



Wood County Adult Drug Treatment Court Policy and Procedure Manual

MISSION STATEMENT

Wood County Adult Drug Treatment Court is a cost-effective and efficient non-traditional judicial model, which is designed to assist criminal justice involved individuals in breaking the cycle of drug use, through routine judicial appearances, intensive supervision, and team decision-making, relying on evidence-based principles in an effort to promote community safety.

Updated January 15th, 2025

Contents

Introduction	3
Mission Statement	3
Program Model	4
Goals and Objectives	4
Target Population	4
Confidentiality	5
Staffing Team	6
Current Agencies	6
Current Team Members	7
Roles and Responsibilities of Key Operational Team Members	7
Referral Process	11
Eligibility Criteria	11
Disqualification Criteria	12
Application Process	13
Screening and Entry Process	13
Program Requirements	15
Case Management	15
Drug Testing	16
Curfew	17
Program Fees	17
Program Phases	17
Phase Outline	17
Incentives and Sanctions	19
Proximal and Distal Goal Achievement	20
Graduation	20
Termination	21
Administrative Discharge	22
Staffing and Court Rules	22
Treatment and Ancillary Services	23
AODA and Mental Health Treatment	23
Recovery Support	25

Introduction

Stakeholders established the Wood County Adult Drug Treatment Court in 2004 as part of a collaborative effort across intersecting systems to make a positive impact on the criminal justice system in Wood County. In 2007, Wood County was awarded dollars through the Wisconsin Treatment Alternatives and Diversion (TAD) grant. Wood County has since work collaboratively to sustain and enhance the services offered through this program. This program represents the efforts and teamwork of key stakeholders to break the cycle of substance use and reduce crime, making Wood County a healthier place to live.

Drug Court provides individuals the opportunity to change their life circumstances while becoming alcohol and drug free. This is accomplished by comprehensive assessment and treatment for substance use and mental health diagnosis, intensive supervision, random drug and alcohol testing, regular court appearances and immediate sanctions and incentives in response to behavior. Honesty and individual accountability are at the foundation of the drug court program.

Wood County Adult Drug Court utilizes evidence-based practices in its delivery of services and works in collaboration with community providers for chemical health and ancillary services. Cognitive behavioral programming and enhanced mental health services are inherent pieces of the program.

By providing coordinated substance use interventions with judicial oversight, the likelihood of re-arrest for any offense decreases, resulting in safer communities and reduction in crime. Nationally, meta-analysis studies have shown that “75% of drug court graduates remain arrest free at least two years after leaving programming.” These studies have also shown that “drug courts significantly reduce crime as much as 45% more than other sentencing options.” www.nadcp.org

Mission Statement

Wood County Adult Drug Treatment Court is a cost-effective and efficient non-traditional judicial model, which is designed to assist criminal justice involved individuals in breaking the cycle of drug use, through routine judicial appearances, intensive supervision, and team decision-making, relying on evidence-based principles in an effort to promote community safety.

Program Model

The Wood County Adult Drug Court is a program designed to provide individuals the opportunity to address their addictions and move beyond criminal behavior. It is a voluntary program, with entrance occurring post-plea and pre-adjudication. The program is abstinence based and intensive in nature. Requirements include mandatory substance use treatment, random drug testing, on-going appearances before the Judge, case management meetings, and attendance of support groups (AA, NA, Smart Recovery, other). Participants are also required to obtain employment or pursue educational opportunities, participate in pro-social activities, pay court costs, restitution, and program fees.

Drug Court is structured to provide a minimum of fifteen months of programming. Evidence-based research is used to support the minimum amount of time spent in each of the five phases. All five phases require a minimum of ninety. Phase advancement is based on the accomplishment of goals, program requirements, and requires the participant to apply. Participants can expect that advancement through the phases will reduce the amount of supervision while increasing the level of responsibility.

Goals and Objectives

1. Reduce criminal recidivism among individuals whose crimes are impacted by their substance use.
2. Increase the number of individuals who remain alcohol and drug free.
3. Decrease recidivism at six, twelve, and twenty-four months post programming.
4. Increase treatment retention rates among chemically addicted individuals.
5. Provide tools to participants to maintain a healthy, sober lifestyle.

Target Population

The target population includes adult residents of Wood County whose substance use is linked to their criminal behavior. Individuals who are medium/moderate to high risk (determined by an evidence-based risk assessment tool) and have a high need for treatment due to a diagnosed substance use disorder (determined by a clinical substance use assessment) will be eligible for Drug Court consideration.

Confidentiality

Any program that specializes, in whole or in part, in providing treatment counseling, or assessment and referral services for individuals 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 individuals-, 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.

Federal confidentiality laws and regulations protect any information about an individual if the individual 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 individual as an alcoholic or other drug abuser, either directly or by implication. The general rule applies from the time the individual makes an appointment. It applies to individuals 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.

Information that is protected by Federal confidentiality regulations may always be disclosed after the individual has signed a proper consent form. The regulations also permit disclosure without the individual's consent in several situations, including medical emergencies, program evaluations and communications among program staff. Individuals 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.

Staffing Team

The Wood County Adult Drug Court team is a collaborative effort of criminal justice stakeholders. The team is led by the Judge and is responsible for the day-to-day supervision and treatment of participants. The agencies listed directly below meet once per week prior to court for a confidential staffing.

Current Agencies



Circuit Court – Branch III



**Nekoosa
Police Department**



**Wood County
District Attorney's Office
Criminal Justice
Sheriff's Department
Family Services Division
Board of Supervisors
Human Services**



**Marshfield
Police Department**



**Department of
Corrections**



**Wisconsin Rapids
Police Department**



Public Defender's Office



**Three Bridges
Recovery**



Private Defense Bar

Current Team Members

Name	Role	Agency
Honorable Todd Wolf	Judge	Wood County Circuit Court
Jennifer Zima	Assistant District Attorney	Wood County District Attorney
Emily Nolan-Plutchak	Public Defender Manager	Office of the Public Defender
Dillon Ksionek	Criminal Justice Coordinator	Wood County Criminal Justice
Sterling Keller	Case Manager	Wood County Criminal Justice
Emily Primeau	Case Manager	Wood County Criminal Justice
Dr. Paula Hensel	Nurse Practitioner	Wood County Criminal Justice
Sergeant Alesha Brundidge	Law Enforcement	Wood County Sheriff's Department
Detective Brian Machon	Law Enforcement	Nekoosa Police Department
Officer Derek Iverson	Law Enforcement	Marshfield Police Department
Elizabeth Walter	Executive Director/Peer Support	Three Bridges Recovery
Danna Hibbard	Corrections Field Supervisor	Department of Corrections
Emily Haney	Probation and Parole Agent	Department of Corrections
Kevin Tremelling	Probation and Parole Agent	Department of Corrections
Trina Howard	Clinical Substance Use Provider	Opportunity for Hope Clinic
Adam Vanderwerff	Attorney	Private Defense Bar
Haley Riemer	Social Worker	Wood County CPS
Lance Pliml	County Board Supervisor	Wood County Board
Sheena Bohl, LPC	Clinical Mental Health Provider	Aspirus/Wood County Jail
Stephanie Wiskerchen	EMP Sergeant	Wood County Jail

Roles and Responsibilities of Key Operational Team Members

All team members agree to the following roles and responsibilities:

- Participate in team staffing
- Actively involved in providing input on appropriate sanctions and incentives.

Judge: The Honorable Todd Wolf, Wood County Circuit Court

The Judge presides over the Drug Court sessions and plays a continuous role in reviewing treatment progress. The Judge responds to each participants' positive efforts and problematic or non-compliant behavior.

Case Managers: Wood County Criminal Justice Department

The Drug Court Case Managers' roles are to oversee the participants' recovery and treatment program, and is the link between the Court, the participant, the treatment provider, and all other adjunct service providers. The Drug Court Case manager is referred to as the Case Manager at different times throughout this manual.

The Drug Court Case Manager is responsible for:

- Assessing potential participants for eligibility in the program
- Monitoring and encouraging participants during their program
- Maintaining participant information
- Providing the Court with current information about client progress
- Recommending programming changes to the Court
- Statistical data collection, management, and analysis

The Drug Court Case Manager also has specific responsibilities in the following areas:

1. **Drug Court Team Staffings:** The Drug Court Case Manager is a member of the Drug Court Team and is responsible for the preparation of cases for review at the team staffing's. In addition, the case manager may, at any time, provide information concerning any participant to the Drug Court Judge on a formal or informal basis; provided the necessary waivers have been signed by the participant. The Drug court Case Manager will create and record the necessary agenda's, minutes, and other documentation for each staffing.
2. **Referrals:** The Drug Court Case Manager refers Drug Court participants to providers for substance use treatment, mental health treatment, and other services, as determined in the case plan developed by the participant and the case manager and approved by the Criminal Justice Coordinator. Referrals for service will ensure that the client's needs are prioritized when choosing a provider or clinic. The Drug Court Case Manager maintains close contact with all service providers and monitors the services that are being received by each participant.
3. **Case Management:** The Drug Court Case Manager will assess the progress of each participant and the participants' adherence to the requirements of the Drug Court on a regular basis. At each phase, the case manager will review the case plan and all other service plans with the participant to review progress and compliance in addition to making necessary recommendations for changes. The Drug Court Case Manager will monitor participant's compliance through drug and alcohol testing, in-person case management sessions, and home visits.
4. **Other Direct Services:** The Drug Court Case Manager will ensure participants are linked with services that are provided in Wood County on an as-needed basis, including: family counseling, group therapy, cognitive behavioral therapy, community service, parenting, health and wellness planning, and all other activities or services that are available and are reasonably appropriate to maintain a participant in the Drug Court program.
5. **Records:** The Drug Court Case Manager will maintain a Drug Court record for each applicant regardless of their progress in the application process. Confidential drug court files will be kept separate from the participant's legal file, which is accessible under open

records laws. All statistical data will be correctly gathered, documented, and analyzed to provide evidence to support the reduction in recidivism.

District Attorney: Wood County District Attorney's Office

The District Attorney will represent the ongoing public safety perspective while also promoting the success of each participant individually.

- The District Attorney will attend Drug Court sessions and participate in team staffings.
- The District Attorney meets with the Drug Court Team as needed and is actively involved in negotiating appropriate sanctions and incentives.

Public Defender: Wisconsin State Public Defender's Office

The State Public Defender will represent the best interest of the participant within the context of the law, with regard to public safety.

- The State Public Defender will attend and participate in team staffings.
- The State Public Defender will meet with the Drug Court Team as needed and is actively involved in negotiating appropriate sanctions and incentives.

Law Enforcement Representative(s): Wood County Sheriff's Department, Marshfield Police Department, Nekoosa Police Department, Wisconsin Rapids Police Department

The local Law Enforcement representative(s) will provide updated information to the team on any participant who is actively involved in the Drug Court or applying to the Drug Court. The representative(s) may provide historical data from personal or professional knowledge on participants and all areas of their life as pertinent to Drug Court. This data can and will be used to evaluate the wide array of needs a participant may have along with environmental obstacles participants may face. This representative(s) may also assist in imposing sanctions and conducting home visits.

- The Law Enforcement Representative will attend and participate in team staffings.
- The Law Enforcement Representative will meet with the Drug Court Team as needed and is actively involved in providing participant and community updates along with negotiating appropriate sanctions and incentives.

Probation & Parole Agent(s): Wisconsin Department of Corrections

The Probation and Parole Agent will provide updated information to the team on each participant actively on supervision. This agent may also assist in imposing sanctions and conducting home visits.

- The Probation and Parole Agent will attend and participate in team staffings.
- The Probation and Parole Agent will meet with the Drug Court Team as needed and is actively involved in providing participant updates and negotiating appropriate sanctions and incentives.
- The Probation and Parole Agent will work collaboratively with the Case Manager/Coordinator to ensure that goals are inclusive and symbiotic.

Treatment Specialist: Wood County Human Services

The Addiction/Mental Health Treatment Specialist will provide the team with the necessary education on the effects of both addiction and mental health disorders on the participants within

the Drug Court. The Treatment Specialist will ensure that the epidemiology of addiction and mental health disorders are at the core of all sanction and incentive decisions.

- The Addiction/Mental Health Treatment Specialist will meet with the Drug Court Team as needed and is actively involved in providing education to the team along with negotiating sanctions and incentives using the epidemiology of addiction/mental health as a guiding principle.
- The individual treatment provider will attend and participate in staffings and court whenever possible.

Social Worker/Child Protective Services: Wood County Human Services/Family Services

The Social Worker will provide the team with the necessary knowledge on Child Protective Services processes and policies. The Social Worker will also provide updated information to the team on any participant who is actively involved Drug Court and Family Services, and any historical data from professional knowledge on participants and all areas of their life as pertinent to Drug Court. This data can and will be used to evaluate the services a participant may need and any barriers they may have during the program. This representative(s) may also assist in imposing sanctions and conducting home visits.

- The Social Worker will attend and participate in staffings and court whenever possible.
- The Social Worker will meet with the Drug Court Team as needed and is actively involved in providing participant updates and negotiating appropriate sanctions and incentives.
- The Social Worker will work collaboratively with the Case Manager/Coordinator to ensure that goals are inclusive and symbiotic.

Criminal Justice Coordinator: Wood County Criminal Justice

The Criminal Justice Coordinator is the Director of Operations. The Criminal Justice Coordinator supervises all employees, programming and is the link between the Drug Court and the Wood County Board of Supervisors. The Criminal Justice Coordinator may fill in for the case manager in an emergency situation, such as position vacancies, illness or short-term absence or during other scheduled absences.

Referral Process

Eligibility Criteria

All applicants will be screened for substance abuse problems; residency and offense status for the Wood County Adult Drug Court Program. The applicant's race, gender, religious affiliation, creed, color, sexual orientation and/or national origin are not considered when determining eligibility.

Eligibility criteria for **all** applicants:

- Wood County resident*
- 18 years or older
- Substance use disorder and need for treatment
- Voluntary participation in program

Eligibility criteria for Post-Plea, Pre-Adjudication referrals include:

- Some prior felony and/or misdemeanor offenses
- Drug offense or drug-related property offense, such as theft, forgery or burglary or another offense perpetuated by addiction. Serious drug offenses may be eligible on a case-by-case basis.
- Applicant must plead pursuant to the diversion contract as presented by the Wood County District Attorney's Office (see [Appendix A](#))

*Must be a resident of Wood County for the last 6 months. The six-month time period may be waived if the applicant has in the past lived in Wood County for significant periods of time and is committed to residing in Wood County, at least during the Drug Court program. Some criteria for the team to consider in order to determine residency is employment, local address, billing information, and legal documents.

Eligibility criteria for Department of Corrections **Alternative to Revocation (ATR)** referrals include eligibility criteria for all applications plus the following:

- A minimum of 18 months remaining on supervision (if no new charges pending)
- On supervision for felony level or misdemeanor + enhancer charges
- COMPAS risk score of medium or above
- Current assignment to Probation/Parole Agent from Wood County (exceptions will be approved by Criminal Justice Coordinator)
- Current charges that the individual is on supervision for must not include convictions listed under the disqualification criteria
- Revocation allegations may not include high-level drug trafficking

Disposition

- Post-Plea Pre-Adjudication applicants enter the Drug Court program after the Court accepts a plea of guilty or no contest to the deferred charges. Also the court enters a judgment of conviction on cases not referred to drug court, and places the participant on probation.

Disqualification Criteria

Applicants are disqualified from Drug Court if they are ineligible pursuant to Wisconsin State Statute 165.95 – TAD Violent Offender.

TAD Statute Guidelines for Eligibility

The Wood County Adult Drug Treatment Court is funded through the Wisconsin – Department of Justice Treatment and Diversion (TAD) Grant and Wood County tax levy dollars. The TAD grant sets forth the following criteria for treatment court participants and their eligibility:

165.95 Alternatives to incarceration; grant program.

(1) In this section:

(ag) “Tribe” has the meaning given in s. 165.91 (1).

(bg) “Violent offender” means a person to whom one of the following applies:

1. The person has been charged with or convicted of an offense in a pending case and, during the course of the offense, the person carried, possessed, or used a dangerous weapon, the person used force against another person, or a person died or suffered serious bodily harm.

2. The person has one or more prior convictions for a felony involving the use or attempted use of force against another person with the intent to cause death or serious bodily harm.

(3) A county or tribe shall be eligible for a grant under sub. (2) if all of the following apply:

(a) The county's or tribe's program is designed to meet the needs of a person who abuses alcohol or other drugs and who may be or has been charged with or who has been convicted of a crime in that county related to the person's use or abuse of alcohol or other drugs.

If an individual falls under the criteria for “violent offender,” they will not be eligible to be referred to the program. Referring agencies may request that their client is reviewed and screened under the TAD Violent Offender Decision Tree by the Criminal Justice Coordinator.

Application Process

In all situations, the goal of the drug court program is to following the outline stated below. In some circumstances there will be no way to meet the timeline as set forth; however, we commit to striving to ensure referrals and enrollment into programming is as timely as practicable. An adult who has been referred for the program will undergo the following basic process:

Screening and Entry Process

Process (non-ATRs):

Step 1: The following forms need to be submitted to the Criminal Justice Department:

- Wood County Adult Drug Treatment Court Referral Form ([Link to Online Referral Form](#))
- Releases of Information (4) (Appendix C)
 - Wood County Criminal Justice Department
 - Wood County Human Services
 - Attorney
 - Department of Corrections

Step 2: Screening completed by Criminal Justice Department staff to ensure all referral paperwork is submitted and completed and an initial eligibility criteria screening is conducted.

Step 3: If the applicant meets all eligibility criteria, the applicant's name will be provided to a representative from the Wood County District Attorney's Office and the Public Defender's Office for screening.

Step 4: For those applicants who meet the initial criteria, the applicant will be scheduled for an assessment with a licensed treatment provider to determine eligibility for substance use disorder. This assessment will also determine the recommended course of treatment should they be accepted into the program.

Step 5: The applicant will undergo an evidence based criminal risk and needs assessment, conducted by Criminal Justice Department Staff.

Step 6: If the applicant meets all eligibility criteria, the applicant will be presented the following Monday at the weekly staffing. A decision is made at that time to accept or reject the applicant for Drug Court. The case manager will inform the referring party of the decision.

Step 7: The accepted participants will appear in court at a plea and sentencing hearing and enter into a diversion contract and plead guilty or no contest to any other charges agreed upon by the Wood County District Attorney and Defense Counsel.

Process (ATRs):

Step 1: Applicant is served with revocation documents by the Department of Corrections (DOC). A referral form is completed by the Agent within the allowable timeline per DOC standards. The referral form is screened by the designated Corrections Field Supervisor.

Step 2: The following forms need to be submitted to the Criminal Justice Department:

- Wood County Adult Drug Treatment Court Referral Form ([Link to Online Referral Form](#))
- Releases of Information (4) (Appendix C)
 - Wood County Criminal Justice Department
 - Wood County Human Services
 - Attorney
 - Department of Corrections

Step 3: If the applicant meets all eligibility criteria, the applicant's name will be provided to a representative from the Wood County District Attorney's Office and the Public Defender's Office for screening.

Step 4: If an individual has an eligible COMPAS assessment conducted within the last year, this score can be used to determine eligibility. If the prior screening is more than one year old, a new criminal risk and needs assessment will be completed by Criminal Justice Department staff.

Step 5: For those applicants who meet the initial criteria, the applicant will be scheduled for an assessment with a licensed treatment provider to determine eligibility for substance use disorder. This assessment will also determine the recommended course of treatment should they be accepted into the program.

Step 6: If the applicants meets all eligibility criteria, the applicant will be presented the following Monday at the weekly staffing. A decision is made at that time to accept or reject the applicant for Drug Court. The case manager will inform the referring party of the decision.

Assessments (Non-ATRs and ATRs)

Timely attendance for AODA and risk/need evaluations are required. Individuals who are scheduled to attend their AODA and Risk/Needs assessment must attend their scheduled appointments with the treatment provider and Drug Court case manager/coordinator. Failure to attend these assessments in a timely matter may result in status conferences in front of the Court or denial of entry into the program.

Program Requirements

Case Management

Each participant is assigned a drug court case manager and an agent to collaborate on case planning, monitoring accountability, and direct service. Information is gathered through the administration of the risk and needs assessment, as well as the behavioral health assessment conducted by the outpatient clinic. Information about the participant's social history will be collected.

The foundation of supervision is individualized case management, which means that a comprehensive, individualized case plan is developed with and signed by each client. The case is reviewed regularly for changes and modifications. The case plan is based on the assessment tools and behavioral health assessment and includes the client's arrangement to repair the harm done to the victim and the community (including community service); his/her plan for education and employment; housing; a plan for relapse prevention and a pro-social support system in the community.

The case manager is expected to facilitate the client's accomplishment of his/her objectives and assist the participant in obtaining the collateral services that he/she needs such as supportive housing, employment skills training, GED classes, childcare, transportation and other needs. Initially, the case manager meets with the participant at least once per week and random urinalysis tests are collected a minimum of twice per week. As the participant progresses through the program, the contacts decrease according to phase; however, drug testing remains a minimum of twice per week.

The case manager provides information regarding each participant to the team and attends weekly judicial staffings.

Case managers are expected to be familiar with a wide and diverse scope of resources available to their clients in the community and assist participants in obtaining the necessary services and programs.

Drug Testing

Drug testing is one of the most important components of program integrity. Evidence has shown that drug tests must be frequent, random, and credible; accuracy is essential. Drug Court uses customized urine tests that include ETG (Ethanol Glucuronide) an alcohol metabolite to measure a participant's progress in the program and hold that person accountable to the program requirements.

All participants involved with Drug Court are informed about drug testing policies and procedures as well as other issues that may surface during the program. Staff explains the drug testing procedure to participants upon entry to the program. Participants will sign an agreement (Appendix D) to comply with the drug court testing requirements, including direct observation of the sample submission and reporting of results to the drug court team. The drug court team determines therapeutic and/or punitive responses for all positive drug tests.

Drug testing occurs through a contract vendor who conducts and analyzes the collected sample. This vendor has established testing protocol and provides training to its staff on proper testing procedures. Options Lab, the current vendor, is a licensed clinical toxicology laboratory. Specimen collection is conducted by a combination of contract agencies and staff using direct observation collection standards. Participants are assigned a unique pin number, which is used to randomize the testing days throughout the program. Participants are required to call the testing line daily or utilize the Reconnect application for online check-ins and report for testing if required. If utilizing the Reconnect app, participants must enable photo and location sharing features, which are only utilized for the application's features and do not access any individual's private phone information. All drug court participants are given a customized urinalysis that tests for popular substances, substances of choice, and alcohol through ETG.

Participants choosing to enter Drug Court must agree to cease the use of all mood-altering chemicals including, but not limited to: narcotics, tranquilizers, sedatives, stimulants, opiates, and/or opiate-based medications, CBD/Delta products. If during the course of participation it becomes necessary for a participant to take prescription medication, participants must sign a release of information for their healthcare provider(s). Prior approval must be sought using appropriate medical documentation and a decision will be made by the drug court team using all supporting evidence. The prescribing physician or psychiatrist may be asked to provide medical justification to the team as part of their decision making process and patient updates/progress.

Medication Assisted Treatment (MAT) is a widely used and beneficial tool to addiction recovery. MAT and other treatment-assisted medications like those used for mental health diagnosis will be approved and can be used by participants; however, these medications must be prescribed, taken appropriately, and strictly monitored throughout the duration of programming.

Appendix will be linked for Drug Testing Policy.

Curfew

Participants are assigned a curfew time in Phases 1-4. In order to verify curfew compliances, participants must agree to be monitored through various methods, including but not limited to: home visits by a Drug Court Case Manager, Probation and Parole Agent, law enforcement checks, electronic monitoring equipment, or cellular phone applications. Participants must comply with photo/location sharing features on the approved cell phone application if they are under a curfew or sanctioned curfew restriction.

Program Fees

Upon formal admittance into the Wood County Adult Drug Court, the Wood County Court will impose a program fee of \$750.00. Participants may make payment arrangements with their case manager or pay this fee up-front. Participants are required to pay \$100 during Phase 3, with suggested monthly payments of \$25/month and \$150 during Phase 4, with suggested monthly payments of \$50/month. An equivalent amount may be worked off in program fees through the Wood County Emergency Government program. Failure to meet these payment requirements may affect their phase advancement application and will be addressed in case management and court. A participant's compliance with payment of program fees may affect their approval for out-of-county travel requests for non-emergency activities. In total, \$250 must be paid prior to advancing to phase five and the remaining balance of \$500 must be paid in full before a participant will be approved for graduation unless otherwise approved by the team.

Participants may write a letter to the team if financial hardship occurs to request additional time to meet these payment requirements or request a waiver for program fees.

Program Phases

The Wood County Adult Drug Court program is a five-phased, highly structured program lasting a minimum of fifteen months; the length of time varying on a participant's individual progress. Each phase consists of specific requirements for transition into the next phase. An application process will be used to ensure consistent and smooth transition from one phase to the next. The drug court team will review the application and the phase requirements to ensure that each aspect of the phase has been successfully met prior to granting permission for advancement. The seven components of each phase include: judicial, supervision, AODA/mental health, case management, testing, law enforcement, and legal. Within each component there are requirements and goals that will be met to ensure the participants success in each phase.

Phase Outline

See following page

	PHASE 1 Acute Stabilization 90 Days	PHASE 2 Clinical Stabilization 90 Days	PHASE 3 Prosocial Habilitation 90 Days	PHASE 4 Adaptive Habilitation 90 Days	PHASE 5 Continuing Care 90 Days
Contract Requirements	Curfew: 9PM Obtain permission for out of county travel	Curfew 10PM Obtain permission for out of county travel	Curfew 11PM Obtain permission for out of county travel	Curfew 12 PM Adjacent county travel allowed (Portage, Clark, Adams, Marathon)	No curfew In-state travel allowed without permission
Judicial Component	Court Appearance Weekly Team Staffing Weekly	Court Appearance Every Two Weeks Team Staffing Every Two Weeks	Court Appearance Monthly Team Staffing Every Month	Court Appearance Monthly Team Staffing Every Month	Court Appearance Monthly Team Staffing Every Month
DOC Supervision Component	Supervision Weekly Monthly Home Visit(s) Develop a Case Plan Sanctions Incentives Drug and Alcohol Testing Upon Request	Supervision Every Two Weeks Monthly Home Visit(s) Ongoing Case Planning Sanctions/Incentives Drug and Alcohol Testing Upon Request	Supervision Monthly Re-Assess Risk/Need Monthly Home Visit(s) Ongoing Case Planning Sanctions Incentives Drug and Alcohol Testing Upon Request	Supervision Monthly Monthly Home Visit(s) Ongoing Case Planning Sanctions Incentives Drug and Alcohol Testing Upon Request	Supervision Monthly Monthly Home Visit(s) Ongoing Case Planning Sanctions Incentives Drug and Alcohol Testing Upon Request
AOD/Mental Health Treatment	AODA Assessment MH Assessment Recommended group therapy based on ASAM assessment Recommended frequency of individual therapy per provider Develop Treatment Plan	Ongoing Clinical Re-Assessment Ongoing Treatment Planning Recommended group therapy based on ASAM assessment Recommended frequency of individual therapy per provider Additional therapy/cognitive/behavioral intervention groups as recommended	Ongoing Clinical Re-Assessment Ongoing Treatment Planning Recommended group therapy based on ASAM assessment Recommended frequency of individual therapy per provider Additional therapy/cognitive/behavioral intervention groups as recommended	Ongoing Clinical Re-Assessment Ongoing Treatment Planning Recommended group therapy based on ASAM assessment Recommended frequency of individual therapy per provider Additional therapy/cognitive/behavioral intervention groups as recommended	Ongoing Clinical Re-Assessment Ongoing Treatment Planning Recommended group therapy based on ASAM assessment Recommended frequency of individual therapy per provider Additional therapy/cognitive/behavioral intervention groups as recommended
Case Management Component	Program Orientation Weekly CM Meeting Obtain Medical Assessment Develop Case Plan Change people, places, & things Address Housing Sanctions & Incentives Phase Advancement Application	Phase Orientation Weekly/ Bi- Weekly CM Meeting Ongoing Medical Needs Review Case Plan Continue changing people, places, & things Maintain Housing Budget Assessment (Last 30 Days) Begin to focus on attendance at recovery supports Begin to establish prosocial activity (work, school, community service 20 hours) Sanctions & Incentives Phase Advancement Application	Phase Orientation Bi-weekly/Monthly CM Meeting Ongoing Medical Needs Review Case Plan Demonstrate changing people, places, & things Maintain Housing Ongoing Financial/Budgeting Begin establishing a recovery network Establish prosocial activity (work, school, community service 20 hours) Sanctions & Incentives Phase Advancement Application	Phase Orientation Monthly CM Meeting Ongoing Medical Needs Review Case Plan Continue to demonstrate changing people, places, & things Maintain Housing Ongoing Financial/Budgeting Engagement in a recovery network Establish prosocial activity (work, school, community service 25 hours) Sanctions & Incentives Phase Advancement Application	Phase Orientation CM Meeting Monthly Ongoing Medical Needs Develop Life Plan Continue to demonstrate changing people, places, & things Maintain Housing Ongoing Financial/Budgeting Maintain recovery network Establish prosocial activity (work, school, community service 30 hours) Sanctions & Incentives Graduation Application
Testing Component	Random Urine Drug Testing Random Breath/Blood/Hair Testing Upon Request <i>Testing may be done at any time including; weekends, holidays, evenings and during home visits.</i>	Random Urine Drug Testing Random Breath/Blood/Hair Testing Upon Request <i>Testing may be done at any time including; weekends, holidays, evenings and during home visits.</i>	Random Urine Drug Testing Random Breath/Blood/Hair Testing Upon Request <i>Testing may be done at any time including; weekends, holidays, evenings and during home visits.</i>	Random Urine Drug Testing Random Breath/Blood/Hair Testing Upon Request <i>Testing may be done at any time including; weekends, holidays, evenings and during home visits.</i>	Random Urine Drug Testing Random Breath/Blood/Hair Testing Upon Request <i>Testing may be done at any time including; weekends, holidays, evenings and during home visits.</i>
Law Enforcement Component	Drug and Alcohol Testing Upon Request Home Visits Upon Request Curfew Monitoring	Drug and Alcohol Testing Upon Request Home Visits Upon Request Curfew Monitoring	Drug and Alcohol Testing Upon Request Home Visits Upon Request Curfew Monitoring	Drug and Alcohol Testing Upon Request Home Visits Upon Request Curfew Monitoring	Drug and Alcohol Testing Upon Request Home Visits Upon Request
Legal Component	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions
Requirements for Phase Advancement	Regular Attendance and Engagement at the following: <ul style="list-style-type: none"> Treatment Case Management Probation Support meetings Recovery Network* 	Regular Attendance and Engagement at the following: <ul style="list-style-type: none"> Treatment Case Management Probation Support meetings Employment/school/community service* 	Regular Attendance and Engagement at the following: <ul style="list-style-type: none"> Treatment Case Management Probation Support meetings Employment/school/community service* 	Regular Attendance and Engagement at the following: <ul style="list-style-type: none"> Treatment Case Management Probation Support meetings Recovery Network 	Regular Attendance and Engagement at the following: <ul style="list-style-type: none"> Treatment Case Management Probation Support meetings Recovery Network

	<p>A minimum sobriety time of 20 consecutive days prior to Phase Advancement *Obtain sponsor/support person within 30 days Phase Advancement Application</p>	<p>A minimum sobriety time of 35 consecutive days prior to Phase Advancement *After 2 weeks in Phase 2: 5 job applications/10 hours community service per week *After 4 weeks in Phase 2: 10 job applications and 20 hours of community service per week *20 hours per week of work/school/community service once employed Phase Advancement Application</p>	<p>A minimum sobriety time of 50 consecutive days prior to Phase Advancement. *10 job applications and 20 hours of community service if not employed *20 hours per week of work/school/community service once employed \$100 payment towards drug court fees Phase Advancement Application</p>	<p>• Employment/school/community service* A minimum sobriety time of 60 consecutive days prior to Phase Advancement. *10 job applications and 25 hours of community service if not employed *25 hours per week of work/school/community service once employed \$150 payment towards drug court fees (in total, \$250 paid towards fees) Phase Advancement Application</p>	<p>• Employment/school/community service* A minimum sobriety time of 90 consecutive days prior to Phase Advancement. *10 job applications and 25 hours of community service if not employed *30 hours of work/school/community services per week \$500 in total payments before applying for Phase 5 \$750 total paid off before graduation interview Graduation Application and Interview Completed Life Plan</p>
--	--	--	--	--	---

All program components represent **minimum requirements. Phase length represents the **minimum** time required to complete.**

Incentives and Sanctions

Incentives Defined: A positive consequence that is the direct result of and is a reward for the participant’s positive behavior.

Sanctions Defined: The imposition of negative consequences in response to undesirable behaviors. They must be predictable, consistent and immediate.

The sanctions and incentives will be applied as soon as possible after notice of the participant’s behavior. The principle applied is that the participant should receive the least restrictive sanction based upon earlier behavior and sanctioning.

A list of possible incentives and sanctions are listed below:

Incentives	Sanctions
<ul style="list-style-type: none"> • Applause in court • Verbal praise/recognition from Judge/Team Members • Food/candy/tokens • Gift drawing entry/extra entries • Reduced court attendance • Certificate of Recognition • Leave court early pass • Call into court pass • Travel permitted outside of county/state • Gift Cards 	<ul style="list-style-type: none"> • Community service • Emergency Government • Essay/Writing Assignment • Increased supervision reporting • In person check-ins • Phase demotion • Verbal reprimand • Extended time in program • Increased testing frequency • No participation in gift drawing • Reset sobriety time • Increased curfew restrictions

	<ul style="list-style-type: none"> • Travel restrictions • Increased court reporting • Roundtable with the team • Electronic Monitoring • Increased community restrictions • Phase advancement delayed • Therapeutic adjustment • Jail • Called late in docket • Penalty box
--	--

Proximal and Distal Goal Achievement

Clients will work with their case manager in each phase to develop a BINGO card that outlines proximal and distal goals for each phase. These goals are based on case plan goals, treatment, phase requirements, and individualized goals for the participant. The goals should be SMART goals that are verifiable for their achievement. Clients will review their BINGO cards during case management. Upon goal achievement, the case manager must sign off on the BINGO spot. When a client achieves a BINGO, they are eligible for a \$5 gift card, per line that is achieved. (Four corners do not count). If a client is able to achieve a blackout (all goals achieved) by the end of the phase, they are eligible for an additional \$25 gift card. Proximal and distal goal achievement is encourage to be addressed and praised during court. Criminal Justice staff will monitor the gift card distribution for participants and follow departmental and TAD grant policy regarding gift cards (Appendix for gift card policy).

Graduation

Participants will graduate from the Drug Court program (and not be subject to any further jail sentence or sanctions for this offense), as scheduled, if the following requirements are met:

- Minimum 90 days sober immediately prior to advancement
- Graduation application submission and approval of the Drug Court Team
- Completion of all phase requirements and completion or progress of case plan
- Actively enrolled or working towards high school diploma or GED, if applicable and reported by case manager.
- Employed, actively seeking employment, or enrolled in vocational training to include post-secondary education reported by case manager.
- Participating in community based recovery supports
- Living in a safe, stable residence
- Payment of program fees, totaling \$750 and financial responsibility proven, reported by case manager.

****Any of these requirements can be waived by the judge under special circumstances.****

Termination

Participants may be terminated for failure to comply with program requirements after all attempts have been made to improve attendance and motivation without success.

Termination may also occur if the participant commits a new disqualifying offense which rises to the level of probable cause at the preliminary hearing while in the program or if all, level appropriate, sanction options have been exhausted for rule violations. If terminated, the case will be transferred back to the Wood County Circuit Court docket.

Termination Process

1. Program Inactivity
 - a. If a participant fails to appear the participant will be placed into inactive status. Following inactive status, a participant is given 30 days to make contact and appear. If after thirty days there has been no contact a letter will be sent to the participant's last known address. The letter will advise the participant that if contact is not made within fourteen days they will immediately be terminated. If a participant has failed to provide a mailing address (i.e. they are homeless or have been verified to have left their last mailing address/residence) they will be immediately terminated after 45 days if no contact is made.
2. The Motion
 - a. If the Drug Court team decides that termination may be appropriate, a voting team member will make a motion to terminate. If the motion is seconded the team will discuss the participant's behavior and a decision will be made whether or not to place the participant in the termination phase of the program. The participant will be advised of the drug court team's decision at the review hearing.
3. Before Termination Hearing
 - a. Until the judge decides that a participant is terminated, the participant remains in the program. The participant must comply with all program requirements and is subject to sanctions for failure to do so.
4. The Hearing
 - a. The participant may waive their right to a termination hearing. The participant may simply advise the court that they are not contesting the termination.
 - b. The Drug Court will provide the participant a hearing for termination. The termination hearing will be scheduled within approximately 30-45 days to permit the participant the ability to obtain counsel.
 - c. If the participant was represented by a public defender, s/he should immediately contact the public defender's office (2811 8th Street South, Suite 8, Wisconsin Rapids, Wisconsin 54494) so that a lawyer may be appointed. If a participant is not eligible for a public defender they should apply for court-appointed counsel.

We strongly encourage a participant facing termination to be represented by counsel at the termination hearing.

- d. The Drug Court judge will preside at the termination hearing.

5. Hearing Procedure

- a. A designee from the criminal justice department will prepare the termination summary and provide a copy to the participant, defense counsel (if applicable), the presiding judge, probation and parole, and the Wood County District Attorney's Office.
- b. A designee from the criminal justice department will present the termination summary to the court outlining the participant's progress while in the program.
- c. Defense counsel (if applicable) will have the opportunity to respond to the termination summary and the comments made in court by the criminal justice department designee.
- d. The participant will also be given the opportunity to respond to the termination summary, the comments made in court, and make a statement to the court as to why they wish to stay in the program.
- e. The presiding judge will present their findings and reasons for either allowing the participant to remain in the program or for termination.
- f. The rules of evidence do not apply to termination hearings. Hearsay is admissible.
- g. If the participant does not attend the termination hearing the Court will proceed in the participant's absence and a warrant will be issued for the participant's arrest. If the participant has counsel, and the participant is absent, counsel will be allowed to present argument on their client's behalf.

Appendix: Link Termination Summary

Administrative Discharge

Program discharge can only occur upon successful program completion, termination or other administrative removal including a medical discharge. Medical discharges will be considered when participants have been diagnosed with health issues which prevent them from being able to successfully participate in the program and meet requirements.

Staffing and Court Rules

Wood County Adult Drug Court staffing occurs each week for approximately one hour. The disciplines represented at the staffing table include: Judge, District Attorney, Public Defender, Drug Court Case Manager(s), Coordinator, Department of Corrections, Law Enforcement, and Treatment Specialist.

The Drug Court Case Manager prepares brief, written updates on each participant which is provided to and reviewed with the entire team. Input on sanctions, incentives or other program related responsibilities imposed on participants is provided, to the judge for their final decision.

Staffings will follow all rules of confidentiality and ethical standards. All members will participate in staffing and select members of the staffing team will be present during court. The Wood County Adult Drug Treatment Court requires strict and specific courtroom compliance with dress and behavior. A list of these rules can be found below:

1. Be on time. You must be in the courtroom when court is called to session.
2. Please sit in the assigned seating area based on gender and at court direction. Participants are expected to sit in every other seat in the courtroom.
3. Make sure cell phones are turned off and placed in the cell phone area at the front of the courtroom.
4. No food in the courtroom unless provided by the Drug Court Team or with the permission of the team. No chewing gum allowed.
5. You are expected to remain in the courtroom during drug court proceedings and pay attention. Permission to leave the courtroom to be approved by the judge or the case manager.
6. No children may be allowed in court unless approved by case management.
7. Clothing bearing drug or alcohol related themes and/or promotes alcohol or drugs in any way are strictly prohibited.

Treatment and Ancillary Services

AODA and Mental Health Treatment

Drug Court uses multiple treatment resources to provide substance abuse services to drug court participants. Treatment providers must be licensed with the State of Wisconsin and are required to follow all local, state, and federal confidentiality and treatment governing laws. They are also required by the drug court program to provide regular progress reports to the judge and the drug court case manager on each client in their program as well as functional assessment results at discharge.

All clients are matched to the treatment program that appears to be most able to meet their needs, taking insurance into consideration. A comprehensive clinical assessment will identify what type of treatment is appropriate (e.g. inpatient, outpatient, primary and combinations of the two; extended care, halfway house, sober living; detox). Continuing care and relapse prevention will be a part of any treatment program selected for inclusion in the drug court program. Treatment will be provided as soon as possible after formal admittance into the drug court program. Our goal is to get the participant into treatment within one week from formal program admittance. If

that is not possible, the drug court case manager and participant will develop an interim care plan (for housing, weekly court and weekly support group meetings).

The treatment plans that are developed for each participant in the treatment program will vary somewhat depending on the needs of the client and the particular model or philosophical foundation of the treatment program. Generally, however, each treatment program participating in the drug court program will:

- Provide on-going group and individual counseling sessions. They may provide family sessions as needed; develop a treatment plan based on an individual assessment of the client's strengths, assets and needs. Certain decisions regarding treatment are made based on the strengths and needs of the client including outpatient treatment for those who have strong family relationships, or stable housing or employment; address the level of severity of the problem in the treatment plan, the level of care needed, and specific situational needs, including language, literacy, housing, medical and psychological; use peer groups and support circles to promote recovery; provide aftercare services, including continued case management, relapse prevention strategies and counseling and other supportive services. Clients will be encouraged to attend community supports including but not limited to twelve step meetings.

Treatment phases are goal-oriented and not based on time, although approximate duration of phases are estimated. Generally, treatment protocol is based on the least restrictive level of care possible to address the individual's particular problem. Clients may progress from inpatient to outpatient to extended care if necessary. The progression is based on the results of drug tests, compliance with program requirements, severity of the problem and provider, case manager, and client agreement.

The length of stay varies based on individual need; the extended care criteria are used to determine the need for continued care (e.g. clinical assessment of individual's progress through treatment and the prognosis). The frequency and intensity of treatment services depends on the level of care identified in the initial and ongoing comprehensive assessments. However, continued participation in a minimum of once monthly aftercare is required for the duration of the participant's time in the drug court program.

Treatment providers are required to develop treatment plans, maintain client records, monitor clients during treatment, and continue to provide case management as the client moves into recovery in the community. The Drug Court Case Manager(s) are also involved in case planning and supportive services with the counselor and the client during treatment, aftercare and to successful completion of the drug court program.

In addition, many treatment programs have a cognitive component such as Anger Management, Healthy Relationships, Thinking 4 Change, etc. Drug Court can also rely on additional community providers to provide cognitive behavioral groups, when a client is ready and as available.

Participants of the drug court are required to apply for medical assistance or health insurance through the market place if the participant is unemployed or ineligible for health insurance through their employer. Maintaining health insurance will be an active piece of case management and a requirement throughout the drug court.

Recovery Support

While in Drug Court, participants must select a sober, support person such as a sponsor, certified peer support specialist or recovery coach to work with for the duration of the program. It is preferable that participants work with someone who identifies as the same gender. Meetings with the support person will count towards weekly contacts. Participants must sign a release of information for their support person so the Drug Court Case Managers may verify the amount of contacts that participants are having with their support person. Participants are allowed to have more than one support person.

Appendix A

STATE OF WISCONSIN	CIRCUIT COURT	WOOD COUNTY
STATE OF WISCONSIN Plaintiff,	DA Case No.: Court Case No.:	
vs.	STATEMENT AS TO NEGOTIATED PLEA AND DIVERSION CONTRACT TO RESOLVE CHARGES THROUGH THE DRUG COURT PROGRAM & ORDER (SENTENCING)	
Defendant.		

For Official Use

I, , for Wood County, state that I have entered into a negotiated plea and contract to resolve charges in the above-entitled matter as follows:

The defendant has requested entry into the Drug Court Program (hereinafter referred to as "Program") as part of the disposition of pending criminal charges. The Drug Court Team has found the defendant to be a suitable candidate for this Program. The Drug Court Team has determined that the defendant has not "used force against another" as set forth by Federal and State grant applications. The defendant understands that the sentencing court will accept this disposition, thereby requiring the defendant to enter into the Program. The defendant further understands that he/she may be on a waiting list to enter the program. The defendant understands that if he/she while on the waiting list becomes inappropriate and/or unavailable for the program that the defendant may be discharged from the program. Should the defendant be discharged from the Program, either while on the waiting list or as a full participant, the defendant will return to the sentencing court for imposition of sentence following revocation of the Diversion Contract. The defendant understands that the Program is based upon a philosophy of coerced treatment, and the defendant will not be able to withdraw from the Program.

The defendant hereby acknowledges the following: (1) the Wood County Adult Drug Treatment Court Program Manual has been reviewed; (2) the Drug Court Treatment Contract has been

executed; (3) all required releases have been signed; (4) if any Federal or State agency determines that the defendant has "used force against another," the defendant will be terminated for the Drug Court Program and this Agreement will be null and void; and (5) the defendant desires to resolve all pending charges through this Diversion Contract to Resolve Charges Through the Drug Court Program (hereinafter referred to as "Agreement").

AGREEMENT AS TO DISPOSITION OF CHARGES

PLEA AND SENTENCING CHARGES: The defendant will enter a plea of guilty and the court will enter sentence on the following charge(s):

DIVERSION CONTRACT CHARGES: The defendant will enter a plea of guilty, understanding that the court will accept the plea, but will not enter a judgment of conviction, on the following charge(s). Should the convictions ever be entered on the diverted charges, the defendant faces the following maximum penalty:

READ-INS: The defendant understands that the State will dismiss, but read-in, the following charge(s):

The defendant further understands that when a charge is read-in, no conviction will ever be entered for that matter although the court may still consider it for sentencing purposes. The defendant may expect a read-in charge to enhance a sentence that would be imposed without such read-in, whether the sentence is imposed immediately or at a later date following imposition of conviction on the diverted charges or revocation of any probationary sentences.

SENTENCE RECOMMENDATION BY THE STATE ON PLEA AND SENTENCE CHARGES: The defendant understands that the State will request, on the plea and sentence charges, that the court withhold sentence and place the defendant on probation for _____ years, which will be

extended if the Program is not completed within that period of time. The State will request the following conditions of probation: A period of _____ days confinement in the Wood County Jail; comply with any recommended counseling or treatment to address the defendant's substance abuse problems; no possession or consumption of any alcohol or controlled substances; random tests to assure abstinence; restitution for _____; a written letter of apology; no contact with _____; _____ hours of community service work; and compliance with all terms and conditions of the Program.

DIVERSION CONTRACT: The defendant agrees that the final disposition of the diverted charges will be deferred until completion of the Program and a certificate of completion is provided to the defendant. It is agreed that if the defendant successfully completes the Program, the State will move to dismiss the diverted charges without cost and with prejudice at the time of the graduation ceremony. By entering into this Agreement, the defendant waives the right to remain silent, to have the diverted charges proven beyond a reasonable doubt at a jury trial, and to confront the State's witnesses. If the defendant is discharged (expelled) from the Program for any reason (other than successful completion of the program) this Agreement will be revoked by the drug court judge and the convictions for the diverted charges will be entered into the record. The defendant will then face sentencing on the diverted charges before the original sentencing court, and the State will be free to argue for any appropriate sentence available.

Dated this _____ day of _____, 2023.

WOOD COUNTY DISTRICT ATTORNEY

As attorney for the defendant, I certify that the above Agreement is a full, true and correct statement of the negotiations. I further certify that there are no reservations or other agreements; that I have fully and correctly informed the defendant of all of the terms of the negotiated plea as above stated without qualifications, reservations, or additions. I believe that this Agreement is in the best interest of the defendant, and I have advised the defendant accordingly. The defendant has agreed to the terms of this Agreement. I have advised the defendant that this Agreement is not binding on the court. I have also advised the defendant as

to the ramifications of the Diversion Contract portion of this Agreement, and the potential for the diverted charges to be either dismissed or entered into the record based upon the defendant's success or failure in the Program. The defendant understands that the sentencing court may, upon entry of conviction for the diverted charges, sentence the defendant to the maximum penalties authorized for said matters. Finally, I have discussed the Program with the defendant to specifically include the rights waived by the defendant and the confidentiality issues raised upon entry into the Program. I believe that the Program would be in the best interest of the defendant, and I have advised the defendant accordingly. The defendant has agreed to enter into the Program and follow all requirements made of the defendant by the sentencing court, the Program judge, and the Department of Probation and Parole (if applicable).

Dated this day of , 2023.

Attorney for Defendant

I have read the foregoing document and I have discussed it with my attorney. I fully understand this Agreement. The above Agreement is a complete, true and correct statement of the agreement between the State and myself. I have no reservations about what I am pleading to and I confirm that there are no other agreements than what is set forth in this document. I believe that, after having discussed the above matter with my attorney, that the above Agreement is in my best interest. I have been advised that the Agreement is not binding on the court. I further agree to follow all conditions imposed upon me by the sentencing court, the Program judge, and the Department of Probation and Parole while in the Program. I understand that if I am discharged from the Program based upon unsuccessful participation in the Program, that the diverted charges will be entered into the record and I will proceed to the appropriate court for imposition of sentence on those charges.

Dated this day of , 2023.

, Defendant

ORDER

The court, having approved this Agreement:

HEREBY ORDERS that this matter be transferred to the Program judge to be monitored as part of the defendant's participation in the Program to be dismissed upon graduation from said Program. Should the defendant be terminated from said Program for any reason, the conviction(s) of the diverted charge(s) shall be entered into the record. This matter shall be forthwith returned to my court for imposition of sentence. The Program judge may order that a pre-sentence investigation be prepared at the time the Agreement is revoked.

Dated this day of , 2023.

BY THE COURT:

Honorable
Circuit Court, Branch
Wood County, Wisconsin

Appendix B

WOOD COUNTY HUMAN SERVICES

Behavioral Health Outpatient Clinic Services Referral Form

Date of Referral:

Which program the individual is being referred to: Select all that apply:

Mental Health: Substance Use:

Court Ordered: Yes: No: If yes, what services are court ordered?

Information on individual making referral:

Name:

Address:

Phone Number:

Fax:

Email:

Relationship to Individual you're referring:

Does the individual know he/she is being referred for services: Yes: No:

Information on individual being referred:

Name:

Date of Birth:

Address of Individual:

Phone Number(s):

Is the client in custody? Yes: No:

Discharge date out of custody:

Insurance information on individual being referred:

Primary insurance (if known):

Do they have a source of MA? Yes: No:

If Yes, what is their MA Number (if available):

Is MA active? Yes: No:

Drug Court Client? Yes: No:

Medical information on individual being referred:

What are the individual's current diagnosis (physical, mental health, or developmental diagnosis)?

Why is this individual being referred?

REQUIRED - Prior to Scheduling: Please provide Release of Information, Court Order(s), Medical History or Background Reports, & Medication list (if applicable).

***Please email the forms to:** HumanServOPCReception@woodcountywi.gov or fax: 715-421-2266.

Appendix C

Wood County Criminal Justice Department Authorization for Release and Exchange of Health Information

1. _____
 Client Name Date of Birth

Street Address City, State, Zip Code

2. **Authorizes:** Wood County Criminal Justice Department, 400 Market St., Wisconsin Rapids, WI 54495 to release protected health information to and receive from:

**State of Wisconsin, Department of Corrections, Division of Community Corrections
 131 24th St. S.**

Information requesting to be released/disclosed/exchanged (Mark all that apply):

<input checked="" type="checkbox"/> Criminal/legal background (including adult and juvenile arrests, charges, convictions, etc.)	<input checked="" type="checkbox"/> Mental/behavioral health treatment/history
<input checked="" type="checkbox"/> Dates (Date of birth, date of death, date of treatment and other services, etc.)	<input checked="" type="checkbox"/> Personally identifiable information (Name Social Security Number, State Identification Number, etc.)
<input checked="" type="checkbox"/> Drug screen/test results	<input checked="" type="checkbox"/> Program involvement/progress/discharge
<input checked="" type="checkbox"/> Education information	<input checked="" type="checkbox"/> Substance use assessment/diagnosis
<input checked="" type="checkbox"/> Employment information	<input checked="" type="checkbox"/> Substance use treatment/history
<input checked="" type="checkbox"/> Medical information	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Medications (prescribed)	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Mental/behavioral health evaluation/diagnosis	<input type="checkbox"/> Other: _____

3. **Date(s) of Service(s):** _____ to _____

4. **Purpose of Disclosure:** Coordination of medical care and treatment court services

5. I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses who must follow the federal privacy standards, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be redisclosed without obtaining my authorization.

6. **Your Rights with Respect to this Authorization:**

- **Right to Inspect or Copy the Health Information to Be Used or Disclosed.** I understand that I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting the Privacy Officer at the Department of Health and Human Services, 410 S. Walnut Street, Appleton, Wisconsin, 54911.
- **Right to Receive Copy of This Authorization.** I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.
- **Right to Refuse to Sign this Authorization.** I understand that I am under no obligation to sign this form and that the person(s) and/or organization(s) listed above, whom I am authorizing to use and/or disclose my information, may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization.
- **Right to Withdraw this Authorization.** I understand written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact the manager of the division through which I am seeking or receiving services, or the Privacy Officer at the Department of Health and Human Services, 410 S. Walnut Street, Appleton, WI 54911. I am aware that my withdrawal will not be effective as to use and/or disclosures of my health information that the person(s) and/or organization(s) listed above have already made based upon this authorization.

7. **Disclosure of Direct or Indirect Payment Received by Any Person or Organization Authorized to Use or Disclose my Health Information.** I understand that Outagamie County Department of Health and Human Services will not be receiving any direct or indirect payment in connection with the use or disclosure of my health information.

8. **Expiration Date:** This authorization is good until the following date(s):

_____ (or one year from the date of signature)

Or event(s) (specify event): Completion of Wood County Adult Drug Treatment Court

9. **Not to the Patient and Receiving Agency:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization or the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature _____ Date _____

A photocopy of this release is as valid as the original. Updated 6/20/2023

Consent for the Release and Exchange of Information
Wood County Adult Drug Treatment Court
400 Market St
Wisconsin Rapids, WI 54494

Participant information:

Full Name: _____ Date of birth: _____

Between: Wood County Drug Court and _____
 (Attorney Name)

Purpose of the disclosure: exchange of information for above client

Information requesting to be released/disclosed/exchanged (Mark all that apply):

<input checked="" type="checkbox"/> Criminal/legal background (including adult and juvenile arrests, charges, convictions, etc.)	<input checked="" type="checkbox"/> Mental/behavioral health treatment/history
<input checked="" type="checkbox"/> Dates (Date of birth, date of death, date of treatment and other services, etc.)	<input checked="" type="checkbox"/> Personally identifiable information (Name Social Security Number, State Identification Number, etc.)
<input type="checkbox"/> Drug screen/test results	<input checked="" type="checkbox"/> Program involvement/progress/discharge
<input checked="" type="checkbox"/> Education information	<input checked="" type="checkbox"/> Substance use assessment/diagnosis
<input checked="" type="checkbox"/> Employment information	<input checked="" type="checkbox"/> Substance use treatment/history
<input checked="" type="checkbox"/> Medical information	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Medications (prescribed)	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Mental/behavioral health evaluation/diagnosis	<input type="checkbox"/> Other: _____

Disclosure of this confidential information may be made only as necessary for, and pertinent to my participation in this program. I understand that my alcohol and/or drug treatment records and mental health records are protected under both Wisconsin state statutes and the Federal regulations governing

Confidentiality 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. Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. Recipients of the information may re-disclose such information only in connection with their official duties. I understand that I may revoke this consent, verbally or in writing, at any time except to the extent that action has been taken in reliance on it.

This consent is effective on the date signed below and ends 6 months after the date of discharge from the program.

In signing this form, I am granting permission for these agencies to release, disclose, and exchange information outlined above that will be collected during the course of my participation in the program. To the extent allowed by law, information obtained during my participation in the program may continue to be accessed and disclosed for purposes of program monitoring, evaluation, and statistical analysis after expiration of this consent. No information produced as part of evaluating the program will be identifiable to a particular individual.

I understand that I am under no obligation to sign this form and that the organizations listed above whom I am authorizing to use and/or disclose my information may not condition my treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this form. However, participation in the program is conditioned upon signing the consent form. I understand I will no longer be eligible for the program if I either do not sign the consent or revoke the consent.

I understand I have the right to inspect or copy the health information I have authorized to be disclosed by this consent form. I understand that I have the right to inspect and receive a copy of the material to be disclosed as required under the Wisconsin Department of Health Services Administrative Code (DHS 92.05 and 92.06).

I understand that I will be provided a copy of the signed form, if I request one.

I understand the information that may be disclosed or exchanged may be only used by the above agencies for authorized governmental activities associated with my participation in the program. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal privacy standards.

I hereby authorize the disclosure and exchange of the information described above.

Date Signed: _____

Participant Name (Please print): _____

Participant Signature: _____

Date Signed: _____

Witness Name and Title (Please print):

Witness Signature: _____

Behavioral Health

WOOD COUNTY HUMAN SERVICES DEPARTMENT
Authorization for Use or Disclosure of Protected Health Information

Name of Client: _____ DOB: _____

I hereby authorize the use and disclosure of my health information as indicated below. I understand that this release is voluntary and that I may revoke this authorization at any time except to the extent that action has been taken in reliance on this authorization. I also understand that if the individual or organization authorized to receive this information is not required to comply with current privacy regulations, my health information may be disclosed to others and no longer protected by current state and federal privacy regulations.

I authorize Wood County Human Services, 111 West Jackson Street, Wisconsin Rapids, WI 54495 to:

Disclose Information To: Receive Information From: Exchange Information With

Name: Wood County Adult Drug Court Treatment Team

Address: 400 Market Street

City, State & Zip: Wisconsin Rapids, WI 54494

Phone Number: _____

Fax Number: _____

I hereby authorize the release of the information checked and/or listed below for the time period beginning on _____ and ending on _____.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Disclosure of Presence, appointment & counselors | <input type="checkbox"/> Discharge Summary/After-care plan |
| <input type="checkbox"/> Mental Health Intake/Progress Notes | <input checked="" type="checkbox"/> Legal History |
| <input checked="" type="checkbox"/> AODA Intake/Progress Notes/OWI Assess/Eval | <input type="checkbox"/> Background/Social History |
| <input type="checkbox"/> Psychiatric/Psychological Testing | <input type="checkbox"/> Academic Records/Progress |
| <input type="checkbox"/> Inpatient Hospitalization Records | <input checked="" type="checkbox"/> Telephone Contact/Consultation |
| <input type="checkbox"/> Medical History/Medical History | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Lab Results | <input type="checkbox"/> Permission to Audio/Video tape session |
| <input type="checkbox"/> School and/or Employment | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Other: _____ |

Purpose for Disclosure: Further Medical Care Personal Use Legal Issue

Continuity of Beneficial Care Payment/Insurance Other (please describe): _____

I understand that records are protected under the State Administrative Code, DHS 92, and federal regulations governing Confidentiality of Alcohol & Drug Abuse Patient Records, 42 CFR, part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that information may be disclosed as outlined in Wisconsin Statute 961.385 Prescription drug monitoring program.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits.

I understand that I may inspect and copy any information used or disclosed under this authorization. I understand that a fee may be charged for such copying services.

I hereby release Wood County, its employees, officers, and health care professionals from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

I understand that I may revoke this request at any time by providing Wood County with my written notice of such revocation. A photo static copy or fax of this original and/or revocation shall be considered as valid as the original.

This authorization will remain in effect from the date this authorization is signed until the _____ day of _____, 20____ or a period of one year from the date this authorization was signed if not specified.

By signing this, you specifically authorize the use and disclosure of the information you selected above. You acknowledge that you have reviewed and understand this authorization form.

Date: _____ Signature of Client: _____

Printed Name of Client: _____

Date: _____ Signature of Representative: _____

Printed Name of Representative: _____

Relationship to Client: _____

Appendix D

DRUG/ALCOHOL TESTING RULES AND PROCEDURE

Procedure:

1. Drug Court uses a unique pin identification system through Reconnect for drug testing. You will be assigned a unique pin by Reconnect. This pin will remain the same for the duration of your program. Written instructions will be provided to you indicating your username, pin number, and call-in and phone application check-in procedures. Participants may use the call-in line or the Reconnect phone application to see if they are required to test.

*The Reconnect application will prompt users to turn on location services. At any time, participants may be required to turn on location services to verify curfew, locations, or for a sanction. The location tracking is not continuous and only monitors the location during check-ins.
2. You must call in between the hours of 6:00 AM – 9:00 AM. You cannot call earlier than 6:00 AM. Call-ins later than 9:00 AM will be considered late call-ins and a rule violation for drug court.
3. If you are advised that you must test, report for testing within the designated testing times and at your designated testing location. Tests will be witnessed by a gender appropriate staff of the Wood County Criminal Justice Department, Department of Corrections or Options Lab staff
4. If you are not required to test that day, you do not need to report; however, this does not preclude you from having a home visit or a random unannounced testing request on that day.
5. If the phone testing line is down, you must contact the Wisconsin Rapids Options Lab Office at 715-421-2001 between the hours of 7:30 AM – 9:00 AM to find out if you are required to test or you must report to the office to find out if you have to test.

Rules:

1. You may be called upon to submit a urinalysis at any time, 24 hours a day, and seven days a week. You may also be called to submit tests multiple times per day at the discretion of your case manager, probation agent, and/or treatment provider.

2. When you report for testing, you must be ready to provide a urine sample. Inability to provide a sample may result in sanctions being imposed. Urine samples must be provided during the designated testing window or they will be considered a positive result.
3. If you fail to provide a urine sample, you will not be given the opportunity to provide an oral swab sample in place of it, unless there is a medically approved reason.
4. Testing outside of the designated testing hours may only occur with approval by the case manager and must be conducted as a urine sample that is fully observed by a same-gender individual.
5. Oral swab samples will only be accepted in the event a same-gender collector is unavailable for an observed urine sample or the case manager approves it.
6. When providing an oral swab sample, individuals must wait 15 minutes prior to providing a sample to ensure no eating, drinking or medications have been consumed prior to providing the sample. The 15 minute waiting period must occur in a designated testing office.
7. You must have a fully observed test and not obstruct the view of the collector when testing. Female clients must utilize the urine collection hat during testing and may not have hands near their genital area when testing.
8. You are not allowed to leave the office room for any reason when you have reported for testing.
9. Beverages are not allowed to be brought into the collection site. Only water provided by designated staff may be consumed in front of the staff.
10. Bags or purses of any kind may not be brought into the collection area or bathroom.
11. Tests that do not register a readable temperature on the urine collection cup will be considered a positive test.
12. Clients are not allowed to produce a second sample. The first sample that is provided is the sample that will be used and sent to the lab.
13. You may not ask the collector to run water while you are providing a test.
14. Any changes to prescription medications must be reported upon testing to Drug Court staff and Options Lab staff.

15. Disrespectful behaviors and communication will not be tolerated towards any staff member who is collecting urine. If your behaviors cause the collector to feel threatened or unsafe, you will be asked to leave. If you have not provided a sample, it will be considered a positive test.

Tampering:

Tampering with urine or interfering with drug testing, including ingesting substances in an attempt to alter the result, putting something in the urine or collection vessel, providing a sample that is not urine or not from the person being tested or in any other manner is a very serious violation of the Drug Court rules. A diluted or altered specimen will be considered a positive test.

Success in the Drug Court Program depends on a relationship of trust among staff and participants, and participants are expected to be honest and truthful in their interactions with Drug Court personnel or any other personnel administering duties of the Drug Court. Therefore; tampering offenses may result in immediate termination from the program.

SEARCH AND URINALYSIS POLICY

I hereby give my permission to the Drug Court staff or staff acting in any Drug Court capacity to search my personal belongings if I am suspected of carrying contraband. I hereby waive any constitutional objection to any search and claim for invasion of privacy in connection with such searches.

I understand that as a participant of the Wood County Adult Drug Treatment Court, I will be required to provide witnessed urine specimens for analysis and that all positive results will be reported to all involved parties, i.e. Drug Court Judge, District Attorney, Public Defender, Treatment Staff, Case Manager, Law Enforcement and Department of Corrections Agent, if currently on probation.

Participant

Date

Case Manager

Date