

Taylor County Hybrid Treatment Court Application/Referral



Eligibility Requirements

Applicants must meet the following criteria to be considered for admission into the Treatment Court program:

- a) No previous involvement in or completion of a Taylor County Treatment Court Program.
- b) 18 years of age or older and a resident of Taylor County
- c) Have charges pending in Taylor County. Pending cases or warrants in other jurisdictions must be resolved prior to Treatment Court review/acceptance.
- d) Post-adjudication for:
 - i. OWI 2/3- must have a BAC at arrest of .15 or higher, or refusal. The offense cannot involved injury or death of others
 - ii. A felony drug motivated crime
- e) If referred as a formal Alternative to Revocation (ATR), the applicant must be supervised in Taylor County by the Wisconsin Department of Corrections for an offense committed in Taylor County.
- f) Moderate to Severe Substance Use Disorder/Dependence, based on DSM-V criteria and have appropriate assessed risk-needs levels. The Taylor County Treatment Court Team will make final determinations on whether available evidence indicates that the applicant is primarily a substance abuser or a drug dealer.
- g) No history of violent offenses. A Violent offender is defined as a person to whom one of the following applies (i) the person has been charged with or convicted of an offense in a pending case, and during the course of the offense, the person carried, possessed, or used a dangerous weapon, the person used force against another person, or a person died or suffered serious bodily harm, or (ii) the person has one or more prior convictions for a felony involving the use or attempted use of force against another person with the intent to cause death or serious bodily harm.
- h) Voluntarily agrees to abide by Treatment Court Program requirements/rules

The Treatment Court Team will resolve all questions as to whether a participant is eligible or not, and the decision of the Treatment Court Team will be final.*

Applicants must agree to the following:

- a) Payment of a \$200 participation fee upon entry to the Court.
- b) May not act/serve as a confidential informant in any ongoing drug investigations
- c) To participate in an interview and complete any required in-depth screenings, evaluations, and/or assessments with the Treatment Court Coordinator, Case Manager, and/or Treatment Provider.

If the program has an opening, the Taylor County Treatment Court Team will review the application and additional information gathered. **The Treatment Court Team will make a recommendation to either admit or deny the application and its decision will be final*.**

****All referrals are reviewed and considered on a case-by case basis.***

Please completed this referral form in its entirety for the applicant to be considered

- 1) Provide all prior and pending legal information. This includes but is not limited to:
 - Criminal Complaint for active probation cases and pending criminal charges;
 - Criminal History- Listing of prior offenses;
 - Compas Scores (risk/needs)**(When available)
- 2) Provide mental health documentation and/or medication lists, if applicable.

Referral Date: _____ Scheduled Sentencing Date: _____

Name of Person making the referral: _____

Phone: _____ Email Address: _____

Proposed Participant Name: _____

Address: _____

Phone: _____ Email Address: _____

Date of Birth: _____ SSN, WI State ID #, or DOC# _____

Please list the current Taylor County charges/case resulting in this referral. Additionally, list prior record

Case Number	Offense	Misd/Felony	Assaultive? Y/N	Weapon? - Y/N

Is applicant a Registered Sex Offender? Yes No

Does applicant have pending charges or outstanding warrants outside of Taylor County? Yes No

If yes, please explain below:

County	Offense/Case Number	Proposed Resolution Date

Has the applicant participated in previous AODA Treatment? Yes No

If yes, please list treatment facility/program name, dates, and completion status:

Facility/Program	Dates of attendance	Inpatient/Outpatient	Completed? Y/N

Is the applicant currently involved in Mental Health Treatment? Yes No

Has the applicant participated in previous Mental Health Treatment? Yes No

If yes, please list facility name, dates, and completion status:

Facility /Program	Dates of attendance	Inpatient/Outpatient	Completed? Y/N

Mental Health Diagnosis: _____

Please list any medications you are taking: _____

Please return the completed application and the signed Treatment Court Release of Information (attached) to:

Taylor County Hybrid Treatment Court Program
 Attn: Wendy Ness/Treatment Court Coordinator
 224 S. Second/ District Attorney Office;
 Medford, WI 54451

*(Incomplete forms may be denied). The Taylor County Treatment Court Team will notify the referral source of the final decision.

** THIS SECTION TO BE COMPLETED BY TREATMENT COURT STAFF ONLY**

Initial Application Reviewed on: _____ by: _____

Referred for Intake Screening/Assessment on: _____ to: TCHS or Counseling Connection

Outcome of Screening:

_____ Eligible for Team Consideration _____ Not Eligible for further Consideration

Notes: _____

TEAM DECISION: _____ Eligible for Participation _____ Not Eligible

Notes: _____

TAYLOR COUNTY TREATMENT COURT PROGRAM
224 S. Second Street Courthouse Medford, WI 54451
AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION
(Including Behavioral Health and Substance Abuse Records)

1) Patient/Participant:

Name: _____ Date of Birth: _____
 Street Address: _____ City, State, Zip: _____

2) **Authorize Records Released To/From/Exchange With:**

Taylor County Treatment Court Program/Team
 Wendy Ness / Coordinator
 224 S. 2nd St. Medford, WI 54451

Authorize Records Released To/From/Exchange With:

Taylor County Treatment Court Team: Taylor County Circuit Court Judge, District Attorney's Office, Defense Bar Representative, WI Dept. of Corrections, Taylor County Human Services, WI Department of Justice, Taylor County Sheriff's Dept/Jail; Counseling Connections, LLC

3) I authorize the individual/agency/organization(s) named above to disclose to each other the PHI (Protected Health Information) identified below on an ongoing basis until the expiration of this agreement. This includes use of electronic, text, virtual, written, or verbal communications- as needed by the Treatment Court Team.

4) Type or extent of information to be released: Includes current and past written/verbal exchange of information/records. Check all applicable categories:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Medical history, examination, reports | <input checked="" type="checkbox"/> Diagnostic History | <input checked="" type="checkbox"/> Mental Health |
| <input checked="" type="checkbox"/> Client Service/Case Plan/Discharge Summary, Aftercare, Treatment Plan | <input checked="" type="checkbox"/> Acknowledgment of Admission and Diagnosis | <input checked="" type="checkbox"/> Behavioral Health Consultation & Recommendations |
| <input checked="" type="checkbox"/> Consultations | <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Child Welfare Records |
| <input checked="" type="checkbox"/> Legal Status | <input checked="" type="checkbox"/> Prescriptions-Medications | <input checked="" type="checkbox"/> Financial /Billing Information |
| <input checked="" type="checkbox"/> Substance Abuse Treatment and Recommendations | <input checked="" type="checkbox"/> Results of Psychiatric Evaluation/Notes | <input checked="" type="checkbox"/> Results of Psychology Evaluation/Notes |
| <input checked="" type="checkbox"/> Criminal Risk/Needs Assessment | <input checked="" type="checkbox"/> Laboratory Reports/Urinalysis Results | <input checked="" type="checkbox"/> Education, Employment and Legal Histories |
| <input checked="" type="checkbox"/> Other: Criminal history-records; re-release reports as needed for treatment court services and care coordination; Northpointe Compas risk-needs assessments/reports; Options lab results/reports; Forensic Fluid lab results/reports; Call2test/Reconnect data reports; Smartweb/Smartstart data reports; DOJ CORE Tracker- data collection | | |

5) Purpose or need for release: **To facilitate and monitor Taylor County Treatment Court Program eligibility and coordination of care; including compliance and cooperation with recommendations.**

6) **This authorization will remain in effect until six months from discharge from Treatment Court or upon written revocation.**

7) I have had an opportunity to review and understand the content of this authorization form, including the notices that appear on Page 2 of this form. I understand I may have a copy of this form, merely by asking for it. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Patient/Participant: _____ Date: _____

Signature of Staff/Witness: _____ Date: _____

Printed Name of Staff/Witness: _____

8) This authorization will be effective for medical records generated to the date of signature, and the release of case notes after the date of signature until the expiration date or the release is revoked by me.

9) I further understand that I have the right to refuse to sign this authorization and the Taylor County Treatment Court will not condition my treatment on whether I give authorization for the requested disclosure. However, it

has been explained to me that failure to sign this authorization or future authorizations requested may have the consequence of making me ineligible to participate in the program, or suspension or termination from the program.

- 10) Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically. I hereby waive all provisions of law which prohibit the release of the information identified herein and hereby release the person or entity I have authorized to release information to or its recipient from any legal responsibility or liability which may arise from the acts I have authorized.
- 11) I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by those regulations. Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of substance abuse treatment information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. If I authorize release of PHI to an individual or agency not covered by federal or state laws that prohibit re-disclosure, my PHI may not remain confidential.
- 12) General Statement of Rights. Federal and state laws protect the confidentiality of my PHI, including, but not limited to, Wis. Stat. §51.30, Mental Health Acts; Wis. Stats. §§146.82-83, Miscellaneous Health Provisions; 42 C.F.R. Part 2, relating to AODA information; and 42 C.F.R. Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA).

Right to Withdraw This Authorization. I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to the individual/agency authorized to disclose PHI. My withdrawal of consent will not be effective until the individual/agency authorized to disclose PHI receives it, and it will not be effective regarding the uses and/or disclosures of my PHI made prior to the receipt of my withdrawal statement. Withdrawal of the authorization may result in my suspension or termination from the Treatment Court Program.

Right to Inspect and/or Copy PHI. I have the right to inspect and receive copies of my PHI as permitted by law. I may be charged a reasonable fee for these copies.
- 13) I understand and authorize that information and documents received through the use of this authorization may be copied and shared between members of the Taylor County Treatment Court Team and, from time to time, the members of that team may change. Current members include: Judge Ann Knox-Bauer; District Attorney Kristi Tlusty; Public Defender Nicholas Smith; Coordinator/Case Manager Wendy Ness; Case Managers Shannon Kraucyk, Jasmin Skerven; Treatment Providers Lexy Belter, Jen Meyer, Katie Maske, Kelly Schulz, Tanya Lybert; Administrative Assistants Gwenn Thomas/Rhonda Rudolph/Jill Scheithauer; Law Enforcement Representatives Kevin Kree, Deputy Lisa Kaufmann; Wisconsin DOC Agents Kristin Gabrielsen, Tracy Tallier; Wisconsin DOC Supervisor LeeAnn Raab.
- 14) I further understand that the Taylor County Treatment Court Team has grant funding provided through the Wisconsin Department of Justice in order to run this program, and as a requirement of this grant funding, the Department of Justice requires demographic information be submitted for their records. As such I authorize that any information obtained through the use of this authorization may be provided to the Wisconsin Department of Justice for demographic purposes, including the CORE Tracking program.
- 15) I further understand and authorize that information received through the use of this authorization may be disclosed to other participants in open public hearings in Treatment Court and observers of Treatment Court, including, but not limited to, members of the public and/or media. No pictures or representations of me or identifying information about me may be disclosed to the public other than in the Treatment Court courtroom without my express written consent.
- 16) A photocopy of this authorization shall be as valid and acceptable as the original. This release is executed in conformity with Wis. Stats. §§146.81-83, 51.30, 251.15, HSS Wis. Admin. Code, Federal Regulations 42 C.F.R. Part 2, Parts 160 and 164.