



Taylor County Hybrid OWI/Drug Treatment Court Program

Policies and Procedures Manual

10/2021

TABLE OF CONTENTS

I.	Mission Statement	4
II.	Goals and Objectives.....	4
III.	Introduction	7
IV.	Key Components of a Treatment Court Program	8
V.	Treatment Court Treatment Team Members	8
VI.	Eligibility Standards	10
VII.	Intake/Referral.....	11
VIII.	Court Proceedings.....	12
IX.	Confidentiality	12
X.	Treatment Court Files.....	12
XI.	Treatment & Testing.....	12
XII.	Use of Prescribed Medications.....	13
XIII.	Interpersonal Relationships.....	13
XIV.	Phases.....	14
XV.	Graduation	17
XVI.	Alumni Group.....	17
XVII.	Peer Support	17
XVIII.	Incentives.....	17
XIX.	Sanctions.....	19
XX.	Terminations.....	20
XXI.	Suspension.....	20
XXII.	Costs	20

XXIII. Advisory Board Members.....21

XXIV. Forms (Release of Information; Application Referral; Participant Contract;
Medication list/physician letter; Ex Parte-Confidentiality; Waivers;
Voluntary withdrawal 21-39

I. MISSION STATEMENT

The mission of the Taylor County Hybrid OWI/Drug Treatment Court Program is to create a safer and healthier community through a supervised program to: educate, treat, and make accountable OWI and drug offenders.

II. GOALS AND OBJECTIVES

OWI 2-3 Treatment Court

GOAL 1: To promote self-sufficiency by reducing alcohol use through OWI Court Treatment.

Objective #1:

At least 85% of participants in OWI 2-3 treatment court will reduce the frequency of alcohol use as measured by urinalysis testing and alcohol monitoring.

Output Measures:

Number of tests conducted

Number of positive tests

Number of days sober on Alcohol Monitoring/Sober Link/SmartStart

Objective #2:

At least 65% of the eligible participants will complete the program successfully. Taylor County currently has an 87% success rate.

Output Measures:

Number of offenders eligible to graduate

Number of offenders completing the program

Objective #3

All of the participants who successfully graduate will have a long-term sobriety plan.

Output Measures:

Number of long-term sobriety plans developed

GOAL 2: To provide an integrated program of alcohol treatment, alcohol abuse education, and rehabilitation services.

Objective #1:

All the participants referred will be actively receiving alcohol abuse treatment at any given time as measured by the treatment provider.

Output Measures:

Number of participants referred to treatment

Number of participants participating in substance abuse treatment

Objective #2:

At least 80% of the participants who have completed OWI treatment court will be employed, in school, or obtaining an advanced degree upon graduation as measured by case management employment verification records.

Output Measures:

Number of participants employed full-time
Number of participants employed part-time
Number of participants in school full-time

Objective #3:

At least 95% of graduates with less than a high school degree will earn an HSED or GED as measured by educational verification reports.

Output Measures:

Number of participants with less than high school degree
Number of participants earning a GED/HSED during the program

GOAL 3: To promote safety by reducing recidivism.

Objective #1:

At least 95% of the participants who graduate from the program will not be re-arrested within one year of graduation.

Output Measures:

Number of persons re-arrested within six months of graduation
Number of persons re-arrested within one year of graduation
Number of OWI violations

GOAL 4: To examine the cost-effectiveness of the program thereby demonstrating cost savings to the taxpayer.

Objective # 1:

To increase savings to the taxpayer by reducing costs to the criminal justice system by 10%.

Output Measures:

Costs per arrest
Costs of crime-related court and legal costs
Costs of incarceration in jail and prison
Costs of substance abuse treatment

Objective #2:

At least 95% of participants who graduate from the program will not have child abuse/neglect allegations filed out required out-of-home placement for their children within one year of graduation.

Output Measures:

Number of persons with investigations of child abuse or neglect

Cost of child abuse or neglect investigations
Number of out-of-home placements required
Cost of out-of-home placement

Felony OWI/Drug Treatment Court

GOAL 1: Promote community safety and well-being.

Objective #1:

Reduce criminal behavior/recidivism among participating offenders.

Output Measures:

Reduce re-arrest rate of participants during program participation.

Reduce re-arrest rate of participants following graduation from program

Objective #2:

Decrease participant's (and their dependents') reliance upon social and human services and increase their abilities to live independently and responsibly.

Output Measures:

Full payment by participants of restitution

Full employment or continued employment of participants upon graduation

Every Treatment Court graduate to have at least a high school diploma or general equivalence diploma (GED)

Full economic, social and psychological support of participant's dependents

GOAL 2: To conserve justice system resources.

Objective #1:

Reduction in direct costs of arrest and incarceration of participants.

Outcome Measures:

Reduction of the number of jail-bed days for participants

Reduction of participants' contacts with law enforcement

Objective #2:

Reduction in direct costs of judicial services/system

Outcome Measures:

Participants making payments toward legal financial obligations

Reduction of trial costs and court docket congestion and maximization of cost avoidance

GOAL 3: To heal and rehabilitate non-violent addicted offenders.

Objective # 1:

Reduce and eliminate use of controlled substances and alcohol.

Outcome Measures:

Randomized drug testing-alcohol monitoring throughout program to determine number of positive/negative tests
Graduation of at least 70% of participants
Termination from the program of less than 15% of participants for drug test failures

Objective #2:

To assist participants in regaining their lives and reuniting families.

Outcome Measures:

Graduate participants, who are maintaining a sober and drug-free recovery, have at a minimum a high school equivalency diploma, are employed, are responsible parents, and are becoming responsible, productive members of the community.

III. INTRODUCTION

In 2013, Taylor County and the State of Wisconsin partnered to establish an Operating While Intoxicated (OWI) Treatment Court for persons convicted of OWI 2-3 offenses. Wisconsin has the highest rate of drunken driving in the nation. Alcohol-related crashes killed 238 people in Wisconsin and injured nearly 4,000 in 2009. Approximately, 45 percent of all fatal traffic crashes in Wisconsin in 2009 were alcohol-related (Wisconsin Department of Transportation).

Subsequently, Taylor County secured additional funding From the Wisconsin Department of Justice/Treatment Alternative Diversion grant for expansion of its treatment court program to include OWI 4-5-6 offenses and certain drug motivated crimes.

The Treatment Court concept is based on an innovative program that was first developed in Miami, Florida in 1989. The Treatment Court concept has since received widespread attention as an effective treatment strategy for substance abuse involved criminal offenders. There are more than 1,000 such programs now in operation in jurisdictions throughout the nation.

The Taylor County Treatment Court Program is a court that is specifically designated and staffed to handle cases involving OWI and drug offenders through an intensive, judicially monitored program of alcohol and drug treatment, rehabilitation services, and strict community supervision.

Treatment Courts are built upon a unique partnership between the criminal justice system and the substance abuse treatment community, one which structures treatment intervention around the authority and personal involvement of a single Treatment Court Judge. Treatment Courts are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single Judge and a dedicated treatment team of court officers and staff work together toward a common goal of breaking the cycle of substance abuse and criminal behavior. It should be noted that Treatment Courts are fair, but participants are treated on an individual basis.

The goals of Taylor County Treatment Court are to promote public safety by using case management, treatment, monitoring, and judicial oversight to ensure offenders receive the necessary treatment, thereby eliminating further drinking and driving events and drug motivated crimes. In this way, the Treatment Court offers participants the opportunity to break the cycle of substance abuse, to improve their chance of a sober and healthy life, and to contribute to a safer community.

The Taylor County Treatment Court is a treatment based alternative to jail, prison and the standard probation model. The justice system partners work cooperatively to provide each participant with all the available tools needed to get into recovery, stay in recovery, and lead productive, crime-free lives. The key components to the Treatment Court Program are:

KEY COMPONENTS OF A TREATMENT COURT PROGRAM

1. Treatment Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting each participant's due process rights.
3. Eligible participants are identified early and promptly placed in the Treatment Court program.
4. Treatment Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Treatment Court responses to participants' compliance.
7. Ongoing judicial interaction with each Treatment Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective Treatment Court planning, implementation, and operations.
10. Forging partnerships among Treatment Courts, public agencies, and community-based organizations generates local support and enhances Treatment Court program effectiveness.

V. TREATMENT COURT TEAM

The treatment team shall consist of the following:

- A Circuit Court Judge
- A Treatment Court Case Manager
- A Probation and Parole Agent
- A representative from the District Attorney's Office
- A representative from the Public Defender's Office/Defense Attorney
- Treatment /Clinical Unit Personnel
- An Evaluator/Coordinator
- Clerical/Administrative Support Staff
- A representative from Law Enforcement

Team members may change from time to time, with current team members including: Ann Knox-Bauer; Kristi Tlusty; Nicholas Smith; Patti Baacke; Jill Scheithauer; Shannon Kraucyk; Jasmin Skerven; Wendy Ness; Tracy Tallier; Jen Meyer; Dr. Cullen; Michelle Stone, Danielle Peterson, Tanya Lybert, Kelly Schulz.

Roles and Responsibilities of Treatment Court Team Members

Judge

The Judge plays a continuous role in reviewing treatment progress. The Judge responds to achievements and violations. The Judge will be responsible for:

- presiding over the OWITC court sessions and staffing;
- meeting with the OWITC team and determining appropriate sanctions and incentives.

District Attorney

A representative of the District Attorney's office may attend all court staffing and treatment court sessions. The District Attorney assists in reviewing cases for legal eligibility.

Public Defender's Office/Defense Attorney

A representative from the State Public Defender's Office may attend all court staffing and treatment court sessions. The public defender's role is to protect the rights of participants.

Case Manager

The case manager(s) serve the participants' holistic needs and develops a case plan, completes referrals for employment, housing, education, psychological, medical, social, recreational, or any other identified needs, in every attempt to allow each participant success.

Coordinator

- Monitor budget and financial management
- Review, develop and implement policies and procedures/monitor need for changes
- Assist with facilitation of team/staff meetings
- Advise and assist Court Team on best practices/operational standards and make recommendations/identify areas of need for improvement
- Community liaison/representative
- Help coordinate funding sources/Grant Writing/Grant Management
- Manages and directs randomized testing programs

Probation & Parole Agent

- Assisting in determining your eligibility for Treatment Court;
- Being a member of the Treatment Court team;
- Monitoring progress / violations;
- Conducting a Risk/Needs Assessment;
- Providing the Court with current information about any achievements or violations;

- Making other referrals if needed, such as, Cognitive Interventions Programming, parenting classes, education classes, etc.;
- Issuing immediate sanctions for behavior that presents a public safety concern.

Treatment Providers

The treatment providers have the primary responsibility for educating the participants and helping them deal with their alcohol/drug abuse issues. They will meet individually with participants, may facilitate group treatment, and are responsible for ensuring that each participant is provided the treatment he or she needs. The treatment providers may consist of Alcohol/Drug abuse counselors, therapists, psychologist/psychiatrist, medical doctor, clinical unit director(s), and may attend court staffing and treatment court sessions.

Evaluator

- *Evaluate process and outcomes
- *Give information to help improve the Treatment Court and make it more successful
- *Setting up evaluation process – what and how information will be collected and maintained, how analyzed, etc...

Law Enforcement

- *Partner with community agencies to achieve Treatment Court goals
- *Assist Probation & Parole in home visits and checks on participants
- *Community policing – officers will get to know participants
- *Report any violations they become aware of
- *Comply with grant/state regulations
- *Make participants who are in the Huber Center available for random UA testing
- *Permit participants who are in the Huber Center attend treatment and meetings
- *Provide treatment in the jail as possible
- *Notify the Treatment Team of violations committed by the participants
- *Escort incarcerated participants to and from Treatment Court proceedings and supervise them during the proceedings

VI. ELIGIBILITY STANDARDS

Potential candidates meeting the following criteria will be considered for admission to the Taylor County Treatment Court Program, however a defendant meeting the qualifications does not have a right to admission of the program.

- A. Resident of Taylor County with a Taylor County conviction, and in the case of a referral for consideration as an alternative to revocation, proposed participant must be on active supervision with the DOC in Taylor County.
- B. Each participant will need to meet the DSM-V criteria for mod-severe Substance Use Disorder and have been assessed to meet required target population risk-need levels.
- C. Proposed participants will be either post-adjudication for OWI 2-6, or a felony drug motivated crime, or in formal Alternative to Revocation status with the Wisconsin Department of Corrections with all other qualifying criteria met.
- D. No violent offenders. 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. **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.**

- E. OWI 2 and 3 must have a BAC .15 and no injury or death of others as a result of the OWI.
- F. The Treatment Court Coordinator/Case Manager shall interview each defendant referred for possible participation in the program. Each proposed participant will participate in any assessments requested by staff, treatment providers, or others involved in the screening process. The Treatment Court Coordinator/Case Manager will present the participant's application and screening / assessment outcomes to the Treatment Court Team, who will either admit or deny participation in the program.
- G. The Treatment Court Participant must voluntarily agree to abide by the Treatment Court Program rules.
- H. All existing warrants must be resolved by the time Treatment Court participation begins.
- I. Participant must have completed an assessment with appropriate risk and need levels.

VII. INTAKE/REFERRAL

Referrals to the Treatment Court Program should take place as soon as possible after the arrest of a potential Treatment Court candidate, including at the bail/bond hearing or initial appearance. It is suggested that the following steps are fast-tracked, including sentencing date for court entry once the candidate is found to be appropriate, to enable the candidate full benefit of the program as soon as possible after the committing offense.

Referrals may come from the following sources:

- 1. The District Attorney's Office
- 2. The Defense Attorney
- 3. The Department of Corrections
- 4. The Sentencing Judge

A potential candidate may be given information regarding the Treatment Court Program by Law Enforcement at the time of arrest, by the District Attorney, the Defense Attorney, Probation & Parole, a Sentencing Judge or Treatment Court Coordinator at any point in the case resolution process. The following steps will occur in the referral process:

- 1. Referral to Treatment Court Coordinator using the approved Referral-Application Form with a signed Release of Information and all other required documents. For alternatives to revocation, referrals will also include a completed Compas CORE Risk -Needs Assessment along with all other required documentation needed as stated in the Treatment Court ATR application/referral form.
- 2. Potential Candidate may attend Treatment Court to observe.
- 3. Interested candidate case information will be referred to DA's office for evaluation as to appropriateness of Treatment Court, participant's criminal history, as inclusion in the disposition; (If referral from DA's office, this step not required if already provided) For ATR's, prior record information should be provided by referring source as stated in the application/referral form.
- 4. Once approved by DA's office, and/or prior record-history indicates eligible for further consideration, the participant will be scheduled for chemical dependency screening and risk-needs assessment, which should be completed as soon as reasonably possible.
- 5. Once screening, assessment, and eligibility determination are completed, results will be compiled by the Treatment Court Coordinator/Case Manager, who will bring candidate information to the Treatment Court

Team for approval or rejection. The Treatment Court team retains the discretion to accept or reject any candidate.

6. Candidates may not be formally accepted into Treatment Court until they are sentenced, or as of the effective date of any Alternative to Revocation agreement. They will remain in Pre-Admission Phase as described later in this document and must agree to comply with all expectations of the Pre-Admission Phase in order to be maintained as a viable candidate for Treatment Court.

VIII. TREATMENT COURT PROCEEDINGS

The Treatment Court calendar is a priority and will be a specialized, separate court, operating on a bi-weekly basis (when possible) and dedicated to the assessment, treatment, and supervision of eligible candidates. Officers or others will be available to take PBT's if necessary.

IX. CONFIDENTIALITY

Each Treatment Court participant will be required to sign a waiver of confidentiality authorizing the disclosure of health, medical, mental health, AODA, criminal, employment, and educational records. Each participant will sign the waiver of confidentiality for Treatment Court and it will be updated as necessary. Failure to sign a waiver of confidentiality will result in rejection into or termination from the program.

All parties on the treatment team agree that the assigned representative for each agency shall attend scheduled Taylor County Treatment Court staffing and advisory board meetings. They shall maintain the confidentiality of the details and content of the treatment team discussions.

With the 2020 CoVid-19 pandemic, certain operational changes were required to maintain the program, including the use of virtual and electronic means of communications in lieu of in person contacts.

X. TREATMENT COURT FILES

Treatment Court files are separate and distinct from Circuit Court Files and District Attorney Files. All Treatment Court files are **confidential** and not open to the general public. All files shall be under the sole control of the Treatment Court Coordinator.

XI. TREATMENT & TESTING

The Taylor County Treatment Court Program shall consist of four phases. The Treatment Court Team shall determine when promotion to a higher phase is appropriate once all required components to each of the phases is met by the participant, application for advancement is completed by the participant, and phase advancement is approved by the Treatment Court Team. An initial eligibility screening and risk assessment will be completed and Treatment Court treatment providers will complete comprehensive Risk-Needs, AODA and other clinical or other assessments as determined necessary for the program on each participant.

A critical component of successful Treatment Court participation involves intensive supervision and random observed UA/BA testing to determine compliance with the rules of the Treatment Court Program. The frequency of the random UA/BA's will be determined by the offense level, risk level, individual needs and the phase each participant is in, and is subject to change based on violation behavior, other factors, and the recommendation of the Treatment Court Team. The randomized drug and alcohol testing of Participants will include:

- Drug /alcohol testing by urinalysis and/or oral fluid lab testing, in addition to any testing required by the Wisconsin Department of Corrections and/or as determined by the Treatment Court Team.
- Daily alcohol monitoring/breath tests on a portable breathalyzer unit provided, in addition to any other types of alcohol testing required, as determined by the Treatment Court Team.

Confirmation testing: Positive urinalysis tests may be sent for lab confirmation upon request of participant. The Participant may be required to pay for the costs associated with the additional testing if results remain positive.

Inclement weather: Should weather occur preventing safe travel, the below procedure is to be followed:

- Weekdays: If school is cancelled, NO TESTING WILL BE REQUIRED.
- Weekends-holidays: Call the Taylor County Sheriff's Dept. and ask for supervisor, if available, and ask if you are excused from testing.
- For All times: Call your Case manager and/or DOC agent AND Call the Treatment Court Coordinator/P Baacke PRIOR TO YOUR SCHEDULED TESTING TIME explaining situation; if not available, leave voicemail with phone contact # to reach you at.

Illness: Call your Case Manager or DOC Agent, and the Treatment Court Coordinator/P Baacke PRIOR TO TESTING TIME indicating reason you are not able to report for testing. If not available, leave voicemail with phone #/contact if not available. A medical excuse may be required depending on circumstances.

For ALL missed/late tests, the Treatment Court Team will review each occurrence on an individual basis based on the circumstances and make its decision on any response to the missed/late test(s).

COVID/HEALTH SCREENING: IF YOU BELIEVE YOU HAVE COVID SYMPTOMS, YOU ARE ENCOURAGED TO COMPLETE A SELF-CHECK BY CLICKING ON THE LINK BELOW. **PLEASE DO NOT ENTER THE TESTING AREA/BUILDING IF ANY OF THE FOLLOWING ARE PRESENT- CALL SHANNON/PATTI FOR FURTHER DIRECTIVES ON TESTING:**

- [Symptoms](#) of COVID-19
- Fever equal to or higher than 100.4°F*
- Are under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection)
- Have been diagnosed with COVID-19 and not yet cleared to discontinue isolation

XII. INTERPERSONAL RELATIONSHIPS

As the goal of Treatment court is to monitor, support, and facilitate participant's recovery, it is important that interpersonal relationships further, not deter, from this goal. Accordingly, Treatment Court Participants must discuss and disclose to their treatment provider and probation agent any dating or sexual relationship with another Treatment Court Participant.

XIII. USE OF PRESCRIBED MEDICATIONS

Participants will not be prohibited from utilizing prescribed medications. The following guideline will be followed by the Taylor County Treatment Court Team:

A participant with a chronic or ongoing mental or physical health issue may request a waiver from the Treatment Court Team to allow certain prescribed medication, with all final decisions at the discretion of the Treatment Court Team.

The Waiver request should include the following information and be submitted to Treatment Court Coordinator if pre-admission, or to your Case Manager if already participating in the program:

1. Documentation from your physician of the diagnosis requiring the medication;
2. Documentation from your physician that other alternatives for medication were considered and discussed.

(See appendix/forms)

XIV PHASES OF TREATMENT COURT

PROGRAM STRUCTURE/PHASE REQUIREMENTS

The Taylor County Treatment Court Program shall consist of five phases. Each participant is expected to successfully complete all phases and conditions of the treatment court based on their offense, risk level, and individual needs prior to graduation. For phase advancement, all recommended treatment, programming and conditions for each phase must be met and participants will be required to complete a written application for advancement with their case manager that must be submitted to Treatment Court Coordinator within ten (10) business days prior to the next scheduled team meeting/court review. All final decisions for phase advancement/graduation are at the discretion of the Treatment Court Team.

PHASE ONE - 60 DAYS

ACUTE STABILIZATION

- ✓ Court Bi-Weekly
- ✓ Clinical Assessment-Engage in Treatment
- ✓ Obtain Medical Assessment
- ✓ Comply with Supervision
- ✓ Develop Case Plan
- ✓ Weekly Office Visits
- ✓ Home Visit
- ✓ Random Drug Testing (at least 2x per week)
- ✓ Daily Alcohol monitoring (OWI)
- ✓ Address Housing/Transportation
- ✓ Identify Triggers/High Risk Situations- Change People, Places, things

In Order to Advance:

Regular attendance at treatment/office visits

BEING HONEST

Began Recovery Support Groups (3x week)

Sobriety time minimum of 14 consecutive days

Submit application/letter of support

PHASE TWO- 90 DAYS

CLINICAL STABILIZATION

- ✓ Court Bi-Weekly
- ✓ Continue to Engage with Treatment
- ✓ Continue addressing medical needs
- ✓ Comply with Supervision
- ✓ Continue Identifying Triggers/High Risk Situations-Change People Places, Things
- ✓ Review Case Plan
- ✓ Weekly Office Visits
- ✓ Random Drug Testing (at least 2x per week)
- ✓ Daily Alcohol Monitoring (OWI)
- ✓ Maintain Housing/Transportation
- ✓ Address Financial
- ✓ Begin Recovery Support Groups (3x week)

In order to advance:

Regular attendance at office visits.

Engaged with Treatment

Comply with Supervision

Sobriety time minimum of 30 consecutive days.

Began Recovery Support Groups (3x wk)

Submit application/letter of support

PHASE 3 -90 DAYS

PRO-SOCIAL HABILITATION

- ✓ Court Bi-Weekly/ Monthly
- ✓ Engage with Treatment
- ✓ Comply with Supervision
- ✓ Continue addressing medical needs
- ✓ Continue Changing People-Places-Things
- ✓ Begin Pro social Activities (1x week)
- ✓ Review Case Plan
- ✓ Bi-Weekly Office Visits
- ✓ Random Drug Tests (at least 2x per week)
- ✓ Reduced Alcohol Monitoring
- ✓ Begin Cognitive Based Group Treatment Programming
- ✓ Continue Recovery Network (3x week)

In order to advance:

Regular attendance at treatment/office visits

Engaged with Treatment

Compliance with Supervision

Began Pro-Social Activities

Maintaining sober support/Recovery Network

Sobriety time minimum of 45 consecutive days

Submit application/letter of support

PHASE 4- 90 DAYS

ADAPTIVE HABILITATION

- ✓ Court monthly
- ✓ Engage with Treatment
- ✓ Comply with Supervision
- ✓ Continue Addressing Medical Needs
- ✓ REVIEW CASE PLAN
- ✓ Monthly Office Visits
- ✓ Maintain Housing/Transportation
- ✓ Random Drug Test (at least 2x per week)
- ✓ Engage in Recovery Network (2x week)
- ✓ Maintain Pro social Activities (1x week)
- ✓ As needed upon assessment: Job training; vocational;-educational-parenting/family support

In order to advance:

Engaging with Treatment

Compliance with Supervision

Maintaining Pro-Social Activities

Engaging Recovery Network

Addressing Medical

Began ancillary services as assessed

Sobriety time minimum of 60 consecutive days

PHASE 5- 90 DAYS

CONTINUING CARE

- ✓ Court monthly
- ✓ Engage with Treatment
- ✓ Comply with Supervision
- ✓ Continue Addressing Medical Needs
- ✓ REVIEW CASE PLAN- DEVELOPMENT OF CONTINUING CARE PLAN
- ✓ Monthly Office Visits
- ✓ Maintain Housing/Transportation
- ✓ Random Drug Test
- ✓ Maintain Recovery Network
- ✓ Maintain Pro-Social Activities
- ✓ Support Person to Attend one Office Visit or Court Visit Once Per Month
- ✓ Address ancillary services as assessed (JOB TRAINING, PARENTING/FAMILY SUPPORT VOCATIONAL TRAINING.

XV. GRADUATION

Upon successful completion of all four phases as described above, and all other required treatment court conditions, a participant will submit an Application for Graduation with all required documentation. To apply to graduate, participants must have:

- Successfully completed all treatment conditions and case plan goals

- No unexcused absences from scheduled services and/or activities or as required by the Treatment Court Program
- Compliance with DOC Supervision
- Maintain all required pro social sober groups, substance abuse recovery groups, Alumni Groups, or other Treatment Court Team approved resources/recovery network.
- Relapse Prevention/Continuing Care Plan completed
- Maintain all other services and requirements

Upon review and recommendation of the Treatment Court Team, the Treatment Court Team shall declare the Treatment Court Participant a graduate of the Treatment Court Program. The graduation ceremony is a celebration honoring the completion of all established graduates. Family and/or other recovery network or community support for the graduating participant is encouraged at the graduation ceremony.

XVI. ALUMNI GROUP

All Treatment Court participants and graduates will be encouraged to continue the Alumni Group when available. The rules of the Alumni Group will be established by the graduated members of the OWI Treatment Court Program with the approval of the Treatment Court Team.

XVII. PEER SUPPORT

Treatment Court Participants in Phase III will be given an opportunity to assist Phase I participants with their adjustment to the Treatment Court. Upon recommendation of the Treatment Court Team, a Phase III participant may be assigned to a new Phase I participant. They will then be given the opportunity to assist the Phase I client with treatment, transportation and other areas of ongoing rehabilitation or concern.

XVIII. INCENTIVES

While Treatment Court Participants complete the Program, there are certain behaviors that will be expected of them and that will increase the likelihood they will successfully complete the program. They include:

- Take responsibility for their own behavior (both good and bad)
- No Probation rule violations
- No new arrests or criminal charges
- Attend Relapse Prevention Groups
- Attend & complete other programming as required by DOC/Treatment Providers in a good faith manner
- On-time & present for all Treatment Court proceedings
- Obtain & maintain employment and residential stability
- Keep all appointments with Probation Agent, Case Manager, Treatment providers
- Positive reports from collateral sources (spouse, parent, employer, etc...)
- If applicable, attend school and obtain HSED/GED
- Pay financial obligations as directed and in full
- No missed/tampered/diluted/positive UA/BA's, as per contract definitions. Cooperate with all required testing
- No verbally or physically abusive or threatening behavior

- Maintain clean personal appearance
- If applicable, take medications as prescribed
- Obtain Driver’s License
- Identify self as a Treatment Court Participant to Law Enforcement if stopped for any reason
- Identify self as a Treatment Court Participant to all health care providers
- Required to engage in pro social groups/activities between court reviews
- Engage in groups and complete required assignments in good faith

The Taylor County Treatment Court Program includes, but is not limited to, the below Incentive Program to reward positive participant behavior and activities-goals completed:

Fish Bowl Drawings

Receive one slip per court review when you:

- Attend (including being on time) all treatment, probation, case management appointments and mandatory court hearings (since last review hearing).
- Completed all required homework assigned by court or treatment providers since last court review.
- Participated in at least one Pro Social group activity since last court review.
- No alcohol / drug use since last court review – no positive tests.
- Completed all testing as required- no late/missed tests
- Other positive behavior as determined by Court/Team (i.e. job interview, employment obtained, driving privileges restored, sobriety for length of time, program fees paid in full, positive community involvement/activity, recovery mentoring-sponsorship, family relationships/child visitation-custody restored, parenting program completed, stable housing located, financial/budget improvement....)

Each slip earned is then placed in a Fish Bowl for a drawing by the Judge at the end of each Court Review and various levels of prizes awarded to the winner as selected randomly by the Judge each review.

Drawing Prize Values: Small- \$2-5 value; Medium; \$5-\$10 value: large: \$10-\$20 value

(Examples: Car/room air fresheners, candles, picture frames, hand soaps/sanitizers blankets, home décor; water bottles; vehicle wiper/brush, recreational- hobby items, fishing poles, bucket; books/planners; Inspirational T-shirt; gloves; shoes/work boots; Vehicle IID coupons; \$GC to spas, theatre-concert-sports passes, care packages, gifts for children; haircuts, local grocery vouchers; restaurant certificates (in values of \$5.00 Subway/other; \$10.00 gift cards/Chamber of Commerce certificates);

Other rewards-incentives: Approved travel; Group leader; Curfew lifted; Decreased drug testing; Fee waiver; Family praise-recognition; housing-rent assistance; early termination from probation (post -graduation)

PROGRAM GOALS- INCENTIVES

GOAL-ACTIVITY	INCENTIVE
PHASE 1 COMPLETION:	<ul style="list-style-type: none"> • APPLAUSE/COURT RECOGNITION • Fewer counseling/case management/court • \$25 Fuel Card and \$20 Gift Certificate

ALCOHOL MONITORING/EQUIPMENT REMOVAL/ REDUCTION IN TESTING – (Participant has demonstrated sobriety over a significant time period)	<ul style="list-style-type: none"> • APPLAUSE/COURT RECOGNITION • Extra FB slip (Reduction/removal in itself is also Reward)
SIX MONTHS SOBRIETY	<ul style="list-style-type: none"> • APPLAUSE/COURT RECOGNITION • \$5.00 Subway Gift Card • Extra FB slip • Sobriety Token
PHASE TWO COMPLETION	<ul style="list-style-type: none"> • APPLAUSE/COURT RECOGNITION • Fewer counseling, case management/court • \$20.00 Gift certificate
PHASE THREE COMPLETION	<ul style="list-style-type: none"> • APPLAUSE/COURT RECOGNITION • Fewer counseling, court, case management, Testing (alcohol) • \$20.00 Gift Certificate • Group Completion- Medallion
ONE YEAR SOBRIETY	<ul style="list-style-type: none"> • APPLAUSE/COURT RECOGNITION • \$10.00 Gift Certificate • Extra FB Slip • Sobriety Token
PHASE FOUR /AFTERCARE COMPLETION	<ul style="list-style-type: none"> • APPLAUSE/COURT RECOGNITION • GRADUATION CEREMONY/CAKE SOCIAL • CARD SIGNED BY TEAM • FRAMED CERTIFICATE SIGNED BY JUDGE • \$25.00 WALMART GIFT CARD • Sobriety Token
BIRTHDAY CELEBRATION-RECOVERY	<ul style="list-style-type: none"> • Court Recognition-Card signed by Team

XIX. SANCTIONS

Any Violations of the rules of the Treatment Court Program will result in the immediate imposition of sanctions, as determined by the Treatment Court Judge and/or the Treatment Team. The Treatment Court Treatment Team may individualize sanctions as deemed appropriate. Sanctions may include, but are not limited to, the following:

- Verbal warning
- Admonishment by the Judge or a Treatment Team member
- Curfew
- Limitation or decrease in privileges
- Essays- Letters of Apology
- Journaling
- Community service hours
- Electronic Monitoring (EMP), house arrest / curfew
- Increased supervision and/or UA/BA testing
- Repeat a program phase
- Behavioral Contract
- Loss of Sober Day Date-Restart # required for Phase advancement

- Imposition of Jail Time
- Termination from the program
- Extension of or Revocation of probation
- Delay token
- Other remedial programming

XX. TERMINATIONS

The Taylor County Treatment Court shall make all final termination decisions in accordance with best practice standards. Such decisions may result from a public safety concern, repeated non-compliance with program requirements or an inability of the courts to provide treatment which the participant is responsive or which the participant needs.

A Treatment Court participant may be terminated from the Treatment Court Program for behaviors including but not limited to any of the following:

- a) Commission of a violent crime
- b) Abandonment of the Treatment Court Program
- c) Clear evidence that a participant is dealing drugs or driving while under the influence of an intoxicant
- d) Clear evidence that a participant has been involved in any threatening, abusive, or violent verbal/physical behavior towards anyone
- e) Tampering with any test; lying
- f) Any other grounds that the Treatment Court finds sufficient for termination
- g) Revocation of Probation/Parole/Extended Supervision

Procedure:

1. The issue of Termination will be discussed at the staffing of the Treatment Court Team. The Treatment Court Team will notify the Participant of its final decision in writing. The Participant will have the right to a hearing if they wish to contest termination. The Participant will have the right to legal representation at the hearing. If the Participant qualifies for an attorney through the Public Defender's office, they will be provided one at public expense.
2. A participant may choose not to contest termination. If the participant waives the right to be heard, the Judge shall sign an Order granting termination and transfer the case to sentencing court, if applicable. *(See Forms for use with withdraw-waiver-motion process)*

XXI. SUSPENSION

A Treatment Court participant may be suspended from Treatment Court due at the discretion of the Treatment Court Team. This may include when a Participant is physically unable to participate in treatment due to incarceration in another jurisdiction.

XXII. COSTS

Each participant shall pay \$170.00 due at the commencement of the Treatment Court Program. A Participant who demonstrates financial hardship/indigency based on national poverty guidelines may be eligible for reduced fees and/or a monthly payment plan and this will be reviewed on a case by case basis by the Treatment Court Team.

XXIII. ADVISORY BOARD MEMBERS

An important part of the implementation and maintenance of the Taylor County Treatment Court Program is the creation of an advisory board to assist and oversee the process of designing an effective Treatment Court. The Taylor County Treatment Court Program is overseen by Criminal Justice Collaborating Council.

XXIV. FORMS

Eligibility Criteria.....	22
Application/ Referral (General).....	23
Application/Referral- ATR's	26
Authorization for Release of Information.....	29
Participant Contract	31
Acceptable Medication Listing.....	34
Use of Prescribed Medication/Physician Letter.....	36
Waiver-Consent to Confidentiality/Ex Parte Communication.....	37
Report of Violation(s).....	43
Participant Withdrawal-Waiver of Court Hearing /Motion to Terminate; Order for Termination.....	41-46
Visitor-Confidentiality agreements (Program/Judicial)	47-48

TAYLOR COUNTY TREATMENT COURT REFERRAL FORM



ELIGIBILITY STANDARDS

Potential candidates meeting the following criteria will be considered for admission to the Taylor County Treatment Court.

- a. Must be a Resident of Taylor County, charged with offenses that occurred in Taylor County, and in the case of a referral for an alternative to revocation, potential participant must be on active supervision with the Wisconsin Department of Corrections in Taylor County.
- b. Proposed participants will either be post-adjudication for OWI 2-6, or a felony drug motivated crime, or in formal Alternative to Revocation status from the Wisconsin Department of Corrections with all qualifying criteria met.
- c. OWI-2-3 must have had a BAC at arrest of .15 or higher, or refusal. No injury or death of others as a result of any of the charges.
- d. Each participant must meet the DSM-V criteria for Substance Abuse Disorder/Dependence and have appropriate assessed risk-needs levels. The Taylor County Treatment Court Team will make any final determinations on whether available evidence indicates that the proposed participant is primarily a substance abuser, or a drug dealer. **THE DECISION OF THE TEAM IN THIS REGARD WILL BE FINAL*.**
- e. No violent offenders. 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. **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.**
- f. Each potential participant referred for possible participation in Treatment Court shall be screened and interviewed by the Treatment Court Coordinator and/or Case Manager, if there is space available in the program and they meet initial screening eligibility criteria. They shall participate in any screenings and assessments requested by staff, treatment providers, or others involved in the referral, screening and assessment process. Each proposed applicant will then be evaluated by member(s) of the Treatment Court Team. **The Treatment Court Team will make a recommendation to either admit or deny the application and its decision will be final*.**
- g. The Treatment Court Participant must voluntarily agree to abide by Treatment Court Program Rules.
- h. All existing warrants must be resolved by the time Treatment Court participation begins.
- i. All prior and pending legal information **MUST** be provided with application. This includes but is not limited to:

- Criminal Complaint for pending criminal charges;
- Criminal History-Listing of prior offenses;
- Compas Scores (risk/needs)**(When available)

- j. Provide mental health documentation and/or medication lists, if applicable.
- k. Treatment court participants are not to serve as confidential informants in ongoing drug investigations.
- l. Applicant must pay a \$200 fee upon entry to the Court. This fee will count towards the total cost Treatment Court.

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

.....

PARTICIPANT APPLICATION (Non- ATR Cases)

Please note: This referral form needs to be entirely completed for the person being referred to be considered. (PLEASE Include the Treatment Court's signed Release of Information)

Date of Referral: _____

Proposed Participant Name: _____ DOB: _____

Contact Information: Address: _____

Phone: _____

Referral Source: Defense Attorney District Attorney Probation Officer Self-Potential Participant

Please list the current Taylor County case/charges *resulting in this referral*: Please include complete details (attach information/ Criminal Complaint(s) to this referral). Please identify if charge(s) involved: use of force against another person; carrying, possessing or using a dangerous weapon/firearm; or if a person died or suffered serious bodily harm as a result:

Offense(s): Case No. (Use of Force/Weapon/bodily harm/Death?)

Offense(s):	Case No.	(Use of Force/Weapon/bodily harm/Death?)

Prior Convictions (ALL required- whether in/out of county, state or country) Please include complete history (or attach information to the referral and identify if misd/felony, assaultive/violent and if weapon involved:

County/Offense(s)	Case No.	Misd/Fel.	Assaultive-Yes/No	Weapon-Yes/No

Does applicant have any outstanding warrant(s) or other pending charges, other than the Taylor County case/charges leading to this referral)? Yes No If yes, please explain below:

County/Case No.	Offense Description

Is applicant a Registered Sex Offender? ___ Yes ___ No **Please Explain Conviction(s)/Date/Location:**

County/Case No.	Offense/Description

Has applicant ever been a member of the armed services? Yes No

Has applicant any prior AODA treatment? Yes No

(If known, list treatment type/facility/dates and outcome) _____

Has applicant had any prior Mental Health Treatment? Yes No

(If known, list diagnosis, treatment type/facility/dates and outcome) _____

If applicant is currently prescribed medications, please list: _____

Does applicant have a valid drivers' license? ___ Yes ___ No

***Please return completed form with the *signed treatment court release of information (attached)* to:**

**Taylor County Treatment Court
Attn:Katie Maske Treatment Court Coordinator
224 S. Second/Room 1301/Courthouse
Medford, WI 54451**

(Incomplete forms may be denied). The Taylor County Treatment Court Team will meet after initial screening and assessment is completed to carefully review the application and 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 I/R-INTAKE SCREENING ON _____ TO TCHS STAFF

OUTCOME OF SCREENING:

_____ Eligible for Team Consideration

_____ Not Eligible for further Consideration
Notes: _____

TEAM DECISION:

_____ Eligible for Participation

_____ Not Eligible
Notes: _____

_____ Written Decision/Notice mailed to referral source and/or applicant on _____

CORE Tracker Updated

DOC- ALTERNATIVES TO REVOCATION/REFERRAL FORM

(Please include a signed Release of Information (attached))

NOTE: DOJ/TAD Grant requires applicant be non- violent by statutory definition and meet all other TAD Grant eligibility requirements for consideration into the program

Referral Date: _____

Name/Position of Person completing referral: _____

Applicant /Subject Name _____

Address/Current Location: _____

DOB _____ **DOC#** _____ **WI State ID #** _____

Date Subject/Applicant Available to Begin ATR: _____

Date Subject/Applicant discharges from probation/ ES: _____

Please list Offense(s) and Sentences which led to most recent period of DOC supervision: (Please identify if charge(s)/behavior involve assaultive/violent offense against another person, carrying, possessing or using a dangerous weapon, or if a person died or suffered serious or other bodily harm as a result)

Charge/offense(s):	Location/County	Case No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the current case/charges/behavior resulting in this referral: Please include complete details (**OR attach 950/EBRV-violation reports, to this referral when available**). Please identify if charge(s)/behavior involve assaultive/violent offense against another person, carrying, possessing or using a dangerous weapon, or if a person died or suffered serious bodily harm as a result: _____

Does applicant/subject have any outstanding warrant(s) or other pending charges (other than the case/charges leading to this referral described above)? Yes No

If yes, please explain below: (Please identify if charge(s)/behavior involve assaultive/violent offense against another person, carrying, possessing or using a dangerous weapon, or if a person died or suffered serious bodily harm as a result)

Charge/offense(s):	Location/County	Case No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior Convictions (ALL required- whether in/out of county, state or country) Please include complete history (or attach information to the referral and identify if felony or misdemeanor and if assaultive;

Charge/offense(s): Assaultive Felony Y/N Location/County
Case No.

Has applicant every been convicted for possession with intent to deliver, or other drug trafficking related charges? Yes No If yes, please explain: _____

Is applicant / subject a Registered Sex Offender? Yes No Please Explain
Conviction(s)/Date/Location: _____

Marital Status:

____ Single, never married ____ ____ Separated ____ Widowed ____ Divorced

Race:

____ White ____ Black ____ American Indian ____ Hispanic ____ Asian/Pacific Islander

Has applicant ever served in the armed forces? Yes No

Educational Achievement (Check appropriate box and enter grade if appropriate):

____ Enter Grade Level (1-11) ____ 12th Grade, Non-Graduate
____ High School Graduate ____ HSED or GED
____ College, Tech or Vocational School (years) _____

This referral also includes the following information: (*Required when available)

- *Prior Record
- Social Information
- *EBRV-Response to Violation documents; 1950 revocation summary
- * Signed Release of Confidential information to Taylor Co Human Services/Taylor County Treatment Court Team
- Information relative to alcohol and other drug problems and prior treatment experience
- *COMPAS /CORE assessed risk-needs level: _____
- Date of Last CORE Assessment: _____
- Scores: Violent Recidivism: _____ General Recidivism: _____ Pre-Trial Risk _____
- Other (Specify) _____

Substance Abuse Problems (as noted by agent and/or person report:

Check if appropriate:

- Alcohol**
- Cocaine/Crack**
- Marijuana/Hashish/Cannabis/THC**

- Heroin**
- Other opiates and synthetics** (Morphine, Oxycodone, Demerol, Opium, Fentanyl, Oxymorphone, Codeine, Percocet, Oxycontin, Percodan, Vicodin, Lortab, Opana, Darvocet, etc.)
- PCP** (Phencyclidine)
- LSD**
- Other Hallucinogens** (MDA, MDMA, Peyote, Mescaline, Psilocybin, Psilocin, STP)
- Methamphetamine/Ice**
- Other Amphetamines** (Benedrine, Speed, Dexedrine, Methedrine, Ritalin, Preludin, Concerta, Adderall, Foccalin, other Amines & related drugs)
- Benzodiazepines** (Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam, Halazepam, Ativan, Librium, Halcion, Valium, Xanax, Ambien, Lunesta, Sonata)
- Barbiturates** (Phenobarbital, Seconal, Nemutal, Amobarbital, Amytal, ect)
- Inhalants** (Ether, Glue, Aerosols, Solvents, Gases, Chloroform, Nitrous Oxide)
- Over-the-Counter diet, alert, sleep aids, cough syrup, DXM** (Dextromethorphan)
- Other** (Specify) _____

Prior AODA Treatment? **Yes** **No** List dates, location, and outcome(s), if known:

Prior Mental Health History? **Yes** **No** List dates, location, diagnosis/outcome(s), if known:

Any Current Prescribed Medications? Please list:

***Please return completed form *with a signed release of information* to:**

**Taylor County Treatment Court Program
224 S. Second Street/Rm 1301
Medford, WI 54451**

(Incomplete forms may be denied). The Taylor County Treatment Court Team will meet after initial screening and assessment is completed to carefully review the application and notify the referral source of the final decision.

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)

Patient:

1. _____
Name Date of Birth

Street Address City, State, Zip

2. **Authorize Records Released To/From/Exchange With:** _____
Name / Address

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

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.

3. Type or extent of information to be released: (Includes current and past records. Check all applicable categories)

<input type="checkbox"/> Medical history, examination, reports	<input type="checkbox"/> Diagnostic History	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Alcohol/Drug Assessment Results	<input type="checkbox"/> Child Welfare Records	
<input type="checkbox"/> Acknowledgment of Admission and Diagnosis	<input type="checkbox"/> Consultations	<input type="checkbox"/> Attendance
<input type="checkbox"/> Behavioral Health Consultation & Recommendations	<input type="checkbox"/> Prescriptions-Medications	<input type="checkbox"/> Legal Status
<input type="checkbox"/> Written and Verbal exchange of information	<input type="checkbox"/> Results of Psychology Evaluation/Notes	
<input type="checkbox"/> Substance Abuse Treatment and Recommendations	<input type="checkbox"/> Results of Psychiatric Evaluation/Notes	
<input type="checkbox"/> Education, Employment and Legal Histories	<input type="checkbox"/> Criminal Risk -Needs Assessment	
<input type="checkbox"/> Laboratory Reports/Urinalysis Results	<input type="checkbox"/> Financial /Billing Information	
<input type="checkbox"/> Client Service/Case Plan/Discharge Summary-Aftercare		
<input type="checkbox"/> Other: _____		

4. Purpose or need for release: To facilitate and monitor Taylor County Treatment Court eligibility and participation, including compliance, and cooperation with recommendations.

5. **This authorization will remain in effect until six months from discharge from Treatment Court or upon written revocation.** This includes use of electronic, text, virtual - communications as needed by the Treatment Court Team.

6. 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/Client Date

Signature of Staff/Witness Date

Printed name of Staff / Witness

7. 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.

8. 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.
9. 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.
10. 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.
11. 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.

12. 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: Katie Maske; Case Managers Shannon Kraucyk, Patti Baacke, Katie Maske and Jasmin Skerven; Clinical Supervisor Jen Meyer; AOD Providers Alexander Belter, Danielle Peterson; Kelly Schulz; Tanya Lybert; Law Enforcement Representatives Lisa Kaufman/Kevin Kree; DOC Agents Wendy Ness/Tracy Tallier.
13. 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.
14. 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.
15. 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.

Rev.9-21

TAYLOR COUNTY TREATMENT COURT PARTICIPANT CONTRACT

1. I, _____, dob ___/___/___, reside at _____ and agree to participate in the Taylor County Treatment Court.

2. I understand that the validity of this contract is conditioned upon my eligibility for the Treatment Court program. If at any time after the execution of this agreement and in any phase of the Treatment Court program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and I will be required to serve the imposed and stayed sentence, be revoked, or returned to court for sentencing. I will not be allowed to withdraw my previous-entered plea of guilty unless my ineligibility is based on facts or information which should have been known to the prosecutor prior to Treatment Court admission, or upon Constitutional grounds.

3. I understand that if I enter this program and fail to complete it, I may be barred from future participation. _____
Initial Here

4. I understand that during the entire course of the Treatment Court program, I will be required to attend court sessions, treatment sessions, submit to random drug and alcohol testing, remain clean and sober and law abiding and provide truthful and honest information to my Treatment Provider, probation agent, and/or Treatment Court Team. I understand that participation in the Treatment Court Program involves a minimum time commitment of 14 months. I agree to abide by the rules and regulations imposed by my probation agent and/or the Treatment Court team. I understand that if I do not abide by these rules and regulations, I may be sanctioned and/or terminated from the program as outlined in the policies/procedures and/or for any of the following behaviors: Incurred New Criminal charges; Failed to attend treatment groups; Failed to attend individual treatment sessions; Failed to attend Recovery Support groups; absconded/left jurisdiction without permission; Failure to obtain/maintain employment, be enrolled in school or participate in programs as directed by the treatment court; Failure to obtain GED/HSED, take tests, if applicable; Failed to complete all homework assignments; Failed to inform health care providers of addiction and obtain written verification of new prescription, or failed to appear for pill count; failed to remain free from alcohol and/or illicit substances or any medication not approved by the Court; failed to submit to all Treatment court testing, including alcohol monitoring testing, urinalysis, oral fluid testing; attempting to dilute-tamper or otherwise alter sample or tamper with alcohol-drug testing; failed to comply with Court curfew; Violated treatment court rules by lying, cheating, being disruptive, discourteous, failing to file employment or other reports, and/or forging treatment court reports/defrauding providers and/or team/Court; violating no contact orders; failing to attend required pro social activities, other program required recovery network meetings, alumni group, relapse prevention, or maintain contact with sponsor-recovery coach; had possession of or attempted to deliver, obtain and/or sell any illegal drug, herbal preparation and/or alcohol; had inappropriate relationships within the Treatment court population in violation of Treatment Court rules; failed to

comply with each and every other imposed by the Treatment Court Judge; Failed to comply with other rules.

Initial Here

5. I understand that sanctions may include time in custody, increased treatment episodes, increased testing, community service and such other sanctions as may be deemed appropriate by my probation agent and/or the Treatment Court team.

Initial Here

6. I agree to cooperate in an assessment/evaluation for planning an individualized drug treatment program adequate to my needs. I understand that my treatment plan and length of time in the Treatment Court Program may be modified by the treatment provider or the Treatment Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications.

Initial Here

7. I understand that I will be required to pay a fee for participation in Treatment Court Programming and will be required to pay fees for alcohol-drug monitoring (i.e. alcohol-equipment enrollment and lost-damaged-stolen equipment; urinalysis lab confirmation testing in certain cases) Financial ability to pay any required fees will be considered and all final decisions made by the Treatment Court Team.

Initial Here

8. I understand that I will be tested for the presence of drugs and alcohol in my system on a random basis according to procedures established by my probation agent, the Treatment Court team and/or treatment provider. I understand that I will be given a location and time to report for my drug test(s). I understand that it is my responsibility to report to the assigned location at the time given for the test(s). I understand that if I am late for a test, miss a test, dilute the sample, or otherwise tamper/attempt to tamper with a test/sample, it will be considered "positive", and I may be sanctioned. I understand I have the ability to request a confirmation test for all screened positive test results and/or can waive my right to this confirmation test. Any request for confirmation lab testing for a positive screening that remains positive after lab testing will be at my expense and I will be required to reimburse the treatment court program for the cost of confirmation lab testing.

Initial Here

9. I understand that throughout my participation in Treatment Court urine, alcohol, oral fluid analyses and PBT's will be observed by trained personnel.

Initial Here

10. I understand that substituting, altering, or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination from Treatment Court.

Initial Here

11. I understand that participating in Treatment Court requires me to be drug and alcohol free at all times. I will not possess any alcohol, non-prescription drugs, or paraphernalia.

Initial Here

12. I will inform all treating physicians that I am a recovering addict and may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs for an ongoing mental or physical health issue, I must disclose this to my treatment provider and obtain specific permission from the Treatment Court Team to take such medication according to the waiver process that has been explained to me.

Initial Here

13. I agree to be responsible for what goes into my body that may affect drug test results. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will register any and all medications (prescribed and over the counter) with my treatment provider and Treatment Court.

Initial Here

14. For the purposes of the Treatment Court’s monthly status review hearings, I agree to waive my right to have my attorney of record present. I agree that my case may be staffed by the Treatment Court team at any time without my attorney of record or the prosecutor being present. This includes communication with the Treatment Court judge.

Initial Here

15. I agree that I must reside in Taylor County to participate in the Taylor County Treatment Court. I further agree to keep the Treatment Court coordinator advised of my current address and phone number at all times.

Initial Here

16. I agree to execute the Consents for Disclosure of Confidential Health and Medical and Non-Health Information. In addition, I agree to execute any other authorization forms requested by the Treatment Court team.

Initial Here

17. As the goal of Treatment court is to monitor, support, and facilitate participant’s recovery, it is important that interpersonal relationships further, not deter, from this goal. Accordingly, Treatment Court Participants must discuss and disclose to their treatment provider and probation agent any dating or sexual relationship with another Treatment Court Participant.

Initial Here

18. I understand and agree that my failure to successfully complete all the terms and conditions of the Treatment Court, including all the terms and conditions of all phases of the program, will result in my being expelled from the program. I understand that if I am expelled from the Treatment Court program, my sentence, if imposed and stayed, will be reinstated, I may be revoked, or I will be returned to court for sentencing, and I will be required to serve that sentence, if applicable. I understand my failure to complete Treatment Court Program cannot be a basis for withdrawing my previously entered guilty plea. If terminated from the Treatment Court Program, a hearing will be conducted in a mode and manner as determined by and at the discretion of the Treatment Court.

Initial Here

I have read the above contract and I understand what I have read. I am willing to enter into this agreement with the Taylor County Treatment Court program.

Participant’s Signature

Date

(If Represented By) Attorney for Participant

Date

Kristi S. Tlusty, District Attorney

Date

Honorable Ann N. Knox-Bauer, Circuit Court Judge

Date

#

**TAYLOR COUNTY TREATMENT COURT
MEDICATION GUIDE**

UNACCEPTABLE MEDICATIONS (seek waiver for use- approval unless otherwise indicated)	GENERIC NAME
Acetaminophen w/Codeine	
Adderall	Amphetamines
Altram/Ultram	Tramadol
Ativan	
Comtrex	
Fentanyl	
Cough medications <i>with alcohol</i>	
Concerta (any time released ADHD medications)	
Cough medications <i>with codeine</i>	
Darvocet	Propoxyphene
Darvon	Propoxyphene
Dilaudid	Hydromorphone Hydrochloride
Energy pills (Ephedrine based)	
Klonopin	Clonazepam
Librium	Libritabs, Chlordiazepoxide
Lorazepam	
Lorcet	Vicodin/Hydrocodone
Lortab	Hydrocodone
Morphine	
Nyquil (OTC); Dayquil; Robitussin, unless prior approval from treatment provider is given	
Oxycontin	Acetaminophen/Oxycodone
Percocet	
Ritalin	
Sleep aids (OTC); Tylenol pm;	
Tylenol 3	
Sleep aids with Adderall or Benadryl	
Tylenol w/Codeine	Hydrocodone

Valium	Diazepam
Vicodin	
Weight loss/gain herbs or supplements	
Xanax	Alprazolam
Vyvanse (any time released ADHD medications)	
Creatine, Golden Seal (Tea) Niacin; Kratum; CBD oil/products	

ACCEPTABLE MEDICATIONS (AND/OR GENERIC EQUIVALENT)

MAT: The Treatment Court Program supports Medicated Assistant Treatment with a Doctors order and with Team approval for the following: Methadone; Suboxone; Antabuse; Naltrexone, other as approved by TC Team.

Acetaminophen, Ibuprofen, Aleve, Advil	Abilify
Motrin, Tylenol (OTC)	Cymbalta
Allegra	Depakote
Buspar	Effexor
Celexa	Gabitril
Claritin (D)	Geodon
Cold-Sinus Meds (limited time) None that contain ephedrine or pseudo-ephedrine	Gabapentin * requires Team Review
Elavil	Lamictol
Excedrin Migraine	Lexapro
Paxil	Luvox
Prozac	Neurontin
	Campral
Toradol	Wellbutrin
Vioxx	Topamax
Zoloft	Zyprexa
	Melatonin

Note: This list is not all inclusive- it is the responsibility of the participant to notify the Treatment Court Team of any medications consumed, and/or changes in prescribed medications, and to seek a waiver through the program's procedures for pre-approval of medications.

USE OF PRESCRIBED MEDICATIONS#

Participants will not be prohibited from utilizing any prescribed medications. The following guideline is used by the Taylor County Treatment Court Team in an effort to maintain the reliability and integrity of its randomized drug and alcohol testing program:

Any participant with a chronic or ongoing mental or physical health issue may request a waiver from the Treatment Court Team to allow certain prescribed medication after receiving written verification from the prescribing provider.

For further information, or for waiver forms, please contact the Treatment Court Coordinator.

TAYLOR COUNTY TREATMENT COURT- PHYSICIAN LETTER- MEDICATION VERIFICATION

Date:

To: Medical Provider(s)

From: Taylor County Treatment Court Program

In re: Client/Patient Name _____

DOB: _____

To Whom It May Concern:

Your patient is providing you with this letter because they are a participant of the Taylor County Treatment Court Program.

The Taylor County Treatment Court Program provides integrated court, community supervision and substance abuse services to a diverse population in Taylor County in efforts to reduce alcohol and drug related crimes, better utilize jail resources, and improve the quality of life for those with substance abuse disorders resulting in increased community safety and improvement of the quality of life in the whole community.

The Taylor County Treatment Court requests that physicians prescribing medication(s) to a Participant attempt to prescribe medication(s) that will not pose a risk to the Participant's recovery from addiction. The Treatment Court Team recognizes this is not always possible but asks that alternatives be explored prior to prescribing a habit-forming medication.

Thank you for your time and consideration. If you have any questions, please feel free to contact

_____.

Respectfully,

(List specific Taylor County Treatment Court Representative)

Cc: Taylor Co. Treatment Court Coordinator/File

TAYLOR COUNTY TREATMENT COURT PROGRAM
Waiver of Confidentiality and Agreement to Ex Parte Communication

All treatment court participants, whether proposed or accepted into the program, are required to provide authorization to disclose confidential information as part of their application to and participation in the Taylor County Treatment Court program. The purpose of this authorization is to give the treatment court team access to any and all necessary participant healthcare and non-healthcare information to evaluate and assess the participant's entry into the treatment court program, to determine an appropriate and individualized treatment plan, and to evaluate and monitor the participant's success under that plan.

1. I agree to execute a consent for disclosure of confidential health and medical and non-health information. I understand that members of the treatment court team may require me to provide very personal information. This may include, but is not limited to, drug and alcohol use, my criminal record, education and work history, family history, medical information, physical and sexual abuse history, and psychiatric information. _____
2. I understand that information and documents received through any consent for disclosure of confidential health and medical and non-health information may be copied and shared between members of the treatment court team, which consists of the treatment court judge, the treatment court coordinator, the public defender's office, the district attorney's office, law enforcement, the department of corrections, and the department of health and human services. I understand that the members of that team may change. _____
3. I understand that information and documents received through this waiver and information relevant to my progress and participation in treatment may be discussed in open court and may be disclosed to other participants 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 and no identifying information about me may be disclosed to the public other than in the treatment court courtroom without my express written consent. _____
4. I understand that occasionally people other than treatment court team members may observe a treatment court team meeting/staffing, with the understanding that the meetings are confidential. _____
5. I understand that some information relating to my treatment court participation will be publicly available in my criminal court file, which is kept by the clerk of circuit court. This information includes:
 - Any order referring the participant to treatment court;
 - Any notice admitting or rejecting the participant to the program;
 - Any order staying the criminal court proceedings;
 - Any waiver pertaining to court proceedings;
 - Any proceedings or orders regarding sanctions;
 - Any order or notice of the participant's voluntary termination from the program;
 - Any proceedings or orders regarding involuntary termination from the program;
 - Any acknowledgement of successful completion of the program;
 - Any letters or information provided directly to the judge _____
6. I understand that some information relating to my treatment court participation will be kept separate from the regular court file and kept confidential. Access to this information is limited to members of the treatment court team, *unless I consent to additional disclosure or unless otherwise ordered by the court.*
This information includes:
 - Any application to participate in the treatment program;
 - Any information gathered to evaluate the application;
 - Any treatment court participation contract;
 - All medical information and history of substance abuse: diagnosis, drug and alcohol use, monitoring and test results, medical and psychological reports, prescriptions, etc.;
 - All treatment team information: weekly progress reports, information provided by team members, team member recommendations;
 - Any agreement by team members that information in treatment file shall be used only for purposes of treatment court. _____

7. I understand that there are exceptions to the confidentiality of the information referenced in #6. Those exceptions include:
- General information that does not identify me
 - Information pertaining to a medical emergency
 - Information that must be released via a court order
 - Information regarding a crime perpetrated during the course of the program, or while on program premises, or in Court or staffing, or against team personnel
 - *Information pertaining to child abuse or child neglect; I understand certain Treatment Court Team members are mandatory reporters and are required to report this information to authorities, including law enforcement/Child Protective Services-Social Services.*
 - Information for the purpose of research or audits. _____
8. I understand that the judge may initiate, permit, or consider ex parte communication with members of the treatment court team at team meetings/staffings, or by written documents provided to all members of the treatment court team. I understand that this means that even when I am not present, the judge may discuss me and learn or review any information about me that could affect my participation in treatment court. _____
9. I understand that statements I make in court or to treatment providers about personal drug and alcohol use are not for any other purpose including use in any other criminal proceeding or investigation in which I am either a potential witness or suspect. _____
10. For the purposes of treatment court review hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed without my attorney or the prosecutor present. It is my responsibility to contact my attorney if I have a legal question or a legal issue arises that I am unclear about and for which I need legal clarification. _____

1. I understand that failure to sign this waiver will be grounds for exclusion from treatment court. _____

Participant's Information and Understanding

I am _____ years old. I have completed _____ years of schooling.

I do do not have a high school diploma, GED, or HSED.

I do do not understand the English language.

I am not am currently receiving treatment for a mental illness or disorder.

I have not have had any alcohol, medications, or drugs within the last 24 hours.

I have read this waiver or had it read to me. I understand this entire document and any attachments. I have had an opportunity to discuss and ask questions and I have answered all questions truthfully. By signing this waiver, I confirm that it accurately reflects my wishes regarding disclosing confidential information and ex parte communication.

Signature of Participant

Date

_____ Check here if participant refuses to sign waiver.

Witnessed by Treatment Court Coordinator

Signature of Coordinator

**TAYLOR COUNTY TREATMENT COURT
NOTICE OF PARTICIPANT WITHDRAWAL- WAIVER OF COURT HEARING**

Name: _____ **DOB:** _____

I understand that participation in the Treatment Court is voluntary;

- A. I have decided to withdraw from participation in Treatment Court;
- B. I have made this decision freely and voluntarily and with free will understanding that:
 - I may consult with an attorney if I wish;
 - This is a final decision and I may NOT be re-enrolled in the Treatment Court as a part of this sentence;
 - I understand that if I withdraw from the Treatment Court program, my sentence, if imposed and stayed, will be reinstated, I may be revoked, or I will be returned to court for sentencing, and I will be required to serve that sentence, if applicable. I understand my failure to complete Treatment Court Program cannot be a basis for withdrawing my previously entered guilty plea.
- C. I also waive my right to a hearing in front of the Treatment Court Judge on the issue of my voluntary withdrawal from the Taylor County Treatment Court.

Dated: _____

Signature: _____

Witness: _____
(Treatment Court Representative)

Cc: Client
Jail
Clerk of Court
Treatment Court Coordinator

**TAYLOR COUNTY TREATMENT COURT PROGRAM
WAIVER OF TERMINATION HEARING**

I, _____, signed a Participant Contract upon entering the Taylor County Treatment Court indicating that I would comply with the conditions of Treatment Court. I have been informed that due to violations of this Participant Contract that I am being processed for termination.

I acknowledge notice of the violations have been provided to me in writing. I understand the allegations contained in this notice and agree that they allege violations of the Participant Contract. I further agree that I have been informed that these violations may result in termination. If

I further understand that I have a right to be heard on these violations and deny them or explain them, in whole or in part. I understand that at this hearing the Court may decide not to terminate me from the treatment court program or may decide that sanctions short of termination are appropriate. This hearing would occur at the earliest reasonable opportunity.

I understand I have the right to consult with an attorney regarding these violations, if I have not already. I may choose to hire an attorney at my own expense or elect to seek representation from the State Public Defender. Any representation provided would be independent and not conflict with my interests. I understand an attorney would assist me by advising me of possible consequences of termination. They would also assess whether there are any legal defenses to termination and would be available to present a case at a contested hearing. The State Public Defender may be consulted by calling 715-536-9105.

Knowing the above, I am choosing to waive my right to the termination hearing and agree to voluntarily be terminated from the Taylor County Treatment Court, due to contract violations. I understand that my case will be proceed to further hearings as a consequence of this termination.

Signature

Date

Witness

Rev 7-8-21

REPORT OF VIOLATION OF TREATMENT COURT/ PARTICIPANT CONTRACT

State of Wisconsin v. _____

Case No. _____

Treatment Court Start Date _____ to _____

The Treatment Court Team / Staff alleges that the above named defendant has violated the Taylor County Treatment Court Participant Contract as follows:

- Incurred new criminal charges
- Failed to attend treatment groups
- Failed to attend individual treatment sessions
- Failed to attend the 12-step support groups or some other approved program as ordered by the Court
- Absconded or left the jurisdiction without written permission
- Failed to maintain employment, be enrolled as a full-time student or participate in such programs as approved by Treatment Court
- Failed to obtain a GED and/or take HSED tests, GED pre-tests, if applicable
- Failed to complete all homework assignments
- Failed to inform health care providers of his/her addiction and obtain written verification at the time he/she was prescribed new prescription medication and/or failed to appear for pill count
- Failed to remain free from all illegal drugs, herbal treatments (including Spice, Kratom, or any other mood altering substance), all alcohol, or any over the counter medications without a doctor's prescription and approval by the Court
- Failed to submit to all Treatment Court tests, including, but not limited to, random, breath, hair, and/or oral fluid drug/alcohol screens
- Attempted to dilute, adulterate, or tamper with drug or alcohol testing (either his/her own or other Treatment Court participants' tests)
- Failed to comply with curfew as ordered by the Court
- Violated Treatment Court rules by among other things, lying, cheating, being disruptive, being discourteous, failing to file employment or other reports, and/or forging Treatment Court reports
- Violated no contact orders
- Failed to attend required pro social, recovery, peer support/Alumni Group, Relapse Prevention, other groups, make weekly contact with sponsor, and/or to comply with mentorship requirements
- Had possession of or attempted to deliver, obtain and/or sell any illegal drug, herbal preparation and/or alcohol
- Had inappropriate relationship(s) within the Treatment Court population in violation of Treatment Court
- Failed to comply with each and every other order imposed by the Treatment Court Judge
- Failed to comply with other rules
- Failed to make satisfactory progress
 - The lack of progress is not caused by a physical or mental inability to engage in treatment.*
 - The lack of progress is caused by some physical and/or mental condition*
 - The participant is not exhibiting genuine effort*
 - The participant's behavior is having the following impact on the other participants*

Prior to acceptance into Treatment Court, the defendant was advised of the potential consequences of violating the Treatment Court Participant Contract. The defendant also expressly agreed to not violate Treatment Court rules. Based on the above allegations *if found to be true by a preponderance of the evidence*, the Treatment Court Team believes the defendant may no longer be amenable to treatment within the Treatment Court Program, and/or that the defendant's continued participation may jeopardize the treatment of other Treatment Court participants.

In addition, the Treatment Court Team advises the Court as follows:

*Please see attached detailed list of violations.

Dated: _____

Treatment Court Case Manager

STATE OF WISCONSIN

CIRCUIT COURT

TAYLOR COUNTY

STATE OF WISCONSIN,

VS.

**MOTION TO TERMINATE
TREATMENT COURT PARTICIPANT /
ORDER FOR TERMINATION**

The above named Treatment Court Participant has violated the terms and conditions of the Treatment Court Program Contract, in the following respects:

- Failure to Maintain Sobriety:**
- Commission of New Offense:**
- Violation of Probation:**
- Violation of other terms and conditions of the Recovery Court Program:**

Statement of Participant: _____

The facts surrounding this request have been staffed with the Treatment Court Team and have been deemed sufficient grounds to warrant termination from the Treatment Court Program.

Dated this _____ day of _____, 2021. _____

ORDER

The court having considered the Motion to Terminate Treatment Court Participant as filed by the State, and after consultation with the Treatment Court Team and discussions with the Treatment Court Participant, hereby finds as follows:

- The Treatment Court Participant has failed to maintain sobriety.
- The Treatment Court Participant has been charged with new offenses.
- The Treatment Court Participant has violated terms of probation.
- The Treatment Court Participant has violated other terms and conditions of the Treatment Court Program.
- The court has inquired as to the Treatment Court Participant's commitment to the Treatment Court Program, and has found that there is inappropriate commitment to cease violating the terms and conditions of the Treatment Court Program,

IT IS ORDERED that the Treatment Court Participant is hereby terminated from the Treatment Court Program. The _____ days jail time in Case No. _____ previously stayed is hereby imposed and the Participant will begin serving that jail time immediately. The Participant

shall

shall not

be entitled to Huber privileges on said jail sentence for purposes of work or treatment appointments.

OR

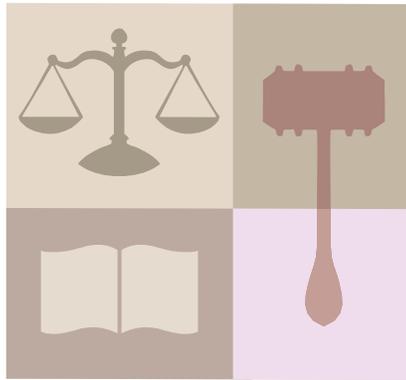
IT IS ORDERED that the Recovery Court Participant is hereby terminated from the Recovery Court Program, and any diversion agreement previously entered into is hereby revoked. The defendant will proceed to the appropriate sentencing judge for imposition of sentence or, if sentence had previously been imposed, immediately begin to serve said sentence. Any convictions arising from termination of a diversion agreement shall be entered into the record and, if necessary, a Presentence Investigation will be prepared.

Dated this ____ day of _____, 20__ at Medford, Wisconsin.

BY THE COURT:

Honorable Ann Knox-Bauer
Circuit Court Judge

cc: Defendant
Defendant's Attorney
District Attorney's Office
Treatment Court Coordinator/File
Treatment Court Case Manager



Taylor County Treatment Court Confidentiality Agreement Visitor

I, _____, agree to keep confidential the identities, condition, or any participant information, of any client or person that I encounter at the Taylor County Treatment Court Program, including its team meetings - staffing. I understand the seriousness of client confidentiality and will abide by this agreement. I understand, as well, that I can be held liable for breach of this promise.

Signature

Date

Witness

Date

CONFIDENTIALITY AGREEMENT

1. I am requesting permission to attend hearings and proceedings of the Circuit Court of Taylor County that are closed to the public because:
 - a. I am a work-study student in the justice system
 - b. I am person employed in the justice system
 - c. I am another governmental official
 - d. Other: _____

2. The types of proceedings include, but are not limited to, the following:
 - a. Juvenile court proceedings;
 - b. Adoption proceedings;
 - c. Termination of parental rights proceedings;
 - d. Mental or alcohol commitment proceedings;
 - e. Guardianship proceedings;
 - f. Any other proceeding closed to the public by statute or court order.

3. I understand that if I am allowed to attend such proceedings, I am subject to the same rules of confidentiality and privacy that exist for other participants and court personnel in such proceedings.

4. I agree that I will not disclose to *any other person* any of the following information:
 - a. The names or other identifying information about the people involved in the case or proceeding;
 - b. The facts or circumstances concerning the case or proceeding;
 - c. The evidence presented during the course of the proceeding;
 - d. The results of the case or proceeding.

5. I understand that a violation of this confidentiality agreement can result in a finding of contempt of court and/or criminal prosecution.

Signature

Name

Date

COURT APPROVAL

Subject to the above confidentiality agreement, this person is allowed to attend court hearings and proceedings that are otherwise closed to the public.

BY THE COURT:

Date: _____

Ann N. Knox-Bauer
Circuit Judge