

**CLAY/BECKER DRUG
COURT**

**POLICIES AND PROCEDURES MANUAL
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STEERING COMMITTEE

1. Lisa Borgen – District Judge Clay/Becker
2. Don Kautzmann – Drug Court Coordinator Clay/Becker
3. Matthew Greenley – Assistant Clay County Attorney
4. Michael Fritz – Becker County Attorney
5. Bruce Ringstrom – Public Defender Clay/ Becker
6. Shelva Swanson – Minnesota Dept. of Corrections
7. Tama Puhr – Minnesota Dept. of Corrections
8. Toby Krone – Moorhead Police Dept.
9. Lt. Stephen Landsem – Clay County Sheriff's Dept.
10. Randy K. Hodgson – Becker County Sheriff's Dept.
11. Pat Boyer – Clay County Social Services
12. Rhonda Porter – Clay County Social Services
13. Bill Lopez – Sharehouse
14. Connie Stevens – Sharehouse
15. Brenda Ross Phillips – Sharehouse
16. Rod Dimmer – Sharehouse
17. Jackie Holm – Drake Counseling
18. Caleb Olson –Recovery Works
19. Nancy Nelson – Becker County Human Services
20. Don Janes – Becker County Human Services
21. Heather Penfield – Becker County Human Services

22. Bill Bergquist – Clay County Sheriff
23. Tim Gordon – Becker County Sheriff
24. Kevin Campbell – Clay County Commissioner
25. Barry Nelson – Becker County Commissioner
26. Renelle Fenno – Clay County Court Administration
27. Shelly Jeffers – Becker County Court Administration
28. Ed Pachel – Lakes Counseling

PLANNING TEAM

- ❖ Judge: **Lisa Borgen (Clay & Becker)**
- ❖ Coordinator: **Don Kautzmann (Clay & Becker)**
- ❖ Prosecutor: **Matt Greenley (Clay) Michael Fritz (Becker)**
- ❖ Defense Counsel: **Bruce Ringstrom (Clay & Becker)**
- ❖ Treatment Provider(s): **Connie Stevens, Bill Lopez, Rod Dimmer, Ed Pachel, Jackie Holm, Caleb Olson, others**
- ❖ Community Supervision/Probation: **Tama Puhr(Clay & Becker)**
- ❖ Law Enforcement: **Brad Stuvland & Stephen Landsem(Clay), Randy Hodgson(Becker)**

MISSION STATEMENT

The mission of the Clay/Becker Drug Court is to strengthen our community through court team supervision of chemically dependent offenders by providing accountability, evidence-based treatment, and motivation for positive change, resulting in successful family and community contribution.

GOALS AND OBJECTIVES

A. Reduce substance abuse among criminal offenders.

- a. 100% of possible participants assessed for chemical dependency within 2 business days of referral to drug court.
- b. 85% referred to a treatment program within 5 business days of the assessment.
70% of this group will be in treatment within a week of the referral.
- c. 100% will complete primary treatment while in phase II of the program.
- d. 95% of all participants will obtain a sponsor within the first phase of the program.
- e. 80% of all urine analysis tests will be negative for drug use.
- f. 75% graduation rate of all offenders admitted to the drug court program within 18 months of admission.
- g. 100% of all graduates will have been drug free for 12 months at graduation.

B. Enhance public safety by reducing criminal recidivism.

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

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

- a. 80% of those in need will be referred for education and/or employment services while in phase II of the program.
- b. 80% of participants will report improvements in their familial and personal relationships.
- c. 70% of all participants in need of therapy or mental health services will obtain the services while in the program.
- d. 90% will have obtained employment or be enrolled in school at the time of graduation.

D. Reduce financial impact of drug use on taxpayers.

E. Reduce the number of drug offenders in the jail population.

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

STRUCTURE/MODEL

Mandatory Provisional Admission: Upon agreement of the Team, individuals shall be required to begin the pre-Drug Court process with mandatory PROVISIONAL admission to Drug Court. The participant shall take part in the drug court process for up to 6 weeks on a PROVISIONAL admission. After the 6 weeks have been completed, the Team shall determine if the participant is eligible for admission into Drug Court. If the participant is deemed eligible, the participant must voluntarily agree to enter into the Drug Court programming. If the participant chooses not to enter Drug Court he/she will not be required to participate and prosecution or sentencing per the Minnesota Sentencing Guidelines shall resume.

Pre-Plea/Stay of Adjudication Admission: Individuals identified by the Drug Court Coordinator, Defense Attorney, Prosecuting Attorney, Probation Officer or Judge shall be screened by the Team and upon **agreement of all parties**, individuals shall be admitted into drug court. Pre-plea individuals shall admit the facts of the charged offense. Prosecution shall be continued for dismissal and adjudication of guilt shall be stayed subject to successful completion of drug court. In the event the participant is failed out of drug court, the factual basis and admission may be used against the individual when prosecution is resumed.

Post-Plea Admission: Individuals identified by the Drug Court Coordinator, Defense Attorney, Prosecuting Attorney, Probation Officer or Judge shall be screened by the Team and upon **agreement of all parties**, individuals shall be admitted into drug court. Post-plea individuals shall be adjudicated guilty and the pronounced sentence shall include a stayed amount of incarceration and a provision for successful completion of drug court. In the event the participant is failed out of drug court, the stayed sentence shall be executed.

Probation Violators: Probation violators identified by the Drug Court Coordinator, Defense Attorney, Prosecuting Attorney, Probation Officer or Judge shall be screened by the Team and upon **agreement of all parties**, individuals shall be admitted into drug court. Probation violators shall admit the facts of the probation violation. A finding of a violation shall be stayed subject to successful completion of drug court. In the event the participant is failed out of drug court, the violation shall be found and the stayed time shall be executed.

Voluntary Admission: After successful completion of the Mandatory Provisional stage, the participant will decide whether to enter into Drug Court or decline and continue the criminal case in the traditional justice system.

TARGET POPULATION

Non-violent offenders determined to be in need of treatment after a Rule 25 or equivalent chemical use assessment. First time offenders and repeat offenders who meet these requirements are part of the target population.

ELIGIBILITY CRITERIA

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

Qualifying Factors for Candidate:

1. All candidates must be chemically dependent adults with a high risk to re-offend. Candidates must have the ability to comply with the supervision requirements of the drug court.
2. Candidates must be, in the opinion of the drug court probation staff, “amenable to probation.”
3. Candidates must be residents of Minnesota, and live within close proximity of the Court as well as required treatment providers, aftercare programming and probation office. Ability to access transportation to these required activities is mandatory.

Qualifying Factors for Offenses:

1. All controlled-substance crimes.
2. Any offenses arising out of or motivated by chemical dependency.

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

DISQUALIFICATION CRITERIA

Disqualifying Factors for Candidate:

1. A person, whose actual residence is so geographically distant as to render the intensive probation required by the drug court impractical, may be disqualified from drug court participation.
2. Candidates with untreated serious mental illnesses are disqualified.
3. Candidates with prior sex offenses are disqualified.
4. Candidates with prior felony convictions for crimes against a person are disqualified.
5. Anyone required to register as a predatory offender is disqualified.
6. Candidates who have a prior involuntary discharge from another drug court are not eligible.
7. Candidates with three prior felony convictions in the past 10 years are disqualified.
8. Candidates with a history of crimes to benefit a gang are disqualified.

Disqualifying Factors for Offenses:

1. Weapons charges, or charges in which any dangerous weapon was used to facilitate the crime.
2. Crimes of violence against a person.
3. Charges of drug manufacturing.
4. Any predatory offenses.

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

ENTRY PROCESS

Chemically dependent defendants, who are not violent offenders as defined in 28 C.F.R. 93.3(d), may enter Drug Court by any one of the following tracks:

- A. **Pre-Plea/Stay of Adjudication:** Arrest for 4th or 5th degree controlled substance crime, or other felony crime arising out of, or motivated by chemical dependency, provided the defendant's criminal history indicates a presumptive stayed sentence under the Minnesota Sentencing Guidelines. In all cases a chemical dependency evaluation, treatment and random testing will have been ordered as conditions of release.
- B. **Post-Plea:** Arrest for any level of controlled substance crime, or other felony crime arising out of, or motivated by chemical dependency. Entry into drug court will not occur until plea or finding of guilty. Chemical dependency treatment will not begin until a plea agreement including entry into Drug Court is on the record.
- C. **Probation Revocation:** Revocation of standard probation in cases where the defendant was convicted of a felony crime but not initially placed on Drug Court probation.

Entry into the drug court can occur in one of four entry processes.

Type 1: Through Arrest

The common entry will be after arrest for a qualifying offense by a person who meets the "person" eligibility criteria. These individuals will be screened by the Drug Court Coordinator and the Prosecutor for offense eligibility the first business day after arrest. If the offense qualifies, a review of the defendant's criminal history will be conducted that same day.

The defendant will appear for a Rule 5 (1st Appearance) on the Master Criminal Calendar. At that first appearance, the defendant will be ordered to have a chemical use assessment completed as one of several conditions of release. Additionally, the defendant will be ordered to meet with the Drug Court probation staff for screening for amenability to probation. The defendant's Rule 8 (2nd appearance) will be conducted after these two screens are completed (typically the same day). The defendant's file will be screened by the Drug Court Team at the weekly meeting to ensure all members agree to admission to Drug Court. If acceptable, the defendant will again appear in Court and will be ordered to treatment (either in-patient or out-patient). The case will set for further hearing (weekly if out-patient or again at the approximate time of completion of in-patient treatment) and the participant will be mandatorily admitted into the Provisional stage of Drug Court.

Type 2: Arrest with Criminal History Points

Like the type 1 entry, the defendant will have a legal screening to assess whether the offense is eligible and will be screened for criminal history. If it is determined that they have a significant history score, they will still be set for first appearance, assessment and second appearance like type 1 entry. However, the defendant will not be sent to treatment until completion of the case. If the defendant pleads to the offense and a departure from a prison sentence is ordered, the defendant will be sent to treatment as soon as possible and the sentencing and first drug court review hearing will be set. If the defendant seeks an omnibus hearing, again treatment is delayed until the determination of the omnibus issues. If there is a plea, the defendant will be ordered to treatment, and sentencing will be set with the first drug court review hearing. If the defendant wishes to seek a trial and loses, treatment and drug court review hearings will be ordered as part of the sentence, provided that there is a departure.

Type 3: After Negotiations

Upon the request of the Prosecutor, Defense Attorney, Probation Agent or Judge, a case file will be brought to the Drug Court Team for review at the weekly meeting. Or, if a defendant was originally charged with an offense that does not qualify, but is later amended to a qualifying offense and the Team agrees to participation, the defendant shall be ordered to contact the drug court staff to set up appointments for a chemical use assessment and probation screening. After the screening and assessment, the results of the screening will be conveyed to the assigned judge for approval of the transfer to drug court. Upon approval, the defendant's entry process will commence at the appropriate point along the Type 1 track.

Type 4: Revocation

Probation agents who intend to seek a revocation, are to screen the defendant for entry to the drug court. The officer should verify that the defendant has violated probation by use of mood-altering chemicals, that the underlying offense is a qualifying felony, that the defendant does not have a violent felony conviction and that they reside in the qualifying area. If the defendant meets these requirements, the officer is to attach a Drug Court Referral notice to the revocation request.

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

PHASES

- Provisional Admission:** Mandatory admission, not voluntary
Obtain a Chemical Use Assessment and follow all recommendations
Minimum of Twice Weekly UA/PBT testing
Minimum of Twice Weekly meetings with probation staff
Drug Court Review Hearings once a week
Maintain six (6) weeks of participation
Curfew required
No overnight stays away from primary residence
Report all whereabouts to probation agent
**Active Participation in Primary Chemical Dependency Treatment Required
After 6 weeks, participation in further Drug Court is voluntary
- Phase I “CHOICE”:** Minimum of Twice Weekly UA/PBT testing
Minimum of Twice Weekly meetings with probation staff
Drug Court Review Hearings once a week
Maintain three (3) months of sanction-less participation
Curfew required
Obtain a sober sponsor and support system
Request Permission for overnight stays away from primary residence
Report all whereabouts to probation agent
**Completion of Primary Chemical Dependency Treatment Required
- Phase II “CHALLENGE”:** Minimum of Twice Weekly UA/PBT testing
Minimum of Once Weekly meetings with probation staff
Drug Court Review Hearings at least 2 times a month
Maintain 3 months sanction-less time
Less Restrictive Curfew required
Maintain a sponsor and support system
Request Permission for overnight stays away from primary residence if staying more than two consecutive nights
Report all whereabouts to probation agent
Participate in education or employment services
**Comply with all Aftercare Treatment Requirements

Phase III “CHANGE”: Minimum of Twice Monthly UA/PBT testing
Minimum of Twice Monthly meetings with probation staff
Drug Court Review Hearings at least once a month
Maintain of 6 months sanction-less time
Maintain a sponsor and support system
Report all whereabouts to probation agent between hours of 10 pm and 6 am or as required by probation agent
Be employed, in school or volunteering
Complete participation in Approved Community Service Event

TERMINATION CRITERIA

- A. Repeated Program Violations over an extended period of time.**
- B. Failure to make reasonable progress in program and/or treatment.**
- C. Absconded, on warrant status for 60 or more days. If on warrant status for less than 60 days, the participant can reapply upon arrest, and be readmitted subject to program availability, upon approval of the drug court team.**
- D. Violations of law while in the program which would have made the participant ineligible upon initial screening.**
- E. Overt offensive behavior toward staff.**

GRADUATION CRITERIA

12 consecutive months of negative or “clean” drug tests.
Earn GED or High School Diploma (where appropriate)
Complete Approved Community Service Event
Have a job or be actively searching for a job

SANCTIONS AND INCENTIVES

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

Praise/Recognition

Less Restrictive Curfews

Decreased Office Visits or Court review hearings

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

Mentor Court jury membership

Receipt of Certificates and Area Business Coupons

Movement to traditional probation

Fewer restrictions on travel

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

Verbal or written warnings

Increased AA or NA attendance

Require client to submit written summaries of support meetings to the Court

Increased curfew

Increase office visits with probation or review hearings

Re-set in current Phase or return to prior Phase

Community Service Work

Increase in relapse or aftercare treatment

Fines

Electronic House Arrest or home monitoring at client expense

Jail

Travel Restrictions

Pay for all positive drug tests

Termination from Drug Court/execution of sentence

TREATMENT PROTOCOL

Assessment: Clay County Social Services and Becker County Human Services are responsible for completing chemical use assessments. The assessment tool is the DHS designed Rule 25 Assessment Form, and uses the “Matrix for Continuing Service and Discharge Criteria,” (herein “The Matrix”) based on six dimensions, including: Acute Intoxication/Withdrawal Potential, Biomedical Conditions and Complications, Emotional/Behavioral/Cognitive Conditions and Complications, Treatment Acceptance/Resistance, Relapse/Continued Use/Continued Problem Potential and Recovery Environment. Each dimension addresses levels of Risk Description, Type of Services and Modalities Needed, and Intensity of Services/Setting. Although Minnesota statutes allow up to 15 days from the time of request to the assessment, drug court candidates are generally assessed within two working days of the request. The team uses personal interviews, collateral contacts, information from corrections, and court records (including driving records) to determine risk factors, identify appropriate services and identify the intensity of the service setting.

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

training sponsored by the National Drug Court Institute. The participating treatment providers located in Clay and Becker Counties sent personnel to this training.

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

Aftercare/Continuing Care Services: Aftercare plans are developed with the client during primary treatment. Services include continuing education and support through different phases of treatment, halfway house placement, extended care, individual counseling and psychiatric services. These services range in duration based upon the treatment program, typically between ten and sixteen weeks. Participants are referred

locally for aftercare/continuing care regardless of where the primary treatment took place. All participants are expected to attend AA/NA or an alternative support group approved by the court, and the court may order increased participation by individuals who have relapsed.

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

SUPERVISION PROTOCOL

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

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

EVALUATION DESIGN

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

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

Process Evaluation: The process evaluation is a crucial component in effectively evaluating the drug court program for its strengths and weaknesses. The purpose of the process evaluation is to determine whether the program is meeting administrative and procedural goals, and to suggest avenues for program improvement.

Qualitative data will be collected and analyzed through the use of surveys and interviews of drug court staff, participants, treatment providers, and community stakeholders.

Information will be collected on the coordination and collaboration of all participating agencies prior to and after the drug court implementation and on the services available to the drug court from each agency.

The quantitative data collected will include demographic information on each drug court participant's age, race/ethnicity, education, employment status, housing status, and criminal history. Data will also be collected on the number of participants screened and accepted (and rejected and why); number and type of treatment services provided; time from arrest to time of evaluation; time from evaluation to first drug court appearance; time from arrest to entry to treatment access; treatment completion rates; length of time in each phase of drug court program; UA results; re-arrests while in program; number of terminations and reasons why; and changes in employment status, family status, and housing status while in program. Collection of this data will assist the team in analysis of target population characteristics, program implementation, retention rates and completion and termination. In addition, the process evaluation will assist the team and steering committee in decision making on the future direction and management of the program. The process evaluation will also provide summary information on the impact of the program on the participants' lives.

Outcome Evaluation: Recidivism rates will be collected for the participants, including failure and dropout rates, for all program participants one, two and three years after completion or termination from the program. Recidivism will be monitored through local law enforcement, the Statewide Supervision System and the Bureau of Criminal

Apprehension, each of which reports data on an individual basis. We will use a follow-up survey to measure other post-program measures such as health, substance abuse, family status and education. The team will administer the LSR-I at intake, mid-way through program phases and immediately prior to completion. We will compare intake and exit scores.

Development of the outcome evaluation is ongoing. At present, the plan is to define recidivism similarly to how it was defined in the “Evaluation of the Hennepin County Drug Program” (Rebecca Ericson, Ph.D., principal investigator, et al., May 1999). In that study, recidivism included 1) new felony charges; 2) new drug charges (at all levels); 3) new felony drug charges; 4) new felony-person charges; and 5) new misdemeanor convictions.

MEMORANDUMS OF UNDERSTANDING

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

ETHICS AND CONFIDENTIALITY

CONFIDENTIALITY ISSUES PERTAINING TO DRUG COURT

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

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

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

The General Rule

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

Sharing Confidential Information

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

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

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

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