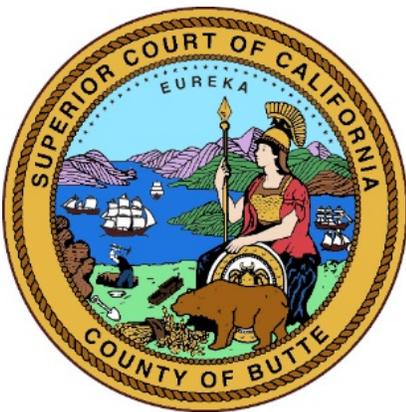


Butte County Veterans Treatment Court



Program Manual

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I. Introduction

The Butte County Veterans Treatment Court (VTC) is a voluntary, court-supervised program designed to offer justice-involved veterans, eligible under Penal Code 1170.9, an opportunity to participate in a treatment-based model as an alternative to traditional court processing.

The VTC is comprised of justice partners, veterans' services groups and community-based organizations. The VTC team works together to create a collaborative, multi-disciplinary approach to treatment that is responsive to the needs of the Veteran and the community.

Admission Team Members ("VTC Team"):

- Butte County Superior Court
- Butte County District Attorney
- Butte County Public Defenders' Consortium
- U.S. Department of Veterans Affairs
- Butte County Probation Department

Admission to the VTC is not guaranteed for all eligible applicants. Rather, admission is subject to the VTC team's assessment of the applicant as well as program capacity. The number of participants under supervision at any time is initially limited to five. Supervision by the VTC typically lasts 12 to 18 months.

The Veterans Treatment Court seeks to restore justice-involved veterans to healthy and productive community members by promoting accountability, integrity, independence and personal development through supervision and treatment.

II. Eligibility

a. Minimum Eligibility Requirements

1. Meets criteria of Penal Code 1170.9:
 - a. Has served or is currently serving in the U.S. military – verified by the county Veterans Services Office (VSO) and/or the Department of Veterans Affairs (VA). Includes combat and non-combat veterans and is not limited to an honorable discharge.
 - b. Defendant is suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of military service.
 - c. Defendant alleges the criminal offense of which he or she has been currently convicted is due to a qualified Penal Code 1170.9 disorder.
 - d. Eligible for probation or currently on probation.
2. Applicant is not required to be a resident of Butte County.
3. Eligibility for VA benefits is not required.
4. Applicant may be on active military duty.
5. Both felony and misdemeanor convictions are considered for acceptance.
6. Applicant is willing and capable of complying with VTC terms and conditions, including all requirements of any outpatient/residential treatment programs, and probation, if applicable.
7. Not otherwise ineligible as noted below.

NOTE: The VTC team must find that the applicant reasonably established that he or she committed the current offense as a result of his or her listed condition in order for the applicant to be admitted to the program.

b. Current Offenses Conclusively Ineligible

1. Any serious or violent felony per Penal Code 667.5(c)/Penal Code 1192.7(c).
2. Arson or negligent fire under Penal Code 451 through 455.
3. Any case in which defendant, if convicted, would be required to register pursuant to Penal Code 290.
4. Any case in which the victim(s) suffered death or Great Bodily Injury.
5. Applicant is a documented member of a recognized gang.
6. Applicant presents a significant danger to public safety.
7. Any defendant convicted of more than three DUIs within the last 10 years.

III. Referral and Admission

a. Application

1. Defendant may apply for admission if he or she is eligible per the attached eligibility criteria. Defendant may not apply if conclusively ineligible but is encouraged to apply if he or she is presumptively ineligible.
2. Defendant begins the application process by requesting consideration for the VTC in alpha court. The parties then negotiate the appropriate plea in the alpha court and judgment and sentencing is postponed. Defendant enters an Arbuckle waiver and a continued time waiver.
3. Alpha court sets a date for judgment and sentencing in the VTC. If Defendant is accepted into the VTC, judgment and sentencing occurs in the VTC. If Defendant is not accepted into the VTC, a new date will be set in the alpha court. The VTC date is set out a sufficient period of time to allow for an assessment and application review to be conducted. This is likely at least three to four weeks out.
4. The alpha court provides Defendant with the form entitled “**Welcome to Veterans Treatment Court**” (**Attachment A**) which provides basic information about the program and notes the VTC court date.
5. Defendant completes the Judicial Council form entitled “**MIL-100 Notification of Military Status**” (**Attachment B**) and files it with the Court. The MIL-100 form is available to defendant during arraignment. The form is also available at the Sheriff’s Office at the time of booking. The court provides copies of the completed form to the county Veterans Services Office, who in turn provides a copy of the form to the VA. Additionally, the court will include a copy of the hearing’s minute order when transmitting the MIL-100 form.
6. Defense Counsel provides to the VSO a medical release signed by Defendant permitting the release of information, including medical records, to Defense Counsel, the VSO, the VA and the rest of the VTC team. The release shall be submitted on the standard VA form 10-5345 entitled “Request For and Authorization to Release Medical Records or Health Information” **VA Release of Information (Attachment C)**.
7. Both the MIL-100 form and the 10-5345 form must be submitted in a timely manner in order for the process to continue. The VSO requires both forms in order to determine veteran status. Once Defendant’s veteran status is ascertained, the VSO provides that information to the VJO Specialist.

b. VJO/Probation Assessment Report

1. The VJO Specialist reviews Defendant’s information and conducts a preliminary assessment. The VJO Specialist then prepares a report that includes consideration of Defendant’s diagnosis, whether Defendant meets the established criteria for the VTC, and an initial recommended case plan (if applicable). This report remains confidential if Defendant elects not to participate in, or is not qualified for, the VTC.

2. The Probation Department also conducts an assessment and prepares a report. The report includes probation conditions so that Defendant is able to determine generally what will be required of Defendant for participation in the VTC. It is understood that there may be modifications after admission to the VTC, but the intent is to give Defendant a fairly good idea of the case plan and probation terms that will be imposed.
3. Probation/Defense Counsel provides defendant with more information about the benefits and responsibilities of participation in the VTC entitled “**Participant Guidelines**” (**Attachment D**).

c. Referral for VTC Review

1. If Defendant chooses to proceed with the request, the VJO report and the probation report are shared with the VTC team for review. Defendant will not be accepted if he or she declines to share the results of the VJO report with the team. Defendant may, however, choose to decline VTC in which event the VJO report remains confidential.
2. Defense Counsel has Defendant sign a “**Consent for Release of Confidential Information**” (**Attachment E**), which permits the VA and treatment providers to share information with the VTC team and other VTC participants. The signed form shall be sent to all VTC team members prior to the team’s review of Defendant’s application.

d. Program Admission

1. Admission to the VTC is not guaranteed for all eligible applicants. Rather, admission is subject to the VTC team’s assessment of the applicants as well as program capacity.
2. Admission decisions are a collaborative effort involving input from the judge, case managers, prosecuting and defense attorneys, treatment providers, and any other team members who have had contact with the applicant.
3. The judge makes the final decision to accept or reject an applicant. In the end, admission should be in the best interest of the applicant and the best interest of justice, keeping public safety of utmost concern.
4. Once program capacity is reached, the VTC stops taking referrals. Qualifying veterans remain entitled to sentencing and restorative relief pursuant to Penal Code 1170.9.

e. Judgment and Sentencing

1. If the VTC team does not approve Defendant’s admission, judgment and sentencing occurs on the return date set in alpha court.
2. If the VTC team approves Defendant’s admission, the return date in alpha court is dismissed and judgment and sentencing occurs in VTC on the same day the admission decision was made. The VTC judge notes for the record that Defendant has discussed the requirements of participation in the Veterans Treatment Court with his or her counsel and has agreed to participate. This advisement is noted in the minutes.
3. Parties agree that the Veterans Treatment Court will allow for some flexibility in sentencing so as to ensure terms of probation that are appropriate for a particular defendant and to include best practices for ensuring compliance with appropriate treatment terms.

IV. Program Components

a. Phases

1. The VTC program is designed to support veterans in treatment and ensure lasting change. The program has four phases with an approximate timeframe of two to four months per phase. *See table below for details.*
2. Advancement from each phase will be determined by the judicial officer, with recommendations from the team.

Phase	Description	Example Requirements
Phase 1	Establishing Treatment and Recovery Plan	Participate in treatment, attend court hearings, meet with probation officer, complete frequent alcohol and other drug testing, attend recovery/mental health support groups
Phase 2	Ongoing Treatment	Phase 1 requirements AND identify personal goals
Phase 3	Stabilization/Reconnecting with the Community	Phase 1 and 2 requirements AND attend domestic violence or other classes as required by the court, obtain stable housing, make progress toward vocational/educational goals
Phase 4	Establishing Aftercare and Graduation	Phase 1 through 3 requirements AND establish recovery and support network, maintain progress toward vocational/educational goals

b. Treatment

1. The defendant is evaluated by the Treatment Team. This team consists of the Probation Officer, the VJO Specialist, and the assigned clinician.
2. An individualized treatment case plan is developed to address the defendant's criminogenic needs. Treatment and rehabilitation may include:
 - Individual and/or group substance abuse counseling
 - Individual and/or group mental health counseling
 - 12 step/self-help community support programs
 - Taking medication, as directed by a physician
 - Residential treatment
 - Maintaining employment and/or progressing with vocational/educational goals
3. The defendant is required to submit to random observed drug and alcohol testing through the Probation Department.
4. The Probation Officer and the VJO update the court on a regular basis as to the defendant's progress and participation in VTC.

5. The defendant is required to attend all counseling groups/sessions outlined in the treatment plan and is not to terminate participation in the program without the permission of the court.
6. Peer mentoring is identified as a major contributor to VTC success. A peer mentoring component will not be available when the program is first made available in Butte but the team looks forward to its future availability.

c. Incentives and Sanctions

1. Incentives can include:
 - Less frequent court appearances
 - Case called at the beginning of the calendar
 - Candy bar
 - Gift card
 - Coins (i.e. milestone chips typically distributed at 12-step meetings)
 - Phase advancement
2. Sanctions can include:
 - Jail time
 - Increase in court appearances
 - Court observation
 - Writing an essay
 - Community service hours
 - Journal writing
 - Phase demotion

d. Termination

The following may be cause for a probation violation and may cause early termination from VTC after a meeting of the VTC Team. In the event a unanimous decision cannot be reached, the VTC judge will make the final determination:

1. Failure to follow the treatment plan
2. Failure to follow probation conditions
3. Committing a serious new crime
4. Falsifying meeting logs
5. Attempting to alter/altering a drug test
6. Threatening or disrespectful behavior toward program/treatment staff or a fellow participant

e. Graduation

1. Graduation is dependent on successful completion of all phases of VTC and no violations of probation within the last six months of the program.
2. Upon graduation, participants may be eligible for early termination of probation, certain felonies may be reduced to a misdemeanor, or the case may be dismissed.

V. Court Operations

a. Calendar

1. The VTC convenes one day per month, related to the last HIDE court date of the month, currently on Tuesdays.

b. Pre-Court Conference

1. The VTC team meets prior to each court session.
2. Using information provided by the Team members, the Team reviews each participant's performance and discusses changes to the treatment plan or other terms of probation, including incentives or sanctions.
3. The VTC team also reviews applicants for admission to the VTC during pre-court conferences.

c. Court Appearance of Participants

1. Defendants are set for review hearings to ensure compliance with the terms of probation including a specific case plan. Each defendant, in addition to standard terms of probation, has a specific case plan addressing treatment and other specific obligations.
2. The case plan for each defendant is provided to the defendant and a copy is kept on the left side of the court's file for easy reference.
3. The VJO is responsible for providing a "**Progress Report**" (**Attachment F**) to apprise the team of each defendant's compliance with treatment.
4. Defendants are responsible for providing proof to the court of any other requirements, such as attendance at self-help meetings.
5. All formal probation cases, whether felony or misdemeanor, will be managed by a Probation Officer. The court officer will provide a progress report at each review hearing.
6. The VTC Judge might add to, delete, or modify conditions of probation, to include revoking probation for violations. The Judge might offer encouragement together with appropriate rewards, and might apply sanctions for non-compliant behavior.

Attachment A: Welcome to Butte County Veterans Treatment Court



STEPHEN E. BENSON, JUDGE
MICHAEL P. CANDELA, JUDGE
MICHAEL R. DEEMS, JUDGE
ROBERT A. GLUSMAN, JUDGE
CLARE KEITHLEY, JUDGE
KRISTEN A. LUCENA, JUDGE
SANDRA L. MCLEAN, JUDGE
TAMARA L. MOSBARGER, JUDGE
JAMES F. REILLEY, JUDGE
BARBARA L. ROBERTS, JUDGE

LEONARD D. GOLDKIND,
COURT COMMISSIONER

DAVID E. GUNN,
COURT COMMISSIONER

KIMBERLY FLENER,
COURT EXECUTIVE OFFICER

RICHARD L. HOLST,
ASSISTANT COURT EXECUTIVE
OFFICER

PLEASE REPLY TO:

☐
Butte County Courthouse
One Court Street
Oroville, CA 95965
Tel: (530) 532-7013
Fax: (530) 538-8567

☐
North Butte County Courthouse
1775 Concord Avenue
Chico, CA 95928
Tel: (530) 532-7013
Fax: (530) 538-8567

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

Welcome to Butte County Veterans Treatment Court

Your case has been referred for assessment for Butte County Veterans Treatment Court (VTC). The Veterans Treatment Court is a collaboration between the U.S. Department of Veterans Affairs, Butte County Probation Department, Butte County District Attorney, Butte County Public Defenders' Consortium, and the Butte County Superior Court. Veterans Treatment Court is designed to serve eligible veterans who are convicted of a criminal offense and who allege that he or she committed the offense as a result of sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems stemming from their service in the United States military.

Veterans Treatment Court is a 12 to 18 month court supervised program designed to minimize recidivism in the criminal justice system and to encourage appropriate treatment of and recovery from mental illness and/or substance use. Participation in the Veterans Treatment Court program is voluntary and you must consult with your attorney as to whether this is the appropriate program for you.

Your attorney has advised us that you may meet the necessary criteria to participate in this court. Following an assessment by Butte County Probation and the VA Veterans Justice Outreach Specialist, you and your attorney will be notified as to your eligibility to participate in Veterans Treatment Court.

If you are admitted to the VTC, you will be responsible for adhering to a treatment plan adopted by the court. You will be asked to sign releases of information for your treatment providers so that your mental health and/or substance use treatment can be documented. You will also be responsible for providing documentation of your treatment to the court on forms provided to you. You will make regular court appearances to discuss your ongoing treatment and could be subject to sanctions if your treatment plan is not followed.

Please discuss your legal options with your attorney in order to make the best possible decision regarding your legal situation.

- Veteran status determination to be completed by the Butte County Veterans Services Office.
- Assessments to be conducted by the Butte County Probation Department and the Department of Veterans Affairs (Veterans Justice Outreach Program).

Veterans Treatment Court date & time: _____

Attachment B: MIL-100 Notification of Military Status

MIL-100

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
NOTIFICATION OF MILITARY STATUS	CASE NUMBER:

Consult your attorney before submitting this form. You may decline to submit this form to the court without penalty.

I (name): _____ declare as follows:

1. I am a party in a superior court case.
2. I am currently a member of the state or federal armed services or reserves. My entry date is: _____, and I
 - a. am on active duty service.
 - b. have been called or ordered into active duty service.
 - c. am not on active duty service.
 - d. other (please explain): _____
3. I used to serve in the state or federal armed services or reserves. I was discharged on (date): _____
4. I understand that if I submit this form to the court as a defendant in a criminal case, the court will send copies of the form to the county veterans service officer and the Department of Veterans Affairs.
5. I am filing this form on behalf of _____, a party to the above entitled case, whom I am informed and believe is a member veteran of the state or federal armed services. I am the attorney other (specify): _____ of this party. My contact information is provided at the top of this form follows: Name: _____ Address: _____ Telephone number: _____

Date: _____

(TYPE OR PRINT NAME)

SIGNATURE

Local County Veterans Services Office Information (to be provided by local court):	
--	--

NOTICE

Certain provisions of California law apply to current and former members of the U.S. Military who have been charged with a crime when certain conditions are met. *Please see the back of this form for more information.* To submit this form as a party in a criminal case you must file it with the court and serve it on the prosecuting attorney and defense counsel. Filing of this notification form does not substitute for filing of other forms or petitions that are required by your court case. If you are requesting consideration or restorative relief under Penal Code section 1170.9, this form alone will not meet the requirement that you assert to the court that the crime you were charged with was a result of a condition caused by your military service. If you are filing for relief from financial obligation during military service, a notification of military deployment and request to modify a support order, or other relief under the Service Members' Civil Relief Act (50 App. U.S.C. §§ 501-597(b)), you must complete the appropriate forms, and completion of this form is not required. Please see form MIL-010 (*Notice of Petition and Petition for Relief From Financial Obligations During Military Service*) and form FL-398 (*Notice of Activation of Military Service and Deployment and Request to Modify a Support Order*).

Page 1 of 2

Attachment C: VA Release of Information

 Department of Veterans Affairs		REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
<p align="center">ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.</p>			
TO: DEPARTMENT OF VETERANS AFFAIRS		PATIENT NAME: (Last, First, Middle Initial)	
		SOCIAL SECURITY NUMBER:	
NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED: Butte County Veterans Treatment Court Team including Judge, District Attorney, Public Defender, Probation Officers, Treatment Providers and any other Team Members			
VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):			
<input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA			
INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)			
<input checked="" type="checkbox"/> COPY OF HOSPITAL SUMMARY <input checked="" type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input checked="" type="checkbox"/> OTHER Verbal and/or written information related to eligibility status; health problems and medical care; mental health treatment and progress; medication prescriptions and compliance; substance abuse treatment planning, attendance, progress and discharge; UA and PBT Results; legal status (including court participation and probation)			
PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS RELEASED: Assist client in meeting legal requirements and coordination of care			
<p align="center">NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM</p>			
AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the consent will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); or (3) under the following condition(s): 60 days after case for Veterans Treatment Court is closed or upon veteran revoking authorization.			
I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.			
DATE (mm/dd/yyyy)		SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g. POA)	
<p align="center">FOR VA USE ONLY</p>			
IMPRINT PATIENT DATA CARD (Name, Address, Social Security Number)		TYPE AND EXTENT OF MATERIAL RELEASED:	
		DATE RELEASED:	RELEASED BY:

Attachment D: Participant Guidelines (page 1 of 2)



Butte County Veterans Treatment Court Participant Guidelines

Welcome to the Butte County Veterans Treatment Court (VTC). This alternative court seeks to provide the skills and resources to support you in managing your illness and remaining out of the criminal justice system. This guide is designed to answer your questions about the VTC program.

Veterans Treatment Court is a choice that you make. It is a court-supervised, comprehensive treatment program for adult offenders suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems. The program is provided by a team of justice partners, veterans' services groups and community-based organizations.

Eligibility:

Veterans Treatment Court is a twelve to eighteen month program. To be eligible, you must:

- Be a Veteran
- Be qualified for treatment under the terms of the Butte County Veterans Treatment Court Protocol
- Be suitable for and indicate that you want to participate in treatment
- Be eligible for probation
- Be able to understand the consequences of the legal proceedings and the agreement you are making with the court
- Be 18 years of age or older

The Veterans Treatment Court Program:

If you are admitted to Veterans Treatment Court, you will meet with a specialist from the VA's Veterans Justice Outreach Program who will prepare an initial treatment plan with you. The plan becomes part of your probation orders.

Your confidentiality will be protected while you are in the program. You will, however, be asked to sign a statement releasing information to the Veterans Treatment Court Team, including the VTC judicial officer. This statement allows the team to receive information regarding your progress in treatment. Your records cannot otherwise be disclosed without your written consent.

Attachment D: Participant Guidelines (Page 2 of 2)

Participant Guidelines (continued)

Examples of the kinds of things you will be expected to do in the program are as follows:

- Appearing in Court
- Staying on your prescribed medications/following your treatment plan
- Not using alcohol or illegal drugs (you may be drug tested)
- Not getting arrested
- Not violating probation
- Attending individual and/or group counseling
- Meeting regularly with the treatment coordinator
- Meeting with a peer mentor
- Working on an aftercare plan for when you've left the program
- Attending self-help programs

The team may also help you with transportation, housing, taking classes or getting a job.

There are rewards for following the rules of the program. There are sanctions if you do not, including termination from Veterans Treatment Court.

Termination:

The following behaviors will cause you to be terminated from Veterans Treatment Court:

- Refusing to participate in your Treatment Plan
- Repeated and intentional program violations
- Committing a serious new crime
- Falsifying meeting logs
- Attempting to alter/altering a drug test

Graduation:

After a period of twelve to eighteen months, if you show the VTC Team that you have followed your Treatment Plan by:

- Attending court
- Attending counseling and therapy
- Not using alcohol or illegal drugs
- Obeying the law
- Creating a plan that you will follow every day,

you will graduate from the program. Upon graduation from the program, for good cause shown, you may qualify for early termination of probation. The team will continue to be available to assist you, should you need it.

Good luck from the Veterans Treatment Court Team!

Page 2 of 2

Attachment E: Consent for Release of Confidential Information

BUTTE COUNTY VETERANS TREATMENT COURT

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ Case No. _____

authorize the Butte County Veterans Treatment Court, which consists of the following departments and organizations:

- Butte County Superior Court
- Probation Department
- Butte County Behavioral Health
- Butte County Veteran's Services
- District Attorney
- Defense Counsel
- Public Defender
- County Counsel
- Sheriff's Department
- Veterans Health Administration
- Veterans Benefits Administration
- Other _____

to disclose to each other information relative to my psychiatric diagnosis and treatment, probation terms, response to provided services, recommendations concerning my individual Recovery Plan, and other information relevant to my progress in Veterans Treatment Court.

The purpose of the disclosure authorized herein is solely to determine adherence to the Butte County Veterans Treatment Court program as well as to prepare for the most beneficial services to ensure the success of each participant.

I also consent to have my court hearings heard in the presence of all other Veterans Treatment Court participants and candidates.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed or re-disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in the reliance on it, and that in any event this consent expires automatically six months following the discharge from the Butte County Veterans Treatment Court program.

I understand that if I elect not to sign and submit this form, I will not be able to participate in Veterans Treatment Court. This consent form shall be effective if accepted into Court.

Date: _____

Signature of Participant

Signature of Authorized
Representative, when required

Attachment F: Progress Report



Butte County Veterans Treatment Court Progress Report



Defendant/Client Name: _____ Court Date: _____

Mental Health Treatment

- Individual Therapy: Appt. Date(s): _____ Therapist Name: _____
- Participating and doing very well in treatment
 - Participating appropriately and making some progress
 - Does not seem engaged in treatment at this time
- Group Therapy: Appt. Date(s): _____ Therapist Name: _____
- Participating and doing very well in treatment
 - Participating appropriately and making some progress
 - Does not seem engaged in treatment at this time
- Type of Group: _____

Comments: _____

Substance Use Treatment

- Residential: Dates _____ Provider: _____
- Outpatient: Days per week: _____
- Participating and doing very well in treatment
 - Participating appropriately and making some progress
 - Does not seem engaged in treatment at this time

Comments: _____

Other Services

- Medication Monitoring: Appt. Date: _____ Physician Name: _____
- Taking medications as prescribed
 - Not taking medications as prescribed
- _____: Appt. Date(s): _____ Provider: _____
- Participating and doing very well in treatment
 - Participating appropriately and making some progress
 - Does not seem engaged in treatment at this time

Comments: _____

Coordinator Name: _____ Contact Number: _____

Coordinator Signature: _____ Date: _____