

¹CLAY/BECKER VETERANS TREATMENT COURT

POLICIES AND PROCEDURES MANUAL *TABLE OF CONTENTS*

- I. Steering Committee
 - II. Planning Team
 - III. Mission Statement
 - IV. Goals and Objectives
 - V. Structure/Model
 - VI. Target Population
 - VII. Eligibility Criteria
 - VIII. Disqualification Criteria
 - IX. Entry Process
 - X. Phases
 - XI. Sanctions and Incentives
 - XII. Treatment Protocol
 - XIII. Supervision Protocol
 - XIV. Testing Protocol
 - XV. Evaluation Design
 - XVI. Memorandums of Understanding
 - XVII. Ethics and Confidentiality Statement
-

STEERING COMMITTEE

1. Tammy Merkins and Jade Rosenfeldt – District Judges Clay
2. Don Kautzmann – Veterans Treatment Court Coordinator Clay/Becker
3. Brian Melton – Clay County Attorney
4. Elijah Hartsell and Caitlin Hurlock – Assistant Clay County Attorneys
5. Gretchen Thilmony and Michelle Lawson – District Judges Becker
6. Brian McDonald – Becker County Attorney
7. Jessica Johnsrud – Assistant Becker County Attorney
8. Brian Rubenstein – Minnesota Dept. of Corrections
9. Jodi Kulik – Minnesota Dept. of Corrections
10. Janelle Cheney – Minnesota Dept. of Corrections
11. Paige McDowell – Minnesota Dept. of Corrections
12. Rachel Marsolek – Fargo VA Veterans Justice Outreach Officer
13. Matt Erickson – Becker County Veterans Service Officer
14. Curt Cannon – Clay County Veterans Service Officer
15. Pat Boyer – Clay County Social Services
16. Rhonda Porter – Clay County Social Services
17. Holly Thunshelle – Clay County Social Services
18. Nancy Nelson – Becker County Human Services
19. Kristy Johnson – Compliance Agent Clay
20. Mike Genereux – Compliance Agent Becker
21. Renelle Fenno – Clay/Becker County Court Administration

PLANNING TEAM

- ❖ Judge: **Tammy Merkins (Clay) & Gretchen Thilmony (Becker)**
- ❖ Coordinator: **Don Kautzmann (Clay & Becker)**
- ❖ Prosecutor: **Brian Melton (Clay) Brian McDonald (Becker)**
- ❖ Treatment Provider(s): **Multiple providers in both counties**
- ❖ Community Supervision/Probation: **Jodi Kulik (Becker) & Paige McDowell (Clay)**
- ❖ Compliance Agents: **Kristy Johnson (Clay) & Mike Genereux (Becker)**
- ❖ Mentor Coordinators: **Curt Cannon (Clay) Matt Erickson (Becker)**
- ❖ VJO: **Rachel Marsolek (Clay & Becker)**

MISSION STATEMENT

The mission of the Clay/Becker Veterans Treatment Court is to provide a coordinated response within the criminal justice system, providing treatment services to veterans while holding them accountable, in order to restore life value and strengthen community bonds.

GOALS AND OBJECTIVES

A. Provide appropriate evidence-based treatment services and appropriate medication management.

- a. 100% of possible participants assessed for chemical dependency or mental health diagnosis within 2 weeks of referral to veterans treatment court.
- b. 85% referred to a treatment program within 5 business days of the assessment.
70% of this group will be in treatment within a week of the referral.
- c. 100% will complete primary treatment by phase III of the program.
- d. 80% of all urine analysis tests will be negative for drug use.
- e. 75% graduation rate of all offenders admitted to the veteran treatment court program within 18 months of admission.
- f. 100% of all graduates will have been drug and alcohol free for at least 6 months at graduation.

B. Enhance public safety by reducing criminal recidivism.

- a. 80% will not be convicted of another offense while in the program.
- b. 80% of those eligible will be employed, in school, or volunteering while in phase III.
- c. 80% will have a significant reduction of at least 6 points in risk and/or needs between initial entry assessment and the discharge assessment as measured by the LSI-R.
- d. 70% of all participants will not be convicted of another offense 1 year after graduation.

C. Assist veterans in developing personal, family and social skills and relationships to become more productive citizens.

- a. 80% of those in eligible will be referred for education and/or employment services while in phase III of the program.
- b. 80% of participants will report improvements in their familial and personal relationships.
- c. 80% of all participants in need of therapy or mental health services will obtain the services while in the program.
- d. 90% of those eligible will have obtained employment or be enrolled in school at the time of graduation.

D. Reduce the number of veteran offenders in the jail population.

The expected outcomes will show improvement in the participants' ability to function in all areas of their lives, increase public safety and break substance abuse patterns that result in criminal activity. The evaluation component of the program will measure whether these goals and objectives are achieved.

STRUCTURE/MODEL

The Clay/Becker Veterans Treatment Court is handled on a specialized criminal court docket involving veterans charged with typically felony or gross misdemeanor non-violent criminal offense(s), by diverting eligible veteran-defendants with substance dependency and/or mental illness. The court substitutes a treatment problem solving model for traditional court processing. Veterans are identified through specialized screening and assessments, and voluntarily participate in a judicially supervised treatment plan that a team of court staff, veteran health care professionals, veteran peer mentors, AOD health care professionals and mental health professionals develop. At regular status hearings treatment plans and other conditions are periodically reviewed for appropriateness, incentives are offered to reward adherence to court conditions, and sanctions for non-adherence are handed down. Completion of program is defined according to specific criteria. Upon admission to Veterans Treatment Court, the court staff and mentors assist the veteran with an array of stabilization and other services, such

as emergency financial assistance, mental health/trauma counseling, employment and skills training assistance, temporary housing, advocacy, and other referral services.

Service Officers Component

Veterans of the United States armed forces may be eligible for a broad range of programs and services provided by the federal Department of Veterans Affairs (VA). These benefits are legislated in Title 38 of the United States Code. Veterans may also be eligible for specific programs and or benefits through the State of Minnesota due to their veteran status.

Many veterans may be unaware of their eligibility for VA programs and services. The claim system is complicated and veterans often require additional expertise in navigating filing and/or appealing a claim.

Service Officers will provide the valuable linkage and education necessary for veterans to file timely and complete claims. Service Officers will also provide updated information on federal benefits available to veterans participating in the Veteran's Treatment Court as changes occur on the national and/or state level.

Role of Service Officer in Veteran's Treatment Court

1. Provide initial orientation for veterans immediately after plea into Veteran's Treatment Court.
2. Provide ongoing education of veterans on federal and/or state benefits for veterans and dependents, including, but not limited to health, education and disability compensation, benefits, and pension.
3. Act as a liaison between the veteran and the Veteran Benefit Administration (VBA).
4. Act as a liaison between the veteran and the Veteran Health Administration (VHA).
5. Advocates on behalf of the veteran with the VBA and the VHA regarding veteran's benefits, disability compensation, and/or pension.
6. Assist veteran with completing initial claims, current claims and/or appeals of denied claims.

Duties and Responsibilities

1. Attend court sessions when possible.
2. Participate and lead training sessions within the Veteran's Treatment Court as needed.
3. Attend an initial orientation regarding Veteran's Treatment Court and courtroom protocol.
4. Collaborate closely with the VBA and the VHA representative assigned to the Veterans Treatment Court. Be supportive and helpful to the VBA and VHA representatives assigned to the Veterans Treatment Court.
5. Directly assist the veterans with filing claims, questions about current claims and/or denied claims. Assist the veterans with the appeal process for denied claims.

6. Advocate on behalf of the veteran interfacing in a professional manner with the VBA and VHA either in court or outside of court as needed.
7. Be supportive and helpful to veterans within Veterans Treatment Court.

Service Officer Requirements

1. Be a veteran of one of the branches of the United States Military, including the Army, Marine Corps, Navy, Air Force, Coast Guard, or their corresponding Reserve and Guard branches.
2. Adhere to all of the Veterans Treatment Court programs, policies and procedures.
3. Complete the required initial training as specified by the court prior to participation in the Veterans Treatment Court.
4. Participate in any required additional training as required by the court.

Section 2: Mentoring Program

- THE CLAY/BECKER VETERANS COURT VETERAN'S MENTORING PROGRAM

Evidence shows that veterans are more likely to respond more favorably with another Veteran than with others who did not have similar experiences. Based on the data, it is clear that peer mentors are an essential addition to the Treatment Court team.

- MENTOR COORDINATOR

Essential to the coordination, maintenance and success of the mentoring program is the Mentoring Coordinator. The role of the Mentor Coordinator is to recruit, train, supervise, and coordinate mentors within the Veterans Court Diversion Program. The Mentor Coordinator is responsible for recruiting potential mentors, screening candidates, and selecting individuals to become Veteran Mentors. The Mentor Coordinator will be responsible for training selected candidates in skills to facilitate a mentoring session and skills specific to the Veterans Treatment Court Program. The Mentor Coordinator will also be responsible for individual and group supervision as well as scheduling mentors to be present during the Veterans Court proceedings. The Coordinator also must coordinate all activities with the Judge and the Court coordinator

DUTIES AND RESPONSIBILITIES:

1. Recruit and train volunteer Veterans Court mentors.
2. Assist in the retention of volunteer mentors.
3. Organize and conduct training for volunteer mentors.
4. Assist in supervision of mentors.
5. Assist in the development of specialized training projects for the program.
6. Perform all other duties as assigned by Project Director and the Judge

- VOLUNTEER MENTOR ROLE DESCRIPTION

The role of the Volunteer Veteran Mentor is to act as a coach, a guide, a role model, an advocate, and a support for the individuals s/he is working with. The mentor is intended to encourage, guide, and support the mentee as s/he progresses through the court process.

This will include listening to the concerns of the veteran and making general suggestions, assisting the veteran determine what their needs are, and acting as a support for the veteran at a time when they may feel alone in a way that only another veteran can understand.

Duties and Responsibilities:

- Attend court sessions when scheduled
- Participate in and lead mentoring sessions with veterans when assigned by the Judge.
- Be supportive and understanding of the difficulties veterans face.
- Assist the veterans as much as possible to resolve their concerns around the court procedures as well as interactions with the Veteran's Administration system.
- Be supportive and helpful to the other mentors within the program.
- Be a veteran of one of the branches of the United States Military, including the Army, Marine Corp, Navy, Air Force, Coast Guard, or their corresponding Reserve or Guard branches
- Adhere to all of the Clay/Becker Veteran's Treatment Court policies and procedures
- Commit to program participation for a minimum of six months
- Complete the required training procedures
- Participate in additional trainings throughout time of service

TARGET POPULATION

Veterans with mental health or chemical dependency/abuse issues, who are residents of Clay or Becker County, and charged with felony or gross misdemeanor offenses.

ELIGIBILITY CRITERIA

Eligibility: In order to qualify for veterans treatment court, the person must meet the following eligibility standards:

Qualifying Factors for Candidate:

1. All candidates must be veterans of the armed forces, regardless of discharge.
2. Candidates must be residents of Clay or Becker County in Minnesota, and live within close proximity of the Court as well as required treatment providers, aftercare programming and probation office.
3. Candidates must be determined to be in need of treatment for either mental health or substance abuse/dependency issues.
4. Candidates must be determined to be high-risk/high-need based upon appropriate assessment tools.

Qualifying Factors for Offenses:

1. Any felony or gross misdemeanor charges or probation violations, except for murder, criminal sexual conduct, and charges involving significant bodily harm.

Notwithstanding any other provision, the veterans treatment court may accept, *upon joint motion of the prosecuting and defense attorneys*, persons who do not initially qualify for veterans treatment court because of failure to qualify under the eligibility criteria.

DISQUALIFICATION CRITERIA

Disqualifying Factors for Candidate:

1. A person, whose actual residence is so geographically distant as to render the intensive probation required by the veterans treatment court impractical, may be disqualified from veterans treatment court participation.
2. Candidates with prior sex offenses are disqualified.
3. Candidates with prior convictions for murder or crimes involving significant bodily harm are disqualified.
4. Anyone required to register as a predatory offender is disqualified.
5. Candidates who have a prior involuntary discharge from another veterans treatment court are not eligible.

Disqualifying Factors for Offenses:

1. Murder
2. Crimes of violence against a person involving significant bodily harm.
3. Any predatory or criminal sexual conduct offenses.

Notwithstanding any other provision, the veterans treatment court may accept, *upon joint motion of the prosecuting and defense attorneys, and agreement of the judge*, persons who do not initially qualify for veterans treatment court because of disqualification criteria.

ENTRY PROCESS

Defendants may enter Veterans Treatment Court by any one of the following tracks:

- A. **Post-Plea:** Arrest for any level of gross misdemeanor or felony crime.
Entry into veterans treatment court will not occur until plea or finding of guilty.
- B. **Probation Revocation:** Revocation of standard probation in cases where the defendant was convicted of a felony crime but not initially placed on Veterans Treatment Court probation.

Entry into the veterans treatment court can occur in one of two entry processes.

Type 1: Through Arrest

The common entry will be after arrest for a qualifying offense by a person who meets the “person” eligibility criteria. These individuals will be screened by the Veterans Treatment Court Coordinator and the Prosecutor for offense eligibility the first business day after arrest. If the offense qualifies, a review of the defendant’s criminal history will be conducted that same day. These individuals will also be screened by the Veterans Justice Outreach officer to determine whether they qualify for VA benefits.

The defendant will appear for a Rule 5 (1st Appearance) on the Master Criminal Calendar. At that first appearance, the defendant will be ordered to have a chemical use assessment and/or mental health assessment completed as one of several conditions of release. Additionally, the defendant will be ordered to meet with the Veterans Treatment Court probation staff for screening via the LSI-R risk assessment. The defendant’s Rule 8 (2nd appearance) will be conducted after these screens are completed. The defendant’s file will be screened by the Veterans Treatment Court Team at the weekly meeting to ensure all members agree the defendant is eligible to admission to Veterans Treatment Court. If acceptable, the defendant will again appear in Court and will be ordered to treatment (either in-patient or out-patient). The case will set for further hearing (weekly if out-patient or again at the approximate time of completion of in-patient treatment) and the participant will be admitted into Veterans Treatment Court once a plea or finding of guilt has occurred.

Type 2: Revocation

Probation agents who intend to seek a revocation, are to screen the defendant for entry to the veterans treatment court. The officer should verify that the defendant has violated probation, that the underlying offense is a qualifying offense, that the defendant does not have a disqualifying conviction and that they reside in the qualifying area. If the

defendant meets these requirements, the officer is to attach a Veterans Treatment Court Referral notice to the revocation request.

Court Administration is to fast track the 1st appearance on the revocation hearing with the supervising judge. If the defendant admits to the violation, the judge may order the veterans treatment court screening and assessments. The sentencing should be set with the sentencing judge on a fast track basis. If the defendant is eligible, the defendant should be sentenced to veterans treatment court and to begin veterans treatment court review hearings.

PHASES

Phase I:

Minimum of 3 months
Follow the Orders of Treatment
Minimum of Twice Weekly UA/PBT testing
Minimum of weekly office meeting with probation staff
Court Review Hearings twice a week
Home visit by probation at least once a month
No new offenses
In order to advance:
45 consecutive days minimum of sobriety

Phase II:

Minimum of 3 months
Follow the orders of Treatment
Minimum of Twice Weekly UA/PBT testing
Minimum of weekly office visit with probation staff
Court Review Hearings every other week
Home visit by probation at least once a month
Engage with Mentor
Develop vocational and/or education plan
Develop Housing, Employment and Financial Plans
No new offenses
In order to advance:
90 consecutive days minimum of sobriety

Phase III:

Minimum of 3 months
Follow the orders of Treatment
Implement Housing, Employment, and Financial Plans
Engage in a Meaningful Activity (wellness program, yoga, community service, etc.)
Minimum of Twice Weekly UA/PBT testing
Minimum of 1 office meeting with probation every 2 weeks
Court Review Hearings at least once a month
Continue Regular Contact with Mentor
Home visits by probation at least once a month
No new offenses
In order to advance:
90 consecutive days minimum of sobriety

Phase IV :

Minimum of 2.5 months
Follow the orders of Treatment
Continue Mentor Contact
Maintain Housing, Employment, and Financial Plans
Minimum of Twice Weekly UA/PBT testing
Minimum of One Monthly meeting with probation staff
Home visit by probation at least once a month
Court Review Hearings at least once a month
Continue with Meaningful Activity
No new offenses
In order to advance:
90 consecutive days minimum of sobriety

Phase V :

Minimum of 2.5 months
Follow the orders of Treatment
Continue Mentor Contact
Maintain Housing, Employment, and Financial Plans
Minimum of Twice Monthly UA/PBT testing
Minimum of One Monthly meeting with probation staff
Home visit by probation at least once a month
Court Review Hearings at least once a month
Continue with Meaningful Activity
No new offenses
In order to graduate:
180 consecutive days minimum of sobriety

TERMINATION CRITERIA

- A. Failure to follow program rules over an extended period of time.**
- B. Determination by team that client poses a public safety threat, or that allowing client to remain in program threatens program credibility.**
- C. Violations of law while in the program which would have made the participant ineligible upon initial screening.**

GRADUATION CRITERIA

6 consecutive months of negative or “clean” drug tests.
Earn GED or High School Diploma (where appropriate)
Have a job or be in school (where appropriate)

SANCTIONS AND INCENTIVES

Incentives are responses to compliance, perceived as positive, by the receiver.

Praise/Recognition

Fish Bowl Draw

Decreased Office Visits or Court review hearings

Reduction in Fines, program fees, and/or CSW hours

Receipt of Certificates and Area Business Coupons

Passes, Gift Cards, Gas Cards, Tickets to Community Events

Sanctions are the imposition of a consequence, perceived as negative by the receiver, as a direct result of a prohibited activity.

Verbal or written warnings

Denial of Incentives

Require client to submit written essays to the Court

Require client to observe court (“sit sanction”)

Curfew

Increase office visits with probation or review hearings

Community Service Work or STS

Fines

Electronic House Arrest or home monitoring at client expense

Jail

Travel Restrictions

Pay for all positive drug tests

Termination from Veterans Treatment Court/execution of sentence

GIFT CARD POLICY

Grant funds may be used to purchase gift card incentives. If gift cards are used they shall be given to participants when they move to Phase 2, 3, 4 and 5. The gift cards shall be for a value of \$10 dollars, and shall be purchased by the coordinator from local stores (Walmart, Perkins, Target etc.). The coordinator shall be reimbursed for the purchase. The coordinator shall maintain a log of gift card purchases and distributions, and the court administrator shall review the log to check for accuracy each time new cards are purchased.

TREATMENT PROTOCOL

Assessment: Depending on the case, either the Fargo VA, or Clay County Social Services and Becker County Human Services are responsible for coordinating Chemical Use assessments. The assessment tool is the DHS designed Comprehensive Assessment and uses the American Society of Addiction Medicine Criteria model based on six dimensions, including: Acute Intoxication/Withdrawal Potential, Biomedical Conditions and Complications, Emotional/Behavioral/Cognitive Conditions and Complications, Treatment Acceptance/Resistance, Relapse/Continued Use/Continued Problem Potential and Recovery Environment. Each dimension addresses levels of Risk Description, Type of Services and Modalities Needed, and Intensity of Services/Setting. As directed by MN Department of Human Services, the focus is on timely access to treatment. If County Human Services are not able to provide an assessment in a timely manner, additional resources for other providers will be given. The qualified professional uses personal interviews, screening tools, collateral contacts, information from corrections, and court records (including driving records) to determine risk factors, identify appropriate services and identify the intensity of the service setting.

Substance abuse treatment services: The Clay/Becker Veterans Treatment Court has access to multiple state licensed treatment providers in the area. These providers employ a variety of treatment modalities including faith-based treatment, some utilize the “Minnesota Model” (12-step), and some use cognitive/behavioral and motivational enhancement techniques. Many use a variety of strategies to enhance recovery. The providers all offer treatment protocol overviews to the participants in their intake packets and they provide their employees with protocol manuals.

The team monitors the success and effectiveness of each of these providers through constant communication between the veterans justice outreach officer, the case manager, the chemical use assessors and the providers. All treatment plan and plan modifications are forwarded to the veterans treatment court team. They must address the level of severity of abuse/dependency or mental health issues, determine the level of care needed, and address specific participant needs such as language and literacy skills, medical requirements, and psychological defects. Each provider is required to send updated weekly progress reports regarding the participants' attendance, urine test results and phase progression. The assessment team will utilize age, gender and ethnic programming as those needs are identified. Within The Matrix assessment tools, the assessors are able to determine which philosophy or modality will best assist the needs of the participant. Issues of anger management, violence prevention, victimization and values formation are all taken into account at the assessment and if necessary treatment placement will be with programs that have specific programming to address these issues. Additionally, the veterans treatment court program can utilize local therapist and support groups that address these issues if the issues manifest after primary treatment has been completed.

Aftercare/Continuing Care Services: Aftercare plans are developed with the client during primary treatment. Services include continuing education and support through different phases of treatment, halfway house placement, extended care, individual counseling and psychiatric services. These services range in duration based upon the treatment program, typically between ten and sixteen weeks. Participants are referred locally for aftercare/continuing care regardless of where the primary treatment took place. All participants are expected to attend AA/NA or an alternative support group approved

by the court, and the court may order increased participation by individuals who have relapsed.

Primary and Mental Health Care Services: Initial chemical dependency assessments are completed at the VA or by Social Services who ask specific questions related to mental health including possible medications, suicide attempts, previous diagnoses or assessments, and other related inquiries in the initial assessment using The Matrix. Based upon the interview or collateral contacts, the social worker may ask the court to order a psychological evaluation if there appears to be a need. Recommendations are also made to the court regarding needs for individual therapy, medical evaluations, and other mental health services.

SUPERVISION PROTOCOL

Case Management: Case management services are provided by a fulltime probation agent. The case manager conducts risk assessments and a pre-sentence investigative report on all participants. Case management is individualized to the needs and risks of each participant. The case manager, with input from and agreement of the participant, shall develop a comprehensive, individualized case plan. The plan will be reviewed with the client during phase changes. Periodic updates and modifications shall address the participant's plan in terms of education, employment, housing, relapse prevention, and development of a social support system (including family). The case manager will be responsible for maintaining a log which reports all contact with each participant and urinalysis test results. The case manager produces a short progress report with recommendations that are then discussed in team staffings. The case manager will also conduct updated LSI-R evaluations with the participants every 6 months.

Drug Testing: The Clay/Becker Veterans Treatment Court philosophy is that frequent staff-administered random tests for drug or alcohol use are imperative in assisting the participant to obtain abstinence. Participants are tested at least twice weekly. Probation contacts the participants and has them report for testing. Probation and law enforcement will also make random home visits to test participants. In addition to drug testing, participants are also given a preliminary breath test to screen for alcohol use. All participants will be informed about drug testing policies and procedures when they sign the participant contract upon admission. They will also be informed that all tests are observed, and then reported to the team during staffing. Tests results are also supplied to the treatment provider.

EVALUATION DESIGN

The team believes that strong evaluation is fundamental to effective operations and that the means to an optimal outcome evaluation is strong planning, well-defined program goals, and the flexibility necessary to modify the program as required by changing circumstances. The steering committee will dedicate the resources necessary to develop a comprehensive monitoring system and a strong evaluation element to the program. In order to implement the crucial, professional evaluation of the program, the steering committee will build into the plan design the necessary data elements, management information system, surveys for participants and practitioners, and cost/benefit analysis. The committee will work with representatives of the State Court Administrator's Office to develop the process and outcome design and to identify all data that must be collected in order to comply with the plan.

Tracking System: The team understands that exponential growth of the specialty court movement requires that all operational specialty courts develop tracking systems that provide strong statistical information in order to perform valid process and outcome evaluations. The team will choose a tracking system to use in the Clay/Becker Veterans Treatment Court. The coordinator, probation agent and the treatment providers will comply with all local, state and federal confidentiality when transferring information from agency to agency.

Process Evaluation: The process evaluation is a crucial component in effectively evaluating the veterans' treatment court program for its strengths and weaknesses. The purpose of the process evaluation is to determine whether the program is meeting administrative and procedural goals, and to suggest avenues for program improvement. In addition, the process evaluation will assist the team and steering committee in decision

making on the future direction and management of the program. The process evaluation will also provide summary information on the impact of the program on the participants' lives while still in the program. Two types of data will be gathered for the process evaluation. Collection of these data will assist the team in analysis of target population characteristics, program implementation, retention rates and completion and termination. First, qualitative data will be collected and analyzed to examine how the veterans' court is being implemented. These data will include surveys and interviews of veterans treatment court staff, participants, treatment providers, and community stakeholders. To get a fuller picture of how well the program fits with the research regarding evidence-based practices, a version of the Correctional Program Assessment Inventory (CPAI) will be conducted on the veterans' court as well as on relevant treatment programs. In addition, information will be collected on the coordination and collaboration of all participating agencies prior to and after the veterans treatment court implementation and on the services available to the veterans court from each agency.

Next, quantitative data will be collected to determine how closely the program is carrying out the stated admissions requirements and phase progression. These data will include the following:

- D. Demographic information on each participant's age, race/ethnicity, education, employment status, housing status, and criminal history.
- E. Screening and acceptance data such as number of participants screened and accepted (and rejected and why); number of participants who score in the "high risk" category of the LSI-R or other assessment instrument; time from arrest to time of evaluation; time from evaluation to first veterans treatment court appearance; and time from arrest to entry to treatment access.

- F. Treatment and other services such as time to referral to relevant treatment services, including educational and employment services; number and type of treatment services provided; time to treatment completion; treatment completion rates; comparisons of LSI-R scores at intake, six-month intervals, and prior to completion; and changes in employment status, family status, and housing status while in program.
- G. Monitoring activities such as length of time in each phase of veterans treatment court program; number and results of UA; re-arrests while in program; and number of terminations and reasons why.

Outcome Evaluation: The development of the outcome evaluation is ongoing. The primary outcome goal for the evaluation, however, will be the reduction in recidivism. To determine the effect of the veterans court on the participants, a quasi-experimental, non-equivalent groups design will be used. In this, the participants will be compared to veterans who have not been in the veterans court. As such, recidivism rates will be collected for the participants and the comparison group one, two, and three years after completion or termination from the program. Currently, recidivism is defined as new charges and new convictions for felonies, drugs, and gross misdemeanors. Recidivism will be monitored through local law enforcement, MNCIS, the Statewide Supervision System and the Bureau of Criminal Apprehension, each of which reports data on an individual basis.

Next, to determine if the program fulfilled the goal of veterans' developing new personal, family, social skills, and relationships, a follow-up survey will be used to measure other post-program measures such as health, substance abuse, family status, and education.

Finally, the number of veteran offenders in the Clay and Becker county jail population before and after the implementation will be compared to see if there has been a reduction of veterans in jail.

MEMORANDUMS OF UNDERSTANDING

These are written agreements with other agencies or organizations for services.

ETHICS AND CONFIDENTIALITY

CONFIDENTIALITY ISSUES PERTAINING TO VETERANS TREATMENT COURT

Any program that specializes, in whole or in part, in providing treatment counseling, or assessment and referral services for offenders with AOD (Alcohol or Drug) problems must comply with the Federal confidentiality regulations (42 C.F.S.s2.12(e)). The Federal regulations apply to programs that receive Federal funding.

Two Federal laws and a set of regulations guarantee the strict confidentiality of information about persons -including offenders- receiving alcohol and drug abuse assessment and treatment services. The legal citation for these laws and regulations is 42 U.S. C. SS 290dd-3 and ee-3 and 42 C.F.R. Part 2.

These laws and regulations are designed to protect patients' privacy rights in order to attract people into treatment. The regulations restrict communications more tightly in many instances than, for example, either the doctor-patient or the attorney-client privilege. Violation of the regulations is punishable by a fine of up to \$500 for a first offense or up to \$5,000 for each subsequent offense.

The General Rule

Federal confidentiality laws and regulations protect any information about an offender if the offender has applied for or received any AOD-related services from a program that is covered under the law. Services applied for or received can include assessment, diagnosis, individual counseling, group counseling, treatment or referral for treatment. The restrictions on disclosure apply to any information that would identify the offender as an alcoholic or other drug abuser, either directly or by implication. The general rule applies from the time the offender makes an appointment. It applies to offenders who are mandated into treatment as well as those who enter treatment voluntarily. It also applies to former clients or patients. The rule applies whether or not the person making an inquiry already has the information, has other ways of getting it, has some form of official status, is authorized by State law, or comes armed with a subpoena or search warrant.

Sharing Confidential Information

Information that is protected by Federal confidentiality regulations may always be disclosed after the offender has signed a proper consent form. The regulations also permit disclosure without the offender's consent in several situations, including medical emergencies, program evaluations and communications among program staff. Offenders who refuse to sign consent forms permitting essential communications can be excluded from treatment or provided treatment temporarily in the hope that resistance to signing the consent forms will evaporate as treatment proceeds.

Most disclosures are permissible if an offender has signed a valid consent form that has not expired or has not been revoked (s2.31). A proper consent form must be in writing and must contain each of the items contained in s2.31, including:

The name or general description of the program(s) making the disclosure;
The name or title of the individual or organization that will receive the disclosures;
The name of the client who is the subject of the disclosure;
The purpose or need for the disclosure;
How much and what kind of information will be disclosed;
A statement that the client may revoke the consent at any time, except to the extent that the Program has already acted upon it;
The date, event, or condition upon which the consent expires if not previously revoked;
The signature of the client; and
The date the consent is signed.

A general medical release form, or any consent form that does not contain all of the elements listed above and herein, is not acceptable