

**Coos County
Drug Treatment Court
Participant Handbook**

Table of Contents

Introduction	Page 3
Mission and Program Description	Page 4
Health Insurance	Page 4
Participation in Drug Court	Page 4
Drug Court Team Members	Page 5
Supervision	Page 8
Treatment	Page 8
Case Management	Page 9
Court Hearings	Page 9
Virtual Court Hearings	Page 10
Program Phases	Page 10
Incentives and Sanctions	Page 14
Contested Hearings	Page 16
Use of Medication at CCHOC	Page 16
Communication with the Team	Page 17
Emergency Situations	Page 17
Drug and Alcohol Testing	Page 18
Drug Court Rules	Page 20
Substance Use	Page 20
Residency & Living Arrangements	Page 21
Association w/Other Drug Court Participants	Page 22
Treatment	Page 22
Other	Page 23
Positive Conflict Resolution	Page 23
Case Meetings/ "Care and Concern" Meetings	Page 24
Termination	Page 24
Appendix A – Acknowledgement and Waiver of Rights	Page 26
Appendix B – CC Drug Court Contact Information	Page 29
Appendix C – OTC Medication Acknowledgement Form	Page 30
Appendix D – "Starting Drug Court"	Page 31
Appendix E – Application Process	Page 32
Appendix F - Application	Page 33
Appendix G – HIPAA #1/Application Release	Page 39
Appendix H – HIPAA #2/Plea Release	Page 40

Introduction

Dear Prospective Participant,

You are being considered as a potential participant or have already been accepted into the Coos County Drug Treatment Court Program (“Drug Court” or “CCDC”). The Drug Court Team is committed to working with those people who choose to participate in the program and who are willing to work toward making healthy lifestyle changes in their recovery.

This handbook is for you to keep. Please take the time to review the handbook, including Appendix D – “Starting Drug Court with a Clean Slate and an Open Mind.” Hopefully it will answer your questions about the program and how the program works. The Drug Court Team evaluates the program rules and requirements on a regular basis and this handbook is subject to change when the need arises.

Reading and understanding the expectations of the Drug Court Program should help you to decide if the Drug Court Program is the right fit for you. This is a challenging program. If you are willing to make the commitment, we think you will find it worth your effort.

If you are interested in applying to the Drug Court program, please read Appendix E at the end of this handbook. If you have applied but not already been accepted and you have questions or concerns, please direct those questions to your lawyer. If you are already participating in Drug Court, please direct questions to any member of the Drug Court Treatment Team.

We look forward to your participation and success.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. H. Bornstein', with a long horizontal flourish extending to the right.

Peter H. Bornstein
Presiding Justice

Mission of Coos County Drug Treatment Court

The mission of the Coos County Drug Treatment Court is to reduce recidivism and enhance community safety by providing participants whose chemical dependence has resulted in criminal behavior with treatment and community supervision. As an alternative to incarceration, this judicially supervised program will provide participants with the opportunity to promote their recovery to reduce crime, restore families, and successfully reintegrate participants into the community.

Program Description

The CCDC provides intensive substance use disorder treatment and community supervision. Key components of the program include substance abuse treatment and case management; frequent, random drug testing through observed urine screens; frequent status hearings in front of the Drug Court Judge and team to report on compliance and progress; and the use of sanctions and incentives to promote positive behavioral change.

Health Insurance

Please Note *** There are costs associated with being in Drug Court.

As a Drug Court participant, you are required to make your best effort to have health insurance in order to make sure that your medical, mental health, and substance abuse treatment needs can be adequately addressed. Your Case Manager will work with you to obtain coverage if you do not currently have insurance. A sliding fee application will be completed for those who qualify.

Any mail from your insurance company must be brought to your next Case Management meeting so that you can make sure any issues are dealt with promptly to avoid losing your insurance. You must work with your Case Manager prior to making any changes to your insurance.

Participation in Drug Court

The Coos County Drug Treatment Court is a voluntary program for offenders who have met legal eligibility requirements and have been determined through standardized screening tools to be at high-risk to re-offend and in high need of substance use disorder treatment.

It is important to understand that when you participate in Drug Court, you will be expected to meet all requirements of the Drug Court Program as well as adhere to your treatment plan. If you fail to do so, you will be sanctioned. To participate in the CCDC, you must sign the Drug Court Special Acknowledgement and Waiver of Rights Form (see Appendix A).

Participation in Drug court continued:

Please read this handbook and the Acknowledgement and Waiver of Rights carefully with your attorney as you determine whether or not Drug Court is right for you.

To participate in the program, you will be required to authorize Drug Court team members (for example, your therapist, case manager, and PPO) to share information about you, your treatment, and your progress with other members of the Drug Court team. You will also be required to authorize Drug Court team members (for example, your therapist, case manager, and PPO) to share and obtain information from other treatment, health, and service providers in order to effectively coordinate treatment and services.

Drug Court Team Members

The Drug Court consists of a multi-disciplinary team representing local law enforcement, criminal justice, and substance use treatment providers. Team members, despite their unique roles, share the common goal of successful treatment and rehabilitation for each participant.

The Drug Court Team meets before each Drug Court hearing and reviews each participant's progress in treatment and compliance with program requirements. During this meeting, the team discusses appropriate incentives and/or sanctions to promote compliance and positive behavioral change. At this meeting, team members may also develop plans to address barriers to treatment and promote progress through therapeutic adjustments in treatment, case management service planning, and community supervision efforts. Team members communicate during the week as necessary, to promptly and effectively manage urgent issues that may arise.

Superior Court Judge – The Judge presides over the court proceedings and monitors the appropriate application of treatment, community supervision, incentives and sanctions, while maintaining the integrity of the court. The Judge is ultimately responsible for determining and imposing sanctions, including incarceration and/or termination.

Superior Court Clerk –The Clerk is responsible for scheduling all legal proceedings such as pleas and status hearings as well as processing all orders of the court.

Prosecutor - The Prosecutor is responsible for reviewing potential applicants for legal eligibility. The Prosecutor makes referrals to the program. The Prosecutor assists the Drug Court team in determining appropriate sanctions and incentives for participants in the program. The Prosecutor makes sentencing recommendations for those participants who do not complete the program successfully. The Prosecutor attends court, the weekly staffing, and scheduled policy meetings. The Prosecutor is required to maintain the confidentiality of information about Drug Court participants obtained in his/her role on the Drug Court team and is generally

Drug Court Team Members continued:

prohibited from using such information for any other purpose. If the Prosecutor learns of information about a drug court participant from a source outside the drug court process, the Prosecutor may use that information for another purpose. Nothing in this section shall impede a Prosecutor's obligation to disclose exculpatory information.

Legal Secretary/Administrative Assistant County Attorney's Office - S/he will collate, copy, distribute and otherwise have contact with drug treatment court client files. S/he may discuss the content of drug court clients' casefiles with the Prosecutor in order to assist the Prosecutor in the execution of his or her duties as an attorney and Drug Treatment Court member. The Legal Secretary and Administrative Assistant at the County Attorney's Office is required to maintain the confidentiality of information about Drug Court participants learned in the course of carrying out his or her duties, and is generally prohibited from using such information for any other purpose.

Public Defender – The Public Defender's role is to promote the legal rights of participants as well as advocate for the appropriate supervision, incentives, and sanctions to support the participant in his or her recovery and rehabilitation. The Public Defender, as a member of the Drug Court Team, only represents a participant's stated legal interests in an adversarial way in the courtroom during sanction hearings when a participant is facing a jail sanction. In all other settings, the public defender works in a collaborative manner during staff meetings and court sessions by helping the team take account of the possible interests and legal rights of participants.

Legal Secretary/Administrative Assistant Public Defender's Office - The legal secretary/administrative assistant for the Public Defender's Office has access to information about drug court participants. S/he will collate, copy, distribute and otherwise have contact with drug treatment court client files. S/he may discuss the content of drug court clients' casefiles with the Public Defender in order to assist the Public Defender in the execution of his or her duties as an attorney and Drug Treatment Court member. The Legal Secretary and Administrative Assistant at Public Defender's Office is required to maintain the confidentiality of information about Drug Court participants learned in the course of carrying out his or her duties, and is generally prohibited from using such information for any other purpose.

Probation/Parole Officer – The PPO is responsible for community supervision of participants and monitoring their compliance with Drug Court and probation requirements. The PPO works in a collaborative manner with the team and makes recommendations regarding treatment, incentives and sanctions.

Drug Court Team Members continued:

Representative from Coos County House of Corrections – The representative from the Coos County House of Corrections serves as a liaison between the Drug Court team and the jail staff regarding the needs, and behavior of participants who are incarcerated due to sanction, new arrests, and/or violations of probation. The representative also assists with facilitating incarcerated participants’ participation in drug testing.

Police Officers – The Police Officers are liaisons between the Drug Court and their respective departments. The police also provide important information to the Drug Court team regarding community and policing issues that could potentially impact the progress of any participant.

Treatment provider(s) – Therapists are responsible for providing assessment and treatment planning to participants as well as facilitating Intensive Outpatient Treatment, other substance abuse groups, and individual therapy. Therapists provide assessment and referral to substance-abuse and mental health services not provided directly through the Drug Court such as inpatient treatment, partial hospitalization, psychopharmacological evaluation, psychological evaluation, and Medication Assisted Treatment. The Therapist provides information and updates to the rest of the Drug Court team regarding a participant’s substance use treatment needs, mental health concerns, and adherence to treatment.

Case Manager – The Case Manager works in a collaborative way with the participant and the treatment providers to provide assessment and service-planning to support participants in their treatment and their long-term recovery. The Case Manager provides referral and linkages to other services and agencies in the community such as social services, housing, medical services, and educational programs. The Case Manager provides information and updates to the rest of the Drug Court team regarding the participants’ compliance with program rules, their overall progress toward goals, and any barriers they face.

Coordinator – The Coordinator, under the supervision of the Judge, is responsible for overseeing the Drug Court program, to ensure the program provides high-quality services in accordance with empirically-determined best practice standards for Drug Courts and meets the requirements of grantors and contracts. The Coordinator also acts as a liaison with the Drug Court Steering Committee, once it is formed, to help engage the larger community in supporting Drug Court.

Administrative Program Coordinator: The Drug Court Administrative Program Coordinator under the supervision of the Director, Drug Court Services, and in accordance with applicable policies and procedures, is responsible for coordinating the administrative functions related to the successful operation of Drug Court services. This role includes creating reports to support the collection, reporting and maintenance of data related to the Drug Courts and scheduling and participating in Drug Court trainings and meetings. The Administrative Program Coordinator participates fully as a Drug Court team member, committing him or herself to the program, mission and goals and works as a full partner to ensure their success.

Supervision

In order to be admitted into Drug Court, you will be sentenced to probation or parole supervision. You will be required to meet the conditions of your probation or parole supervision including but not limited to: remaining of good behavior (avoiding committing any local, state, or federal crimes), meeting curfews; obtaining any permissions needed from your PPO for housing, travel, or work; attending all scheduled meetings with your PPO; and the payment of any restitution, fines, or fees as ordered by the Court. Upon pleading into Drug Court, you must report directly to the Probation and Parole office at 138 East Milan Road in Berlin, New Hampshire.

Your PPO will conduct both scheduled and unannounced home visits to provide accountability for you as well as to assess your living environment so that the team can help you to address any issues that could potentially impact your recovery and rehabilitation.

Treatment

You will be assigned a Therapist from Northern Human Services. Your therapist will meet with you individually for assessment, treatment planning, and therapy on a weekly basis. In addition, you will immediately begin participating in the Intensive Outpatient Program (IOP), which meets three or four times per week. This program utilizes a specialized curriculum that has been designed to provide treatment to individuals with substance use disorders who are at high risk to engage in continued criminal behavior.

As you make progress toward your individualized treatment plan goals, you will “step down” to treatment groups that meet less frequently and are designed to focus on the skills and changes needed for long-term recovery and rehabilitation. As part of your treatment plan, you may also participate in additional therapies including but not limited to psychopharmacological evaluation, Medication Assisted Treatment, behavior modification, or mental health treatment.

It is important to understand that you may require more intensive treatment than IOP if you continue to actively use or have a prolonged relapse. If your therapist makes the assessment that a higher level of care is necessary to help you obtain sobriety, then you may be required to complete an application, be admitted to an inpatient treatment program, and meaningfully participate and successfully complete that program.

Failure to adhere to treatment recommendations, including referral to Inpatient Residential Treatment or compliance with their program rules, can result in sanctions as well as jeopardize your continued participation in Drug Court.

Case Management

You will be assigned a Case Manager from Northern Human Services. Your Case Manager will meet with you individually for assessment and service planning. Initially, you and your Case Manager will work to address and resolve issues that could present barriers to your engagement in treatment such as housing instability, medical issues, child care and children's needs, etc. As you make progress, you and your Case Manager will begin focusing on addressing long-term goals that support your continued recovery and rehabilitation such as education, work, financial management, and permanent housing.

With your Case Manager, you will work on a "Structured Time" plan that helps you to keep track of your weekly schedule that will include time for treatment, recovery activities, community service and, over time, work or educational activities. As with treatment, you are expected to adhere to your Structured Time Plan.

Court Hearings

Drug Court is held alternating Mondays at 2:30 p.m. in Courtroom 1 of the Coos County Superior Court in Lancaster. As a Drug Court participant, you will be required to appear in court on a regular basis. The frequency of your appearances will depend on the Drug Court Phase you are in and your compliance with Drug Court rules. In Phase I you will be required to attend every court session.

During hearings, you will stand at the podium before the Judge to discuss your compliance with Drug Court rules and your progress toward your treatment goals. The Judge will provide encouragement and constructive feedback, issuing incentives for positive behaviors and sanctions for failing to comply with rules or adhere to treatment.

Please demonstrate your respect for court by dressing appropriately, using appropriate language, avoiding conversation with others, avoiding gum chewing, and turning off your cell phone.

Drug Court is open to the public. We encourage you to invite members of your support network to court to understand your participation in this program, recognize your progress, and support you.

Virtual Court Hearings

Should virtual hearings be required, your Case Manager will provide you with the court WebEx link and practice with you to ensure that you are comfortable with the login process. As with in-person court hearings, there are a few rules:

- Must have secure and appropriate online streaming location (missing court due to “technical issues” will not be tolerated and will be considered a missed court session)
- Remain seated at a desk or table
- Camera to remain on for the entire court session
- Dress appropriately (dress as though you were reporting to the courthouse; no hats)
- Use respectful language
- No eating, no drinking, no smoking

Program Phases

The CCDC has 5 Phases that you must complete in order to successfully graduate from Drug Court. Each Phase has objectives that you must meet in order to move to the next Phase. Early phases focus on substance use treatment and addressing issues in your life that can interfere with treatment such as unstable housing, child care, or mental health issues. Middle phases focus heavily on treatment to address substance use and criminal behaviors. Later phases focus heavily on developing the foundations and supports you need in your life to be successful in long-term recovery.

The time spent in each phase depends on how quickly you are able to meet the required objectives. The times listed by each phase are general guidelines – the time may be longer than indicated or may be shortened if there is significant progress. The objectives of each phase are subject to change at the discretion of the Drug Court Team.

Phase I (approximately 60 days)

The focus of Phase I is stabilizing into Drug Court. You will work on addressing issues that impact your engagement in treatment. In order to advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment appointments on time and following your treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, curfew, program fees, etc.)
3. Have a transportation plan to ensure that you will be able to attend treatment and other necessary appointments
4. Demonstrate honesty about any drug and alcohol use
5. Have safe housing (even if temporary)
6. Resolve any issues that negatively impact your ability to participate in treatment (for example, child care, emergency medical issues, etc.)
7. Set initial treatment goals with your therapist
8. Establish a minimum of 14 consecutive days of sobriety.

Phase II (approximately 90 days)

The focus of Phase II is engaging and adhering to treatment. In order to advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment on time, participating actively in groups and therapy, and following treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, curfew, program fees, etc.)
3. Demonstrate honesty about drug/alcohol use, risky behaviors, and activities.
4. Begin participating in a Criminal Thinking Intervention (for example, Thinking for Change)
5. Begin attending Peer Support or Recovery Support groups as required (for example, AA, NA, HA, Smart Recovery, etc.). (note: you don't need to attend the same meeting each week, you can explore different meetings and groups).
6. Have safe, stable housing.
7. Have a valid government ID.
8. Establish a minimum of 30 consecutive days of sobriety.

Phase III (approximately 90 days):

The focus of Phase III is engaging in treatment and beginning to develop a strong foundation of positive, safe relationships and prosocial activities in your life to support your recovery. To advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment on time, participating actively in groups and therapy, developing treatment goals with your therapist, and following your treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, curfew, program fees, etc.)
3. Develop a payment plan and begin making regular payments toward any restitution or fines.
4. Demonstrate honesty about drug/alcohol use, risky behaviors, and activities.
5. Actively participate in a Criminal Thinking Intervention (for example, Thinking for Change)
6. Start to form a recovery support network, including attending Peer Support or Recovery Support Meetings.
7. Begin to participate in prosocial activities to broaden your prosocial network.
8. Developed personal goals important to your recovery in areas such as education/career, family, housing, financial management, health/medical, etc. and begin making progress toward these goals.
9. Establish a minimum of 45 consecutive days of sobriety.

Phase IV (approximately 90 days):

The focus of Phase IV is engaging in treatment and continuing to strengthen the foundation of positive, safe relationships and pro-social activities in your life to support your recovery. To advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment on time, participating actively in groups and therapy, developing treatment goals with your therapist, and following your treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, curfew, program fees, etc.)
3. Make regular, agreed upon payments toward any restitution or court fines.
4. Demonstrate honesty about drug/alcohol use, risky behaviors, and activities.
5. Successfully complete a Criminal Thinking Intervention (for example, Thinking for Change)
6. Establish a solid recovery support network, which includes both recovery support and pro-social activities.
7. Make progress toward personal goals important to your recovery in areas such as education/career, family, housing, financial management, health/medical, etc.
8. Develop a Continuing Care Plan for Phase V.

Phase IV Continued:

9. Develop a plan to “Give Back” to the Drug Court Community. “Giving back” can take many forms, but it is designed to benefit the local community.
 - a. The Community Give Back Project is a program that requires Drug Court participants to provide unpaid work that is aimed at giving something back to local communities and to repay the community. The Community Give Back Project is not merely the completion of community service, but rather a project that is chosen by one or more Drug Court participants to contribute their skills and/or labor to help improve the community.
 - b. Community Give Back Projects can include graffiti removal, environmental clean-up projects, or renovating community entities such as parks, playgrounds, or conducting food or clothing drives. These are just a few examples and participants are encouraged to come up with their own projects that would benefit the community.
 - c. Community Give Back Projects must be directed to assisting the non-profit community in Coos County. Those entities include, but are not limited to, churches, the animal shelter, Goodwill, Guardian Angel Thrift Store, and/or the Salvation Army to mention a few.
 - d. All Community Give Back Projects must be coordinated with your Case Manager and be approved by the Drug Court Team.
10. Establish a minimum of 60 consecutive days of sobriety.

Phase V (approximately 90 days):

In Phase V, you will use your Continuing Care Plan as you prepare for graduation and post- graduation support. In order to graduate, you must meet Phase V objectives, which include:

1. Demonstrate adherence to treatment and your Continuing Care Plan.
2. Demonstrate responsibility in meeting program rules and obligations (for example, curfew, program fees, etc.)
3. Make regular, agreed-upon payments toward any restitution or court fines.
4. Demonstrate honesty about any drug/alcohol use, risky behaviors, and activities.
5. Be engaged in a solid recovery support network which includes both recovery support and pro-social activities.
6. Make progress toward personal goals important to your recovery in areas such as education/career, family, housing, financial management, health/medical, etc.
7. Participate in your “Give back” to the Drug Court community activity.
8. Develop a Continuing Care Plan for continued recovery post-graduation.
9. Establish a minimum of 90 consecutive days of sobriety.

Completion of Phase V – Graduation!
Graduation is followed by post-graduation support.

Incentives and Sanctions

We know that changing behavior can be difficult so we want to support you in taking the actions needed that will lead to recovery and rehabilitation. Incentives are used as a way to support and reinforce positive behaviors that allow you to make progress toward goals. Incentives include such things as positive feedback from the Judge or the team, applause from your peers, and small tangible rewards such as chips or gift cards. Phase promotions, which are associated with more privileges such as later curfews, etc., are also incentives.

Similarly, sanctions are used to discourage negative or risky behaviors. When you fail to comply with rules or engage in a negative or risky behavior, you can expect to receive a sanction to discourage such behaviors. Sanctions include such things as admonishment from the judge, written essay assignments, or an increase in community service or reporting requirements. It is important to understand that sanctions may also include being held temporarily in custody.

Incentives and sanctions are issued by the Judge, with recommendations from the Team. The final decision regarding incentives and sanctions will be at the discretion of the Judge.

By agreeing to participate in Drug Court, you waive the right to a prompt hearing. It is important to understand that you may be held in custody until the next drug court hearing and that the court will not schedule a separate bail hearing. Specifically, you agree to waive a prompt bail hearing and may be held up to 7 days before being heard at the next drug court session.

Healthy recovery choices/behaviors that will result in **incentives** include (but are not limited to):

- Progressing between phases of drug court program
- Progressing between phases of treatment
- One week of negative urine screens
- One week of positive program compliance
- Obtaining 30 days clean and sober
- Obtaining employment
- Continued positive program compliance
- Locating appropriate housing
- Completing educational program

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible behaviors that can result in incentives.

Incentives for healthy recovery choices/behaviors may include (but are not limited to):

- Applause/Recognition
- Being heard first in court
- Being allowed to leave court early

- Reduction in reporting requirements
- Gas/phone/necessities gift card
- Reduction in fees
- Reduction in self-help meeting requirements
- Release from electronic monitoring
- “Fishbowl”
- Decrease in reporting to court
- Phase advancement / certificate
- Reduction of court fees, fines, and waiver of supervision fee

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible incentives.

High-risk choices/behaviors that will result in **sanctions** include (but are not limited to):

- Missing treatment appointment, case management, self-help meeting, probation appointment or any other court ordered appointment
- Missing court session
- Missing Drug Testing
- Arriving late for court
- Failing to attend self-help meetings
- Failing to pay fines/fees/restitution/perform community service hours
- Lying or dishonesty
- Repeated positive drug tests that indicate a pattern of use
- Associating with other offenders with exceptions for group meetings or CCDC related activities
- Violating conditions of probation
- New criminal conduct

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible behaviors that can result in sanctions.

Sanctions for high-risk choices/behaviors may include (but are not limited to):

- Apology letters
- Admonishment by judge
- Research papers/other homework assignments (for example, writing an essay on a topic to be read publicly in court)
- Additional community service hours
- Days in jail

Sanctions continued:

- Increase in drug testing
- Increase in probation reporting requirements
- Increase in case management

- Being dropped to a lower Phase in the program
- Day reporting
- Electronic monitoring
- Attendance at additional court sessions
- Issuance of a bench warrant

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible sanctions.

Contested Hearing When Jail Sanction is Likely

Drug Court participants do not waive every right when they enter into the Drug Court program. One of those rights is the right to a contested hearing when a violation of the rules of Drug Court could result in a jail sanction. This means that you can contest the evidence supporting the violation, if you deny you violated the rules of the program.

The hearing will be brief and will be held during or at the end of the regular Drug Court session. Prior to the hearing you will be notified (either verbally or in writing) of the conduct you engaged in that was a violation of the rules of Drug Court. You will have an opportunity to talk with the defense attorney team member about the process before the hearing.

Use of Medications while at Coos County House of Corrections

If a jail sanction is required, you will follow the Coos County House of Corrections medication policies:

1. Admission of New Inmates
2. Administering Prescribed Medication
3. Inmate Medication

Communication with the Team

It is required that you are open and honest with the Drug Court Team **at all times**. This program cannot be effective unless the team understands what is going on with you. When you are honest about use, struggles, and challenges, then we can work with you on a plan to address the issues. Because of the importance of

honesty, please understand that a sanction for a negative behavior will always be greater if you are dishonest about the situation.

It is important that you reach out to your team for support if you feel an urge to use. If you use drugs or alcohol, we expect you to reach out and notify your therapist or Case Manager **immediately**. This may mean that you report your use in group, treatment, case management, or that you actively reach out to report by phone if you are not due to be meeting.

Prior to any drug test, you are required to indicate in writing any use within the last 14 days of prescription or over-the-counter (OTC) medications, illicit or illegal drugs or alcohol.

Police Contact

If you have police contact of any kind, you must report the contact immediately by phone to your PPO and your Case Manager.

You must keep the Court, your PPO, Case Manager, and Therapist informed of your current address and phone number at all times.

Remember, your PPO, Case Manager or Therapist may not be able to receive your call or return it immediately, especially out of normal business hours. For this reason, we expect you to *plan ahead*.

Emergency Situations

Therapists and Case Managers may give you their cell phone number to facilitate communication. **However, it is important to understand that your voicemail or text message may not be received or returned immediately, especially outside of normal business hours.** Because of this, it is important that you *plan ahead* to give your team sufficient time to respond to your requests. **In any mental health emergency, contact 911 or other Emergency Line your therapist gives you.**

Drug and Alcohol Testing

Throughout your participation in Drug Court, you will be required to participate in drug and alcohol testing by probation, Berlin PD, and monitors trained by NHS. You will be tested on a random basis, several times per week, and you can expect that you may be tested on weekends and holidays in addition to weekdays. On any given day, you may be directed to test by a Drug Court team member even if your color has not been selected for testing that day.

Your Case Manager will provide you with the link and directions on how to access the online color website. If for some reason the website is not working you must contact your Case Manager for assistance.

For testing, you will be required to provide a urine sample. You will be observed when providing a sample to ensure that there is no tampering with the sample. There may be occasions when Drug Court team members will ask you to submit to breathalyzer testing or oral swabs in place of or in addition to providing a urine sample. You are required to follow their instructions to ensure the validity of the results.

You will be assigned a color and must check the webpage every morning after 6 a.m. to see if your color has been selected for testing that day.

You will be notified in advance of any holidays when staff will be unavailable. Trained staff will monitor the sample collection. You will be provided instructions on how to provide a sample by the monitor and will be expected to follow those instructions.

If a monitor suspects that a sample has been tampered, substituted, or adulterated, he or she may give additional instructions in order to verify that the sample is legitimate. We have also instructed the monitor to document, in writing, any observations leading them to believe a sample is not legitimate as well as any failures to comply with directions.

Please be patient, cooperative and respectful when working with the monitors. Disrespectful or abusive behavior will not be tolerated and will result in a sanction. If you encounter any concerns when working with a monitor, you should speak to your Case Manager or the Drug Court Coordinator about the issue.

Prior to any drug test, you are required to indicate in writing any use of prescription, OTC, illicit or illegal drugs or alcohol within the last 14 days; the monitors will collect the Testing Disclosure Form to pass along to Drug Court team members. It is your responsibility to seek out your treatment team, in a timely fashion, regardless of whether your color is called to report any use AND then to document it prior to a drug test.

Prescription and Over-The-Counter (OTC) medications may impact test results. For this reason, you must report any medication prescribed by a doctor and provide written documentation of this to your Therapist and Case Manager as well as follow the OTC Medication Agreement Form.

(Appendix C). Failure to do so could mean that you are sanctioned for not being honest before testing.

Falsifying or tampering with a test is prohibited. We test for indicators that a sample has been diluted or adulterated. In addition to positive tests, the following situations are considered positive results:

- *Dilution* –avoid drinking excessive amounts of water or other beverages before testing.
- *Adulteration*
- *Substitution*
- Failing to test, missing a test, or testing late.
- Failure to follow instructions by monitor to ensure the validity of the sample or test.
- Refusal to produce a sample or inability to produce a sample after 60 minutes.
- Inability to produce a sample of sufficient quantity for testing.
- Positive test results due to taking prohibited OTC medication, vaping products or eating poppy seeds.

*Note regarding Diluted, Missed, or Late Tests: Diluted, missed, or late tests are considered positive tests and will generally result in a “reset” of a sober date. The team reserves the right to consider the specific circumstances associated with a diluted, missed, or late test when evaluating a participant’s sober time if a participant is otherwise eligible for Phase Promotion or graduation and if the circumstances indicate that there could be a valid reason for the diluted, missed, or late test.

If you dispute the results of a screening test, you can request a confirmation test. Should the test confirm the positive results, you may be responsible for paying any associated lab fees and you may receive sanctions for dishonesty.

Drug Testing Schedule

Weekday Testing (Mondays, Wednesdays, & Fridays)

If your color is selected, you must report to Community Services Center (CSC) 69 Willard St, Berlin, NH between 9 am and 11 am.

*If you test positive during the weekend or Holiday and did NOT admit to use, you will be required to also test on Monday at CSC.

Drug Court Rules

Failure to follow these rules may result in sanctions, up to and including termination.

As a Drug Court participant, you are required to abide by the following rules, including, but not limited to;

I. Substance Use

1. Upon pleading into DTC, report immediately to the NH Department of Corrections Probation/Parole Office at 138 East Milan Road in Berlin, New Hampshire.
2. You are required to have no use of alcohol and no use of any controlled drugs, including synthetic substances and vaping products. Participants are prohibited from selling, possessing, distributing, transporting or being in the presence of any controlled drugs, including synthetic substances and any alcohol.
3. You are required to comply with drug testing and the rules around drug testing. *(See Section on Drug and Alcohol testing for more information on this.)*
4. You are required to inform all your doctors, medical providers, dentists, emergency medical providers etc. that:
 - You have a substance use disorder.
 - You are involved in the Coos County Drug Court.
 - You should not take any unprescribed narcotic medication due to your substance use disorder and your participation in Drug Court.
 - You authorize your medical/health care/social service providers to communicate about treatment with the applicable members of the Drug Court team (Therapists, Case Managers, and PPO) to coordinate care. Note: you must sign a written Release of Information with the provider.
5. All non-emergency narcotic prescriptions must be pre-approved by your Therapist, Probation officer or Case Manager before being filled.
6. You must review and follow the Over-the-Counter (OTC) Medication/Supplement Agreement Form (see Appendix C) to avoid taking any over-the-counter products that can be misused or interfere with drug testing results. If you have any questions regarding OTC medication, you must speak with your treatment team in advance.
7. You must refrain from associating with people who use or possess drugs. Refraining from associating with people who are on probation/parole, unless authorized by the DTC Team.

Substance Use continued:

8. You are required to be upfront and honest about any alcohol or substance use that you engage in. This means reaching out to your therapist and/or Case Manager to let them know of any slip or relapse as well as informing your IOP group as soon as you can after use. By being honest and upfront, team members and peers can help you develop a stronger plan to avoid slips or relapses in the future.

II. Residency and Living Arrangements

1. You must live within Coos County while participating in Drug Court.
2. Your living situation and residence must be approved by your PPO and the Drug Court Team.
3. Keep the DTC Team, case managers, treatment provider, and PPO informed of your current address and phone number at all times.
4. You must be in your home by your assigned curfew. Curfews will be determined by DTC team.
5. As a condition of participation in the DTC program, the participant's person, property, place of residence, vehicle or personal effects may be searched at any time with or without a warrant, and with or without probable cause, when required by a probation officer.
6. Refrain from possessing any weapons while in the DTC program.
7. You must obtain prior permission from your Probation Officer to spend an overnight elsewhere. You must provide your PPO with the name and address of the person you wish to stay with.

You are not permitted to travel outside of New Hampshire without prior permission from your PPO.

III. Association with other Drug Court participants

1. You are prohibited from associating or socializing with other Drug Court participants outside of Drug Court events (for example, court sessions or group sessions) unless you have obtained prior permission from the Drug Court team. The purpose of this rule is to encourage participants to remain focused on their own progress and needs while in treatment and, especially in the early stages of recovery, to avoid putting themselves in potentially risky situations.
2. You are not allowed to stay or live with another Drug Court participant except under very specific circumstances (for example, emergency shelters, sober living houses) as approved by the Drug Court team.
3. If you are related to or were involved in a past relationship with another Drug Court participant, you must inform the Drug Court team.
4. You are prohibited from engaging in an intimate relationship with another Drug Court participant except under very specific circumstances (for example, co-parenting relationships) as approved by the Drug Court team.
5. Unless you have prior permission from your PPO, you are not allowed to obtain a ride from or with another Drug Court participant, including to or from CCDC events such as court sessions, treatment, drug testing, or self-help meetings.
6. You are not allowed to work with or for another Drug Court participant without prior authorization from the Drug Court Team.
7. You are not allowed to sell, buy, trade, or barter items or services with another Drug Court participant.

IV. Treatment

1. You are required to participate actively in treatment and adhere to your treatment plan.
2. You are required to attend your treatment and case management sessions, groups, or other treatment requirements as scheduled and be on time. If you need to reschedule an individual treatment or case management session due to an emergency or other unavoidable issue, you must provide 24-hour advanced notice. Failure to provide a 24-hour notice (except in cases of emergency), will result in a missed IOP, individual treatment session, or case management session

Treatment continued:

3. for that week, and could result in a sanction. Consult with the case manager regarding the definition of an appropriate emergency.

Rescheduling is at the discretion of the staff member based on their schedule, and the team will determine whether the reason for rescheduling is valid. Group sessions cannot be rescheduled therefore, if a participant misses a group session, this could result in a sanction.

4. You are required to complete all homework assignments by deadlines given.
5. You are expected to be respectful of peers and treatment providers to ensure a safe, supportive environment for all. Abusive or threatening language or behavior is prohibited.

V. Other

1. You are required to pay fines and restitution as ordered by the court. You are required to pay a fee of \$10 per month no later than graduation and as you are able. Based on good cause, a portion of the fee may be waived by the team.
2. Completing community service as directed by the DTC Team and/or the judge.
3. Dress appropriately for court and treatment sessions.
4. Abide by all other rules and regulations imposed by the DTC Team.

Positive Conflict Resolution

At times, you may disagree with a plan or how a particular situation has been managed by the Drug Court. We encourage you to speak directly with the team or to your Defense Lawyer, Therapist, Case Manager or Probation Officer to discuss the situation. We believe that by discussing concerns directly, you will have an opportunity to develop a stronger working relationship with team members. We know that it isn't always easy to discuss issues that may involve strong emotions; if you feel uncomfortable speaking directly with the team member involved, you can ask that a team member who is not involved in the issue attend the conversation.

Case Meetings/ "Care and Concern" Meetings

If you are showing a pattern of failing to follow program rules or if you are not making progress in your treatment, members of the Drug Court team may meet with you to discuss the concerns in an effort to help you succeed. These meetings will establish expectations and develop a plan to move forward.

The purpose is to help you recommit yourself to the program if you are struggling. However, based on the circumstances, the team may recommend that termination is appropriate.

Termination from Drug Court

Warrants, new arrests, and/or convictions, or a violation of any aspect of your treatment plan, case plan, and rules of probation and/or parole supervision could result in termination from the Drug Court Program.

Other violations, which could result in termination, include the following:

- Refusal of substance abuse treatment or voluntary withdrawal from the program.
Note: Part of your treatment plan, case plan, and rules of probation and/or parole may require you to participate in inpatient treatment. Failure to comply with the requirements of the recommended level of treatment and the rules of treatment providers may result in termination.
- Refusal or failure to give consent to the release of information or the withdrawal of any release of information to outside providers of substance abuse treatment, mental health treatment, or other ancillary services.
- Lying or dishonesty
- Repeated positive drug tests that show a pattern of use
- Failure to comply with the drug testing policy, housing policy, or any court order
- Any illegal activity, even if not arrested
- Falsifying or attempting to alter urine tests

Reasons for Termination continued:

- Use of any synthetic substances
- Violence or the threatened use of violence directed at anyone
- Attempts to encourage or support drug and alcohol use by other participants.
- Repeated non-compliance with Drug Court rules

Sale of Drugs is Not Tolerated in this Program

The final decision to terminate a participant from Drug Court will be at the discretion of a Judge after an evidentiary hearing on either a Violation of Probation or a Motion to Impose Your Suspended Sentence. If you face termination, you have the right to have an attorney represent you at this hearing as well as the right to choose to have the hearing held by the judge presiding over the Drug Court team or an alternate judge.

Additional Information

This handbook outlines the basic principles, protocols and procedures of the Coos County Drug Treatment Court Program. If you have any questions along the way, please be sure to ask the appropriate Team Member. We want you to be successful during this program and far beyond your time with us. We recognize that it won't be easy, but we feel *you are worth it!*

In support of your recovery and growth,

Coos County Drug Treatment Court Team

APPENDIX A – Acknowledgement and Waiver of Rights

The State of New Hampshire

Court Name:

Case Name:

Case Number:

(if known)

Coos Superior Court

ADULT DRUG TREATMENT COURT SENTENCING PROGRAM SUPPLEMENTAL ACKNOWLEDGEMENT AND WAIVER OF RIGHTS

I **voluntarily, knowingly, and intelligently** waive my rights and enter in the Coos County Adult Drug Treatment Court Sentencing Program as part of my negotiated plea. I will participate in the Drug Treatment Court Sentencing Program as directed by the Court and as set forth in the Drug Treatment Court Participant Handbook. I will obey all of the rules of probation and the Drug Treatment Court Sentencing Program.

- I will cooperate in all evaluations and assessments required by the Drug Treatment Court Team and comply with all treatment recommendations, including inpatient and outpatient treatment.
- I will sign all waivers necessary to release information to monitor my progress in the Drug Treatment Court. If I revoke consent, I understand that I will be terminated from Drug Treatment Court Sentencing Program.
- I will not use or possess any alcohol or illegal drugs at any time.
- I will submit to all random, supervised urine tests as directed by the Parole/Probation Officer (PPO), the Court or other person associated with the Drug Treatment Court Sentencing Program.
- I will attend all scheduled treatment sessions, probation meetings, court hearings and other scheduled appointments.
- I will pay all Court fees, Court fines, and restitution as directed by the Court.
- I will actively participate community service as directed by the Court and/or the Drug Treatment Court Team.

I understand that my failure to fully participate in treatment, failure to appear at scheduled meetings, hearings, or treatment sessions, positive urine tests and other issues of non-compliance with the rules of the Drug Treatment Court Sentencing

Program may result in sanctions being imposed on me. Sanctions may include being held in custody pending a court hearing on the next business day.

I understand that my participation in the Coos County Drug Treatment Court Sentencing Program may be terminated if I fail to make satisfactory progress towards completion of the program, I am re-arrested; test positive for drugs or alcohol; or fail to meet any of my court-ordered obligations.

I understand that my failure to appear for a court hearing will result in an immediate warrant for my arrest and I will be held in custody until the next court date.

I understand that any attempt to falsify a urine test will be a basis for a sanction. I also understand that a missed urine test will be considered a positive test result and I will be subject to a sanction.

I agree that the Court will generally rely on a presumptive chemical test result. I may request a further confirming test but if I test positive in the confirmation test, I will not only bear the cost of the test but will be subject to additional sanctions.

I consent to waive the confidentiality of any medical, treatment or social service records. Records may be shared among all Drug Treatment Court Team members for purposes of reporting on my progress in the Drug Treatment Court Sentencing Program. I understand I will be terminated from the Program if I withdraw my consent.

I understand that I must inform the PPO and all treatment staff of any prescription medication as well as over-the-counter medication that I am currently taking. I also understand that I must also seek permission from the PPO prior to taking any medication (both over the counter and prescription), unless I am experiencing a medical emergency.

I understand that the average length to successfully complete the Drug Treatment Court Sentencing Program is 18 months to 24 months. After graduating from the Drug Treatment Court Sentencing Program, I will continue to be on probation for up to one year as sentenced by the Court.

I understand that my current attorney's involvement will end once the Court has accepted my guilty plea and I enter the Drug Treatment Court Sentencing Program. I understand the defense attorney member of the Drug Treatment Court Team will have a very different role from that of my prior attorney. I understand that the Drug Treatment Court Team which includes the judge, treatment providers, the PPO, and a prosecuting and defense attorney, will talk about my level of Drug Treatment Court participation in team meetings when I am not present. I understand that these discussions will be conducted in a non-adversarial manner. I understand that I will speak on my own behalf during Drug Treatment Court sessions, without the assistance of a lawyer. I understand that I will be dealing directly with the Judge and not through an attorney while in the Drug Treatment Court Sentencing Program unless I am contesting a sanction that could result in a period of incarceration or there is a Motion to Terminate my participation in the Program.

I have been provided with the Participant Handbook for the Drug Treatment Court Sentencing Program and have read and understand all the terms and conditions associated with it.

ALL OF THESE STATEMENTS THAT I HAVE GIVEN TODAY IN THIS ACKNOWLEDGMENT AND WAIVER OF RIGHTS ARE TRUTHFUL AND VOLUNTARILY GIVEN.

I do not have any questions at this time of my attorney or of the Prosecutor's Office. If there are any questions of the Judge or if there is anything I would like to say prior to sentencing in this case, my attorney will make this known to the Judge at the time of my plea to this charge. I understand the entire contents of this Acknowledgment and Waiver of Rights, and I freely and voluntarily sign this form below. I also understand that I may have a copy of this form upon request.

Date: _____

Defendant

As counsel for the defendant, I believe the defendant fully understands the meaning of this Acknowledgment and Waiver of Rights and that s/he knowingly, intelligently and voluntarily waives all of his/her rights as set forth in this form.

Date: _____

Counsel for Defendant

The undersigned Justice of the Coos County Superior Court is satisfied that s/he fully understands all of his/her rights as set forth above. The Court finds that the defendant knowingly, intelligently and voluntarily waived all of his/her rights as set forth in this form.

Date: _____

Presiding Justice

APPENDIX B – Coos County Drug Treatment Court Contact Information

Location	Phone Number	Hours of Operation
Coos County Superior Court School Street Lancaster, NH 03864 Information Center (ask to speak with court staff)	(855) 212-1234	Mon – Fri 8:00 AM – 4:00 PM
Probation/Parole Office 138 East Milan Road Berlin, NH 03570	(603) 752-0429	Mon – Fri 8:00 AM - 4:00 PM
Berlin Police Department 135 Green St. Berlin, NH 03570	(603) 752-3131	
Coos County Attorney’s Office School Street Lancaster, NH	(603) 788-5559	Mon – Fri 8:00 AM - 4:00 PM
NH Public Defender Jay Duguay 134 Main Street Littleton, NH 03561 jduguay@nhpd.org	(603) 444-1185	Mon – Fri 8:00 AM - 5:00 PM
Coos County Dept. of Corrections West Stewartstown, NH	(603) 246-3315	
Blue Heron Neurofeedback and Counseling – Treatment Provider 515 Main Street Gorham, NH 03581	(603) 356 – 6400	Mon – Fri 8:30 AM - 5:00 PM
Case Manager NHS Community Services Center 69 Willard Street Berlin, NH 03570	(603) 752-1005 (603) 662-4826	Mon - Fri: 8:00am-3:30pm
Bob Nylin DTC Coordinator NHS Community Services Center 69 Willard Street Berlin, NH 03570	(603) 752-1005	Mon – Fri 7:00 AM – 4:00 PM
NHS Emergency Services	603-752-7404	During business hours Mon – Fri 8:30 am – 4:30 pm
Crisis Emergency Access Line	(833)710-6477	After NHS business hours, weekends & holidays

APPENDIX C – OTC Medication/Supplement Acknowledgement Form

Coos County Drug Treatment Court
OTC Medication/Supplement Acknowledgement Form

I, _____, understand that as a participant in Drug Court, I cannot take certain over-the-counter (OTC) medications/supplements commonly used for cold, allergies, or cough.

I understand that I am prohibited from taking allergy/cold/cough medication/supplements that contain any of the following:

Alcohol
Pseudoephedrine
Dextromethorphan
Phenylpropanolamine
Doxylamine
Diphenhydramine
Creatine

I understand that examples of medication including such compounds include, but are not limited to:

Actifed	Dayquil	Sudafed
Benadryl	Dimetapp	Tylenol Cold
Benylin	Neo-Synephrine	Vicks 44D
CBD Oil	Nyquil	Vicks 44M
Comtrex	Robitussin Sinus	Zyrtec-D
Contact	Sine-Off	
Coricidin D	Sinutab	

I understand that it is my responsibility to ensure that any OTC medication I take does not contain the compounds listed above and understand that I should consult with a pharmacist about this as necessary. I understand that if I test positive due to taking any of these prohibited medications, it will be counted as a positive test and that I may be subject to sanctions.

I also understand that I must disclose any OTC medication taken when I complete the Testing Disclosure Form at any drug testing sample collection (urine screen).

Signature

Date

Clinician or Case Manager Signature

Date

APPENDIX D – STARTING DRUG COURT WITH A “CLEAN SLATE” AND AN OPEN MIND

You are being considered as a candidate for participation in the Coos County Drug Court Program. Participation in this program involves substance abuse treatment in the Northern Human Services’ Intensive Outpatient Program (“IOP”). The IOP involves many group sessions, where the expectation is that you will interact on a regular basis with other participants in treatment with you.

You may have had prior contact with at least one other participant who would be in treatment with you. This is not uncommon. It sometimes feels like a small world, especially when considering the local drug-using culture.

You may have been connected to another peer as a co-defendant, an accomplice, a fellow gang member, a boyfriend or girlfriend, drug customer or supplier, family relation, etc. ***If you have had any prior relationship with another participant, it is your responsibility to inform your IOP counselor and case manager.***

When you were active in your addiction, it is likely that you felt betrayed, hurt, manipulated and victimized by others in your life. You may also have been the perpetrator of such negative behaviors against others in your life. If those negative interactions occurred between you and another participant prior to the IOP, there may be “bad blood” or unresolved issues between you.

A negative history with a peer can cause tension and create obstacles to the treatment process, not just for you and your peer, but for the other participants in the program as well. Such unresolved history can sabotage and derail the treatment process, especially if that history fuels resentment and ill will toward your peer(s). It can feel like the “elephant in the room” that you pretend not to see but that still makes interactions awkward and strained.

The IOP staff expects that you will avoid any arguments or confrontations with a peer (for example, in the hallway, out in the parking lot, etc.). Threats and blackmail will not be tolerated. We also expect that you will make every effort to participate in group discussions and engage in group exercises even if you have unresolved issues with a peer in the room.

The attitude that you bring to IOP makes all the difference. Assuming that you arrive in IOP with willingness to work through some negative history, there are a few things that may be asked of you while you are in treatment:

- 1) You may be asked to meet face-to-face with that other peer and a counselor(s), to set guidelines about how interactions will take place between the two of you in IOP.
- 2) Depending upon the circumstances, it may be deemed appropriate for you to address these issues in group session(s), pending prior approval from your counselor.
- 3) You also may be encouraged to write a letter of apology or amends to that person as a part of your recovery program.

Appendix E – Coos County Drug Treatment Court Application Process

Review the Drug Treatment Court Program Handbook to ensure that you understand the rules, requirements and responsibilities of the program.

Complete the application below, giving careful thought to your reasons for applying to the Drug Court and what you hope to achieve through participation in the program.

- a. It is important for you to be honest and forthcoming in filling out the application.
- b. The information you provide is confidential. It will only be used for your treatment and case management purposes and will only be shared with the members of the Drug Court Team and staff.

Review your application with your attorney. Both you and your attorney must sign and date the application.

Your attorney will then submit your application and Release of Information to Clerk of Coos County Superior Court.

Clerk of Coos County Superior Court will send to NHS Case Manager and County Attorney

The Drug Court Team will screen your application and make a preliminary decision about whether you should be evaluated for the Drug Court program. Your attorney will notify you if you are approved to go on to assessment for the program.

If you are approved for an assessment, you must contact **NORTHERN HUMAN SERVICES** at **603-752-7404** to set up an appointment for the assessment.

The Drug Court team will review Northern Human Services' assessment and recommendations and will decide as a group if you meet the eligibility standards for participation in Drug Court.

The information you provide during the assessment process is confidential. It will only be used for the purposes of treatment and case management and will only be shared with the Drug Court Team and staff.

Assessment for Drug Court is NOT a guarantee of acceptance into the program. The Judge will make the final decision regarding sentencing and whether to include Drug Treatment Court in any sentence you receive.

Coos County Drug Treatment Court

ADMISSION APPLICATION

Docket # _____

Name: _____ Sex: _____

Age: _____ DOB: _____ Race: _____ Hispanic: _____

Address: _____ Town: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Are you a US citizen? _____

Currently incarcerated: Y or N If yes, facility name: _____

Family and relationships:

Please name and give the relationships of supportive people in your life right now:

Marital Status: _____ Spouse Name/Significant other: _____

Do you have children: Y or N (circle one) If yes, how many: _____

Please list name and ages: _____

Are you financially supportive of your children: Y or N Do you receive child support: Y or N

Is DCYF currently involved with your children/family: Y or N

Name of DCYF case worker(s) involved _____

Living:

Address where you plan to live upon entering drug court _____

Time at current residence? _____ Number of times moved this past year? _____

Name, age and relationship of persons living with you: _____

Do You Have Any Prior Convictions? Y or N

DATE	CHARGES	COURT

Current Charge information:

Current charge you are facing: _____

Are you facing a probation or parole violation? Y or N

Next court date that you are aware of: _____ Location: _____

Attorney's name: _____ Prosecutor's name: _____

Education:

Highest level of education (for example: high school diploma, GED, bachelor's degree, trade school:

_____ Where? _____

Have you ever been diagnosed with a learning disability? Y or N

If yes please explain _____

Have you taken any college classes? _____

Have you seen a vocational counselor before? Y or N

Employment:

Current Employer: _____ Employer Phone #: _____

Supervisor's name: _____ Length of time employed there: _____

Job title: _____ Job duties: _____

Unemployed _____ How long _____ Reason _____

Disability:

Do you receive Disability benefits: Y or N

If yes, what type: _____

Insurance

Do you have health insurance? Y or N

If you have health insurance; name of insurance: _____

Are you on Medicare/Medicaid? Y or N Do you have a primary physician? Y or N

Medical:

Do you have any medical problems that restrict your activities? Y or N

Explain: _____

Are you presently on prescriptions for medical reasons: _____

If yes, please name them and the dosage _____

Reason for medication: _____

Date of last physical: _____ **where was the physical:** _____

Mental Health:

Have you ever sought treatment for a mental illness? Y or N If yes please explain _____

Where and when did you receive treatment for mental illness? _____

Have you ever been diagnosed with a mental illness? Y or N If yes please explain _____

Are you currently on medication to help manage mood, anxiety, depression or any other symptoms?

Y or N If so, which medication and dosage: _____

What are the medications targeted to treat? _____

Have you ever been prescribed medications for mental health reasons? Y or N

What medication? _____ **For what?** _____

Have you ever seen a Psychiatrist before? Y or N If yes please explain _____

History of Suicidal or Homicidal attempts or ideations Y or N If "yes" please explain: _____

Driving/Transportation

Do you currently possess a driver's license? Y or N What state: _____

Do you have any pending issues with your license? Y or N If yes please explain _____

If you do not have a license, is there other transportation available to you? Y or N If yes please explain _____

Have you ever lost your driver's license? Y or N If yes please explain _____

If you do not possess a driver's license, why did you lose it and what will it take for you to get it back?

Substance Use

Prior Treatment/Counseling/Self-Help meeting attendance? (Please list dates and places):

My Primary Drug(s) of dependency is/are: _____

My Drug(s) of abuse is/are: _____

Age of first use for each substance: _____

Date(s) of last use of each substance: _____

How often and what quantity are/were you using of each substance: _____

Do you currently take or have you taken in the past medications for substance use disorder? Y or N

If you have, list medication(s) and name of prescriber (s):

What benefits do you hope to achieve by completing the drug treatment court program?

**THIS APPLICATION SHALL BE FORWARDED TO THE SUPERIOR COURT
CLERKS OFFICE ONLY.**

I certify that the above information is correct to the best of my knowledge.

*I also understand that as part of my Drug Court application and admission procedure that there will be discussions between Drug Court team staff including but not limited to; Probation/Parole Officer, Judge, Prosecutor, Clerk, Treatment Providers, and Defense Attorney. I grant permission for these discussions to take place to assist in determining my eligibility for Drug Court.

However, I understand that if I am not accepted into the Coos County Drug Treatment Court Program, the information above will not be further disclosed and will not be used by the prosecutor or anyone else once my case is transferred back to the regular court docket.

Client signature

Date

Attorney signature

Date

Coos County Drug Treatment Court Program

HIPAA #1/Application Release

I,

_____ (Printed Name of Participant)

do hereby consent and authorize reciprocal verbal communication and exchange of written records between any and all of the team members of the Coos County Drug Treatment Court Program (listed below) for the purpose of informing Northern Human Services of my history of arrests and criminal convictions in order to facilitate the assessment of my appropriateness for the Coos County Drug Treatment Court program, assist the Drug Treatment Court Team in determining my eligibility for the program and, if accepted into the Coos County Drug Treatment Court Program, to evaluate progress throughout participation in the Coos Country Drug Treatment Court Program.

Coos County Drug Treatment Court Team:

Coos Superior Court, Coos County Attorney's Office, NH Public Defender's Office, NHDOC Probation/Parole, Berlin Police Dept, Northern Human Services, Blue Heron Neurofeedback & Counseling

(INITIAL boxes)

_____ **I understand that the information released may include information pertaining to substance use counseling.**

- The purpose of the disclosure authorized in this consent is to facilitate my assessment for the Coos County Drug Treatment Court Program and to provide the members of the Coos County Drug Treatment Court Team as delineated above the information necessary to determine my appropriateness for the program.
- I understand that my alcohol/drug treatment records are protected under the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my behavioral health records are confidential and protected from unauthorized disclosure. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and, if so, there may not be a federal or state law protecting its confidentiality. However, federal law prohibits the recipient of information disclosed pursuant to this authorization from making any further disclosure of alcohol and drug abuse treatment records without the express written consent of the person to whom it pertains or as otherwise permitted by federal law. A Memorandum of Understanding of these regulations, which can be revised without consent has been signed by each member of the Coos County Drug Treatment court.
- I understand that I might be denied services if I refuse to consent to a disclosure for the purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to sign a consent form for a disclosure for other purposes. However, I will not be evaluated for the Drug Treatment Court if I refuse to sign a release of information to allow communication among the members of the Drug Treatment Court Team.
- I understand that the information disclosed to the Drug Treatment Court Team will be used solely for the purpose of determining my appropriateness and eligibility for the Drug Treatment Court Program and shall not be utilized for any other purpose.
- This consent/authorization shall be valid until such time as I have been found ineligible for the Drug Treatment Court or there has been a formal termination of my participation in the Drug Treatment Court.
- I have read this release and understand its contents. I have also been provided a copy of this form.

_____ Client's Signature (or authorized signature/relationship)

_____ DOB

_____ Date

Coos County Drug Treatment Court HIPAA #2 / Plea Release

I, _____
(Printed Name of Participant)

hereby consent to communication between Northern Human Services and the Coos County Superior Court, the Coos County Drug Treatment Court Team and the NH Department of Corrections Division of Field Services which includes:

Coos Superior Court, Coos County Attorney's Office, NH Public Defender's Office, NHDOC Probation/Parole, Berlin Police Dept, Northern Human Services, Blue Heron Neurofeedback & Counseling

The purpose of and need for the disclosure is to inform the Coos County Drug Treatment Court, the Coos County Drug Treatment Court Team and the Division of Field Services of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at substance use disorder treatment sessions and Drug Treatment Court Program groups and activities, results of alcohol and other drug screening tests, my cooperation with the treatment program, prognosis, and any recommendations for additional treatment or services or other changes in my treatment and recovery plan.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective completion, termination or revocation of my participation in the Coos County Drug Treatment Court including a period of post-graduation support or of my probation under which I was mandated into treatment.

I understand that my substance use disorder treatment records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Treatment Records (42 C.F.R. Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that my behavioral health records are confidential and protected from unauthorized disclosure. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and, if so, there may not be a federal or state law protecting its confidentiality. However, federal law prohibits the recipient of information disclosed pursuant to this authorization from making any further disclosure of substance use disorder treatment records without the express written consent of the person to whom it pertains or as otherwise permitted by federal law. A Memorandum of Understanding of these regulations, which can be revised without consent has been signed by each member of the Coos County Drug Treatment court.

I understand that I might be denied services if I refuse to consent to a disclosure for the purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to sign a consent form for a disclosure for other purposes. However, I will not be accepted into the Drug Treatment Court if I refuse to sign a release of information to allow communication among the members of the Drug Treatment Court Team.

I understand the risks to confidentiality involved in transmission by e-mail and fax and I agree to assume those risks.

I have read this release and understand its contents. I have also been provided a copy of this form.

Client's Signature (or authorized signature/relationship)

DOB

Date