team members, including the Judge, meet or communicate with each other to familiarize themselves with the participant's progress and/or any setbacks. During court sessions, these issues will be discussed with the participant to determine any additional resources that can be offered and/or any sanctions or incentives that should be applied.

### **The progress report will include:**

- ✓ Information about the participant's drug test results
- ✓ Fee schedule compliance
- ✓ Attendance/participation
- ✓ Cooperation in the treatment program
- ✓ Compliance with program rules

**The report will also review employment and other requirements that may have been imposed in previous sessions.**

**If the participant's progress report demonstrates success,** they may be rewarded with reduced program requirements or other incentives.

**If the participant's progress report demonstrates lack of success,** the Judge will discuss the challenges with them to determine future action, which could include a sanction, to help remind the participant of their goals in the program, or therapeutic adjustments. Sanctions range from increased program requirements to program termination.

## **XX. Who else will know about a participant's progress in treatment?**

Participants must consent to the release of information to all DTC Team members in order to participate in Drug Treatment Court. DTC Team members cannot disclose the participant's information beyond the DTC Team without the consent of the participant. Participant information that is shared is, generally, not specific to the content of their counseling sessions, but only that which is required to evaluate whether treatment is working or if there needs to be therapeutic adjustments.



Without a signed release, no information about the participant and their case can be released to, for example, family members, landlords, employers, or outside agencies.

**Participants are required to complete a form entitled *Consent for Disclosure of Confidential Substance Abuse Information* and to sign all release forms for their individual counselors. If a participant denies consent, they will be terminated from the program.**

Treatment centers maintain separate participant files, but follow all of the above rules/laws pertaining to confidentiality.

Participants can have a discussion with their attorney before signing any consents or contracts. The DTC administration reviews all consents and contracts with the participant to determine if their level of literacy and understanding allows comprehension of the language printed on the forms. If the participant cannot understand or read English, an interpreter will be provided.

## **XXI. What happens if a participant successfully completes all phases of the DTC program?**

Once a participant completes the DTC program, there is a commencement ceremony to recognize the participant's progress and success.

As recovery is a process, not an event, the DTC will continue to provide a support system to help participants maintain sobriety. Additionally, participants will be required to continue with probation and 12 months of sobriety monitoring administered through the Department of Corrections, Division of Probation/Parole. This is an opportunity for the participants to prove to the Drug Court Team and community that they are ready to continue on their path as a productive, law-abiding member of society.

One year after completion of both DTC and Probation, participants may file to have annulled the felony-level charges for which they were sentenced to drug court. Participants must reach out to the Program Manager or the Defense attorney at the public defender's office to begin the process.



## XXII. Can a participant be terminated from the program?

**! Warrants, new arrests or a significant violation of any part the treatment plan may result in termination from the DTC program.**

### **Participants may be subject to termination if they:**

- Refuse substance abuse treatment
- Fail to give consent to release their information
- Fail to comply with requirements of their recommended level of treatment (in some cases may be inpatient)
- Fail to comply with individualized treatment plan
- Lie or are continually dishonest
- Fail to comply with the drug testing policy, housing policy, or other court order
- Fail to remain arrest-free
- Commit a new criminal or violation-level offense or engage in illegal activity for which they have not been arrested
- Use violence or threat violence to anyone

**Only a Judge can decide if a participant will be terminated from the DTC program. This decision will be made after an evidentiary hearing at which the participant will have the right to legal representation.**

## XXIII. What is the procedure for termination?

The participant will be informed by the judge during a court session of a recommendation for termination.

A hearing will be scheduled, and counsel will be re-appointed. At this time, the state will ask for release or incarceration pending a bail hearing and/or the termination hearing.

The state will file a Motion to Terminate participation in Drug Court and impose the previously suspended sentence. The Motion will include the following information: 1. The Drug Court(s) rule(s) that have been violated; 2. The facts supporting the violation and the court's response to the violation 3. A recommendation for termination from the program.

The hearing should be held within 30 days whereby the participant and their lawyer will have the opportunity to be present, hear, and cross examine witnesses. The participant can elect to waive their right to a hearing; the team encourages participants to do so only after an opportunity to discuss options with a lawyer.



## **XXIV. How does a potential participant apply to the DTC?**

Defendants who are interested in applying must complete the application form attached in this handbook. That form must be filled out and given to the DTC Program Manager. Someone from the drug court will reach out to schedule a substance abuse evaluation and a risk/need assessment. If it is determined that the participant qualifies for the program, the participant and their attorney will be notified of acceptance and the participant will be scheduled for a plea and sentencing hearing.

## **XXV. Conclusion.**

The Grafton County Drug Treatment Court program aims to help participants achieve a life free from dependence on mind-altering substances.

The Judges and the Drug Treatment Court Team are here to guide and assist participants, but the final responsibility is their own.

**To succeed, participants must be motivated to make a commitment to a drug-free lifestyle.**

Best Wishes,

The Drug Treatment Court Team

**By signing below, I acknowledge and agree to follow the rules contained in the Drug Treatment Court Participant Handbook.**

**If I have any questions, I will contact my case manager.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager/Drug Court Staff/Defense Attorney

\_\_\_\_\_  
Date



## Client Complaint/Grievance Form

At North Country Health Consortium our goal is to provide excellent care and service to the individuals we serve. However, if you have a concern, please feel free to inform an employee so that we can resolve your concern immediately. You may also use this form to communicate your concerns in writing. Please forward this form to the Program Manager and/or Director and we will promptly respond to your request. You may also email your concern/grievance to [compliance@nchcnh.org](mailto:compliance@nchcnh.org), or call 603-259-3700 x252.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

Individual Reporting the Concern:  Client  Client's Representative

Name \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

May we contact you for additional information  Yes  No

Name and title of the employee concern reported to \_\_\_\_\_

### Documentation of Complaint/Grievance

Please describe concern. *(Please use reverse side if more space is needed)*

\_\_\_\_\_  
\_\_\_\_\_

### Documentation of Follow Up

Individual(s) designated to take action on this concern (Name and Title)

\_\_\_\_\_

Date assigned \_\_\_\_/\_\_\_\_/\_\_\_\_ Date to be resolved by \_\_\_\_/\_\_\_\_/\_\_\_\_ Date resolved \_\_\_\_/\_\_\_\_/\_\_\_\_

What action(s) was taken to resolve this concern? Be specific. *(use reverse side if more space needed)*

\_\_\_\_\_

Has the concern been resolved to the person's satisfaction?  Yes  No

Has the client been notified of their right to email [compliance@nchcnh.org](mailto:compliance@nchcnh.org) or to contact the compliance officer directly at 603-259-3700 x 252.  Yes  No

Employee signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Resolution of Complaint/Grievance

Person/persons (including client) resolution reported to \_\_\_\_\_

\_\_\_\_\_

Written letter  Telephone  Face-to-face  Email  Other \_\_\_\_\_

Date of notification \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_  
Clinical/Administrative Director Signature Date

\_\_\_\_\_  
Chief Executive Officer Signature Date





**Media Release (Video and/or Audio)**

I hereby give permission to the North Country Health Consortium, Inc., to use my (check all that apply):

- Name
- Photographic likeness (for example: photos or video recording)
- Audio recordings (for example: interviews and/or podcast format)

in all forms of media for advertising, trade, and educational purposes. I agree that NCHC will have final editorial authority over the use of the items checked above (media), and I waive any right to inspect or approve of any future use of the media. I acknowledge that I am not expecting to receive compensation. I release and fully discharge NCHC, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the creation of the media and its future use.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*\*\*\*\*

I do NOT give permission for NCHC to use my likeness in any of the above noted outlets.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Drug Treatment Court of Grafton County**  
**Special Request Form**

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

1. What is your request? \_\_\_\_\_

2. What is the reason for your request? \_\_\_\_\_

3. If you are traveling, where are you traveling and where will you be staying?  
\_\_\_\_\_

4. What are the dates of your travel? \_\_\_\_\_

5. Who will you be traveling with and/or visiting? \_\_\_\_\_

6. What are the steps you will implement in keeping yourself sober?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is there any information you believe we need when considering your request?  
\_\_\_\_\_  
\_\_\_\_\_

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

\*\*\*\*\*Reviewed by\*\*\*\*\*

Approved     Denied

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



**Drug Treatment Court for Grafton County  
Program Application (pg. 1 of 5)**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Contact Phone #: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Cohabitant(s): \_\_\_\_\_

Relationship(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Best method and time to contact you: \_\_\_\_\_

Primary Referral Source: \_\_\_\_\_ Name of Referral: \_\_\_\_\_

**Demographics:**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Citizen Status: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Distinguishing Mark(s)? \_\_\_\_\_ Location(s): \_\_\_\_\_

**Veteran's Information:**

Have you ever served in the military?  Yes  No

Have you ever served in combat?  Yes  No

If yes, are you affiliated with any Veteran Services?  Yes  No

**Criminal Justice Information:**

Do you have any prior convictions?  Yes  No

DATE	CHARGES	COURT



Drug Treatment Court for Grafton County
Program Application (pg. 2 of 5)

Do you have a juvenile record? [ ] Yes [ ] No

Current Charges: \_\_\_\_\_

Indictment # \_\_\_\_\_ Stage in Court Process: \_\_\_\_\_

Next Court Event: \_\_\_\_\_ Date: \_\_\_\_\_ Judge: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Location of Arrest: \_\_\_\_\_

Pending charges other than those listed above? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

NOTE: Please list ALL current pending charges, including those in other states and counties. Failure to do so may result in your application being denied.

Attorney for current charges: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney for pending charges: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently on probation or parole? [ ] Yes [ ] No

If yes, name of your PPO: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a violent crime? [ ] Yes [ ] No

Are you currently incarcerated? [ ] Yes [ ] No If yes, date of incarceration: \_\_\_\_\_

Do you have any Detainers? [ ] Yes [ ] No Jurisdiction: \_\_\_\_\_

Health & Substance Abuse History

I have a problem with: [ ] Drugs [ ] Alcohol [ ] Both drugs and alcohol Are you an IV user? [ ] Yes [ ] No

Age of first Use: \_\_\_\_\_ What did you use? \_\_\_\_\_ Method of use: \_\_\_\_\_

First drug of choice: \_\_\_\_\_ Age of use: \_\_\_\_\_

Method of use: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Second drug of choice: \_\_\_\_\_ Age of use: \_\_\_\_\_

Method of use: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Third drug of choice: \_\_\_\_\_ Age of use: \_\_\_\_\_

Method of use: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Have you ever been treated for a substance abuse problem? [ ] Yes [ ] No



**Drug Treatment Court for Grafton County  
Program Application (pg. 3 of 5)**

Number of previous substance abuse admissions? \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient

Number of previous mental health admissions? \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient

If there has been a diagnosis, please describe here: \_\_\_\_\_

Have you ever been tested for HIV?  Yes  No      Do you know the results?  Yes  No

Do you have any current serious medical problems?  Yes  No

Please describe here: \_\_\_\_\_

What, if anything, have you been diagnosed with? \_\_\_\_\_

Are you currently on any prescription medications?  Yes  No

Please list here: \_\_\_\_\_

**Personal Information:**

Highest level of education completed? \_\_\_\_\_ Post-secondary schooling?  Yes  No

Do you have a GED?  Yes  No      Are you interested in getting your GED?  Yes  No

Do you have a driver's license?  Yes  No      Are there any restrictions?  Yes  No

Please explain: \_\_\_\_\_

Do you have a vehicle or access to a vehicle?  Yes  No

Will transportation be an issue for you?  Yes  No

Do you have any special needs? If yes, please describe: \_\_\_\_\_

**Financial and Employment Information:**

Monthly income: \_\_\_\_\_ Source of income: \_\_\_\_\_

Are you currently employed?  Yes  No      Where? \_\_\_\_\_

Is your current income sufficient to meet your bills?  Yes  No

Do you have Health Insurance?  Yes  No      Name of Insurance carrier \_\_\_\_\_



**Drug Treatment Court for Grafton County  
Program Application (pg. 4 of 5)**

**Child Care Needs:**

Do you have any children?  Yes  No If yes, what are the names and ages: \_\_\_\_\_

Do you currently have custody of these children?  Yes  No

**Are you in immediate need of any of the following services?**

- **Housing:**  Yes  No
- **Medical Care/Insurance:**  Yes  No
- **Domestic Violence Info:**  Yes  No
- **Food:**  Yes  No
- **Dental Care:**  Yes  No
- **Educational Assistance:**  Yes  No
- **Pregnancy Care:**  Yes  No
- **DMV Information:**  Yes  No
- **Health and Nutrition:**  Yes  No

In your own words, explain briefly why you would like to enter into the Drug Treatment Court Program and what you hope to gain from it: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Drug Treatment Court for Grafton County  
Program Application (pg. 5 of 5)**

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***Please Read Carefully***

I understand it is my responsibility to return any calls received by the Therapist attempting to schedule an appointment. Failure to schedule or appear for this appointment could result in my application for the Drug Treatment Court being denied. I am aware that the Therapist will make a decision as to the level of care that is needed.

SIGNATURE OF DEFENDANT: \_\_\_\_\_ Date: \_\_\_\_\_

This application will not be considered for admission into Drug Treatment Court unless the following certification has been completed. I hereby certify that I have fully explained the Drug Treatment Court program and that I have reviewed with my client the contents of the Drug Treatment Court Participant Handbook and Participation Agreement.

Defense Counsel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this I acknowledge and agree to follow everything in the Drug Treatment Court Handbook. If I have any questions, I will contact the Drug Treatment Court Team.

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

---

Defense Counsel \_\_\_\_\_ Date \_\_\_\_\_



**CONSENT FOR THE RELEASES OF CONFIDENTIAL TREATMENT INFORMATION**

Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

I, \_\_\_\_\_ do hereby consent and authorize any and all of the team members  
(Printed Name of Participant)  
of the **Drug Treatment Court Sentencing Program for Grafton County** to have reciprocal verbal communication and to exchange written records with:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Annie Crowley (Case Manager),<br>Drug Treatment Court of Grafton<br>County | <input type="checkbox"/> Jamie Brooks Esq. (Public<br>Defender), NH Public Defenders                    | <input type="checkbox"/> David Carlson (Clerk of Courts),<br>Grafton County Superior Court | <input type="checkbox"/> Francine Morgan<br>(Program Director), NCHC                  |
| <input type="checkbox"/> Rhonda Bishop (LADC), Drug<br>treatment Court of Grafton County            | <input type="checkbox"/> Amanda Perry (Probation<br>Officer), Drug Treatment Court of<br>Grafton County | <input type="checkbox"/> Viktoriya Kovalenko<br>(County Attorney)                          | <input type="checkbox"/> Stacie LaClerc<br>(Clinical Director), NCHC                  |
| <input type="checkbox"/> Rob Akesson (Case Manager),<br>Drug Treatment Court of Grafton<br>County   | <input type="checkbox"/> Lawrence McLeod (Judge),<br>Grafton County Superior Court                      | <input type="checkbox"/> Judy Baker (NP)   | <input type="checkbox"/> Paul Smith (Chief of Police),<br>Littleton Police Department |
|   | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____  |

**I DO GIVE CONSENT**  
(Initial line)

**I DO GIVE CONSENT**  
(Initial line)

- |   |  |
|---|--|
| 1. Addiction Severity Index (ASI) Assessment _____  | 9. Psychiatric or Psychological Progress Reports _____   |
| 2. Bio-Psycho-Social Assessment _____               | 10. Summary Diagnosis _____  |
| 3. Current Medications _____                        | 11. Current Symptoms and Treatment Plan _____  |
| 4. Result of Psychological Evaluation(s) _____      | 12. Statement of Treatment Prognosis _____   |
| 5. Discharge Summary _____                          | 13. Statement of Treatment Status/Progress _____   |
| 6. Medical and Physical Examination Results _____   | 14. Results of Drug Testing (including but not limited<br>to, urine, saliva, breath, and perspiration) _____ |
| 7. Other Medical Results _____                      | 15. Employment _____   |
| 8. Admissions/Intake Summary _____                  | 16. _____  |
| Program Attendance (session, type, frequency) _____ |  |

**I UNDERSTAND**  
(Initial line)

- The purpose or need for such disclosure authorized herein is to comply with the conditions of court orders, assist with assessment and appropriate referral, and/or to keep the Court informed of my status in treatment. \_\_\_\_\_
- I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent will remain in force for one (1) year. \_\_\_\_\_
- I understand that my continued participation in the Grafton County Drug Court sentencing Program is conditioned upon ongoing communication between the court and my treatment provider. \_\_\_\_\_
- I understand that I will be asked to renew this consent, at a minimum, on an annual basis, throughout the course of my participating in the Grafton County Drug Court Sentencing Program. \_\_\_\_\_
- I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the Code of Federal Regulations. \_\_\_\_\_

Participant Signature

Date

Signature of Witness

Date

Name & Title of Witness (PRINTED)





**CONSENT FOR THE RELEASES OF CONFIDENTIAL TREATMENT INFORMATION**

Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

I, \_\_\_\_\_ do hereby consent and authorize any and all of the team  
(Printed Name of Participant)

members of the **Drug Treatment Court Sentencing Program for Grafton County** to have reciprocal verbal communication and to exchange written records with:

Other: \_\_\_\_\_

	<b>I DO GIVE CONSENT</b> (Initial line)		<b>I DO GIVE CONSENT</b> (Initial line)
17. Addiction Severity Index (ASI) Assessment	_____	25. Psychiatric or Psychological Progress Reports	_____
18. Bio-Psycho-Social Assessment	_____	26. Summary Diagnosis	_____
19. Current Medications	_____	27. Current Symptoms and Treatment Plan	_____
20. Result of Psychological Evaluation(s)	_____	28. Statement of Treatment Prognosis	_____
21. Discharge Summary	_____	29. Statement of Treatment Status/Progress	_____
22. Medical and Physical Examination Results	_____	30. Results of Drug Testing (including but not limited to, urine, saliva, breath, and perspiration)	_____
23. Other Medical Results	_____	31. Employment	_____
24. Admissions/Intake Summary	_____	32. _____	_____
Program Attendance (session, type, frequency)	_____		

- |   | <b>I UNDERSTAND</b><br>(Initial line) |
|---|---------------------------------------|
| 1. The purpose or need for such disclosure authorized herein is to comply with the conditions of court orders, assist with assessment and appropriate referral, and/or to keep the Court informed of my status in treatment.  | _____                                 |
| 2. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent will remain in force for one (1) year.   | _____                                 |
| 3. I understand that my continued participation in the Grafton County Drug Court sentencing Program is conditioned upon ongoing communication between the court and my treatment provider.  | _____                                 |
| 4. I understand that I will be asked to renew this consent, at a minimum, on an annual basis, throughout the course of my participating in the Grafton County Drug Court Sentencing Program.  | _____                                 |
| 5. I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the Code of Federal Regulations. | _____                                 |

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

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Name & Title of Witness (PRINTED) \_\_\_\_\_



# Drug Treatment Court for Grafton County (DTCGC) Referral Form

Send form to: [acrowley@NCHCNH.org](mailto:acrowley@NCHCNH.org) or Fax: (603)243-0222 \*

Person/Office providing referral: \_\_\_\_\_ Referral date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Arrest date: \_\_\_\_\_ Select one:  New charge  VOP

Gender:  Male  Female Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current Living Arrangement:  Incarcerated  Other community setting  Treatment  Other \_\_\_\_\_

If living arrangement is community based, provide address:

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

Current and/or Pending Charge(s)	Docket number (for each charge)

To be completed by County Attorney (Name): \_\_\_\_\_

### Legal Screening Results

Legally eligible to participate in DTC of Grafton County

**Ineligible based on any of the following (mandatory):**

- Applicant has been convicted of or is charged with a crime of violence as defined in 42 U.S.C. sec. 3797u-2 (firearm/dangerous weapon, serious bodily injury or use of force).
- Applicant has been convicted of or is charged with a "violent crime" as defined in RSA 651:5, XIII with the exception of subparagraphs (d – criminal restraint) & (f).
- Applicant has outstanding warrants or detainers that cannot be resolved.
- Applicant has sold drugs for profit other than to support his/her own drug habit.

**Ineligible for meeting one or more of the following criteria (discretionary), despite meeting DTCGC's eligibility requirements:**

- Applicant's criminal record and/or pending charge would have or does call into play the criteria for extended term of imprisonment as set forth in RSA 651:6, I.
- The emotional trauma and/or mental anguish caused the victim(s) by the applicant's criminal conduct is such that sentencing the applicant to Drug Treatment Court would not be appropriate.
- Other \_\_\_\_\_

County Attorney Signature

Date

<b>FOR INTERNAL USE: To be completed by Drug Treatment Court Program Manager:</b>	
Offender accepts negotiated plea? <input type="checkbox"/> Yes <input type="checkbox"/> No → If no, provide the reason:	Determined on: _____
Offender deemed eligible for Drug Treatment Court by DTC Team? <input type="checkbox"/> Yes <input type="checkbox"/> No → If no, provide the reason:	Determined on: _____
Offender pleads into Drug Treatment Court? <input type="checkbox"/> Yes <input type="checkbox"/> No → If no, provide the reason:	Determined on: _____

\*Within 48 hours, DTCGC Coordinator will submit referral form to County Attorney's office for legal screen.