



# **Northeast Central Judicial District**



# **Veterans Treatment Court Policy and Procedures Manual**



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# **The Veterans Treatment Court (VTC)**

## **Mission Statement**

The mission of the Northeast Central Judicial District's Veterans Treatment Court is to promote recovery, stability, and accountability for veterans involved in the justice system through supervision and service-oriented mentorship; therefore improving public safety and civic contribution to the citizens and State of North Dakota.

## **Goals and Objectives**

It is a goal of this program to reduce, deter, and ultimately eliminate repeat criminal offenses. The objectives will have the following characteristics:

- ☐ Enhance Public Safety
  - Reduce risky behaviors related to alcohol and other drugs (AOD)
  - Increase public awareness
  - Immediate accountability with consequences
- ☐ Reduce Recidivism
  - Keep offender engaged in recovery
  - Identify AOD-influence target population
  - Early intervention in the judicial process
- ☐ Improve Treatment Outcomes
  - Evidence-based treatment
  - Collaborative support of treatment engagement
  - Cultural competence
  - Timely access to treatment
  - Continuous reevaluation of treatment goals
  - Immediate accountability
- ☐ Reduce Costs
  - Decrease incarceration
  - Less adversarial procedures
  - Reduce recidivism
- ☐ Improved Criminal Justice System
  - Improve timeliness
  - Focus on the needs of individual offenders
  - More consistent procedures in AOD cases
  - Increased accountability
- ☐ Return to Community
  - Education of community regarding AOD
  - Employability of offenders
  - Reduced recidivism
  - Improved family stability
  - Secured housing

## **Program Description**

The Veterans Treatment Court (VTC) is designed to give an opportunity to improve the quality of a justice-involved veteran's life. By choosing to participate in this program, they have to show that they are ready to do the work to make positive changes toward recovery and law-abiding life. Change is difficult, and they are sure to face many challenges within the course of the program. However, they will continue moving forward one step at a time. We will be there to provide support and assistance on their path. The VTC program emphasizes courage, commitment, integrity, devotion, and honor, and we hope they find these values meaningful as well.

### **Who is eligible to be a participant in Veterans Treatment Court?**

Persons seeking admission into the Northeast Central Judicial District – VTC must meet the criteria established by the VTC Team:

### **Eligibility Criteria**

- ☐ Participant is either a current or former member of the Armed Forces (Navy, Marines, Army, Air Force, Coast Guard, and Space Force) including the Army or Air Force National Guard or Reserves
- ☐ If a former service member, they must be eligible for benefits through the VA. Assistance with determining eligibility will be provided by the VJO
- ☐ If a current service member, they must be available to participate for at least 18 months and must disclose any Permanent Change of Station or deployment orders
  - Being active duty does not exclude them from participation in the VTC; however, their command VTC team members will need to ensure that they will be “reasonably available” to participate in the program.
- ☐ Must be currently residing in the Grand Forks or Nelson County, and able to comply with the program requirements
- ☐ Must be determined to need treatment for either mental health and/or chemical dependency/substance use
- ☐ Cannot have any other criminal charges or holds that will interfere with treatment
- ☐ Must be determined to be high-risk/high need based upon appropriate assessment tools
- ☐ Must agree to participate in and be subject to the rules, regulations, and sanctions of VTC
- ☐ Must be amenable to treatment and motivated to participate in the program
- ☐ Must agree to sign a limited release of information to allow communication between the VTC, the VA/medical professional/treatment providers, and the Department of Corrections and Rehabilitation Probation Officer for the duration of the program

## **Target Population: Screening, Admission, and Intake Process**

- ❑ Law enforcement report is filed with State's Attorney Office (SAO)
  - VTC program brochure will be available at all initial contact locations to distribute to the defendant at the time of their arrest
  - Any adult defendant arrested on a criminal offense who is also a veteran/service member can request, either personally or through their attorney, that they be screened for entry into VTC before their final dispositional conference. The defendant may initiate the process without a court referral by contacting the VTC coordinator who will initiate the screening process as noted below
  - Some defendants may be eligible for multiple different specialty courts, including DV Court, Drug Court, and VTC. In that case, VTC should consider which specialty court is best-suited to meet the veteran's treatment and rehabilitation needs, recognizing that VTC may not be the right answer for every eligible defendant. VTC should encourage other specialty courts to determine the veteran status of new applicants and to consider whether VTC may be the best option for any eligible defendants."
- ❑ A defendant eligible for VTC who has been charged with a criminal offense must submit an application (with assistance from their defense counsel, if represented) for entry into the VTC to the VTC coordinator along with a DD214, NGB 22, or DD 215 and confirmation of mental health and/or chemical dependency/substance use diagnosis; if no DD Form 214, NGB 22 or DD 215 (e.g. Reserve member), contact the local coordinator of the Veterans Services Outreach Program
- ❑ Once the application is received by the VTC coordinator, a risk assessment (LSI-R or TPU) will be scheduled with the applicant for determination of acceptability into the program. It is important for the applicant to know honesty is required at all times during this screening process and if falsified information is provided, an applicant may be disqualified
  - Defendant will meet with the VTC coordinator before being released from custody to receive VTC information and complete the required paperwork. The VTC coordinator will:
    - Review VTC Participant Program Handbook with the defendant
    - Have the defendant sign the appropriate releases
    - Make an appointment with a Substance Use Disorder Assessor. Provide substance use disorder assessors a copy of the citation/complaint, arrest report, release order, the release of information form, and notice of the next court date
    - Substance use disorder assessment will be returned to the VTC team within 72 hours, if feasible, but no later than 14 days of referral
  - Defendant will follow all conditions of release set by the court
- ❑ Upon completion of the requested assessment, the application, DD214, NGB 22, or DD 215, mental health and/or chemical dependency/substance use diagnosis, the assessment results are shared with the VTC team for review of potential admission into the program
- ❑ The VTC team meets to decide whether the applicant should be offered conditional admission into the program if VTC is included as a condition of the applicant's criminal sentence

- ❑ The VTC coordinator will advise the applicant's defense attorney and the State's Attorney Office (SAO) of the VTC team's decision to conditionally admit (or deny admission) to the applicant. With this information, the applicant's defense attorney and SAO may engage in plea negotiations to determine whether the applicant is prepared to plead guilty to the charge(s) and/or whether the SAO is prepared to support admission into VTC as an appropriate sentence. Conditional admission into VTC does not require the SAO to offer VTC as a resolution in plea negotiations, nor does it guarantee that an applicant will be sentenced to VTC
- ❑ If the applicant and SAO reach an agreement that includes VTC as a recommended criminal sentence (or if the applicant chooses to enter a guilty plea without reaching an agreement with the SAO as to a jointly recommended disposition), the applicant will appear in court for a change of plea hearing, enter a guilty plea, and upon agreement by the sentencing judge, be sentenced to VTC
- ❑ At the next VTC hearing date, the applicant appears to begin the VTC program. The judge and VTC team will welcome the participant to the VTC program and introduce the applicant to the volunteer veteran mentors for the court

## **Progress Reports**

VTC participants will be required to appear in court regularly. At each appearance, the judge will be given a progress report prepared by their probation officer regarding the participant's appointments attended, drug/alcohol use history, assessment/evaluation results, treatment history/status, drug test results, and personal activities (living arrangement, employment status, education status, and family status).

Also included in this report will be weekly questions the participant will answer and submit by a required time, updating the court on their progress. The judge may ask questions about or discuss the participant's progress. Excellent reports mean that the participant may progress through the program more quickly. Failure to comply with any of the requirements may delay their promotion or graduation.

The goal of the VTC is to help participants achieve long term sobriety and lasting recovery, which is the process of change through which participants address their individual treatment needs, whether substance use, mental health, or trauma, to avoid contact with the criminal justice system to improve their health, wellness and live self-directed lives.

## **Failure to Appear**

Failure to appear in court on the date and time the participant is scheduled may result in a warrant being issued for their arrest. If they cannot appear in court on their scheduled review date, they must notify their probation officer before the miss. If they have an emergency, they must notify their probation officer as soon as possible to avoid a sanction. Participants can also call the VTC coordinator, if unable to reach their probation officer.



## **Termination from the Program**

New arrests or non-compliance with program requirements could result in a participant's termination from the Veterans Treatment Court (VTC). Non-compliance violations that could result in termination include:

- ☐ Repeated contact with law enforcement
- ☐ Charged with a new criminal charges
- ☐ Repeatedly missing drug tests
- ☐ Repeatedly missing treatment and/or supervision appointments
- ☐ Repeatedly breaking the program rules or other conditions of the participant's criminal judgment
- ☐ Violence or threats of violence directed at other participants, treatment VTC team members, members of the community, victims, or other VTC team members

## **Withdrawal from the Program**

If the participant decides that the VTC is not the right program for them, they can withdraw their application any time before entry of the plea; their case will proceed to regular court hearings until resolved. Withdrawing from the program may be considered a violation of probation and subject the participant to revocation and re-sentencing.

## **Court Related Financial Obligations**

Any VTC participant with court-related financial obligations (e.g. child support, restitution, crime victim's fund, and public defender fees) will make court-approved payments to the Clerk of Courts on a regular schedule and provide VTC team members with payment documentation. If they cannot make payment, they will need to discuss the situation with the VTC coordinator before the payment's due date and, if possible, other arrangements will be made.

## **Who is part of the VTC team?**

### **Northeast Central Judicial District Court Judge**

- ☐ Is the formal leader of the VTC program and presides over the VTC docket
- ☐ Makes all final decisions about court participation and progression in the program
- ☐ Will provide rewards and sanctions in response to progress made and set-backs in the program by the participant
- ☐ The other VTC team members will provide the judge with information to help inform these rewards and sanctions
- ☐ Meets with the VTC team regularly to get updates on all the participants, including at staffing meetings directly before court appearances

### **VTC Coordinator**

- ☐ Acts as the main contact person for the program, and works closely with the judge, probation officer, and treatment providers in overseeing the program's day-to-day operations
- ☐ Is contacted with questions the veteran could have about the VTC program
- ☐ Questions directed towards the criminal case are direct to the veteran's defense attorney
- ☐ Attend staffing and court

### **Assistant State's Attorney (ASA)**

- ☐ Represents the State of North Dakota
- ☐ Engages in a non-adversarial way with the defense attorney to support the veteran's success in the program while also ensuring public safety, including advocating for sanctions, consequences, and termination from VTC if appropriate
- ☐ If a VTC participant contests a sanction or termination from the program, the ASA represents the State in a hearing to determine whether the sanction should be applied or the participant should be terminated
- ☐ Attend staffing and court

### **Defense Attorney**

- ☐ Will represent (or co-represent) the participant before and during their participation in the VTC program
- ☐ Is the advocate for the participant to the rest of the VTC team and represents their legal interests, including in any contested hearing regarding the application of a sanction or termination from the program
- ☐ Should always be present when decisions are being made about rewards, sanctions, and other actions from the court, state attorney, or probation officer
- ☐ All orientation forms are to be signed in the presence of the defense attorney
- ☐ Attend staffing and court

### **Probation Officer (PO)**

- ☐ Provides the participant with case management and supervision while they are in the VTC program
- ☐ Updates the rest of the VTC team on the participant's compliance with community supervision, non-VA based treatment (e.g. domestic violence counseling, parenting classes, etc.), and important life events
- ☐ When applicable, the PO will be the liaison between the participant and any victim(s)
- ☐ Will regularly be in contact with the participant via phone, email, and home visits
- ☐ When the participant meets with the PO, both of them will go over additional guidelines and develop a case plan
- ☐ Is the point of contact for requesting modifications to supervision conditions, such as travel permits and no-contact orders
- ☐ When requested, attend staffing and court

## **Veterans Treatment Court (VTC) Mentor Coordinator**

- ☐ Recruit, train, supervise, and coordinate mentors within the VTC
- ☐ Recruit potential mentors, screen candidates, and select individuals to become mentors
- ☐ Responsible for training selected candidates in skills to facilitate a mentoring session and skills specific to the VTC program
- ☐ Responsible for individual and group supervision as well as scheduling mentors to be present during the court proceedings
- ☐ Coordinate all activities with the judge and court coordinator
- ☐ Attend staffing and court

## **Volunteer Mentors**

- ☐ Be a veteran of one of the branches of the United States military: Army, Marines, Navy, Air Force, Coast Guard, Reserve/Guard, or Space Force
- ☐ Act as a coach, a guide, a role model, an advocate, and support for the individual(s) being worked with
- ☐ Is to encourage, guide, and support the mentee as they progress through the court process:
  - Listening to the concerns of the participant and making general suggestions
  - Assisting the participant in determining what their needs are
  - Acting as a support for the participant at a time when they may feel alone in a way that only another veteran can understand
- ☐ Assist with interactions with the Veteran's Administration system
- ☐ Work with and be supportive of the other veteran mentors
- ☐ Commit to program participation for (at least) six months and adhere to the policies and procedures set forth for the VTC program
- ☐ Complete required training procedures and participate in additional training as required
- ☐ Attend court sessions when scheduled

**Case Aides:** The case-aides are employees of the North Dakota Court System and will be supervised by the VTC coordinator.

- ☐ Conduct random, and observe, drug and alcohol testing as ordered by the VTC
  - The PO might also do both
- ☐ Follow weekly orders by the VTC coordinator
- ☐ Conduct weekly home visits
- ☐ Provide the VTC coordinator with a weekly report of drug tests and home visits
- ☐ When requested, attend staffing and court

### **Department of Veterans' Affairs Veteran Justice Outreach Specialist (VJO)**

- ☐ Conducts outreach with justice-involved veterans to connect them with VA healthcare, treatment, housing, and primary care
- ☐ Provides referrals to the program and updates the court on the veteran's attendance and progress at treatment
- ☐ Will also report urinalysis results to the court while the veteran is in treatment for a mental health or substance use disorder at the VA
- ☐ When requested, attend staffing and court

### **Grand Forks/Nelson County Veterans Service Officers (VSO)**

- ☐ Can help prepare and file federal disability claims with the VA
- ☐ Can help file new claims, reopen old claims, and appeal VA decisions, as applicable
- ☐ Can also connect the veteran with other available veterans' benefits and give information on community resources
- ☐ Assist with verifying veteran's status when requested
- ☐ Support the VTC program through public outreach
- ☐ Help build the mentor program
- ☐ When requested, attend staffing and court

### **Community Treatment and Service Providers**

- ☐ Each VTC participant will work with different community treatment and/or service providers
- ☐ These agencies provide specific treatment or services based on the participant's needs. This can include but is not limited to domestic violence counseling, clean and sober housing, and parenting classes
- ☐ These treatment providers share your treatment progress with the VTC team through the PO
- ☐ When requested, attend staffing and court

### **Administrative Committee**

The administrative committee will be comprised of the district judge, VTC coordinator, ASA and defense attorneys, Department of Correction's representative, VA Veterans Justice Outreach officer, Veterans Service Officer, and mentor coordinator. This committee would convene in the event of policy changes, or when determined there is a need to hold a meeting of the committee.

## General Court Rules

- ❑ Reside in Grand Forks or Nelson County throughout the entire Veterans Treatment Court (VTC) program and be able to access services and court proceedings in the Grand Forks metropolitan area (unless permission for alternative living arrangements is granted by the VTC team). Participants will be actively involved in treatment, meetings, community service work, court attendance, and reporting to their probation officer
- ❑ Attend all court-ordered programming requirements. This includes probation meetings, individual and group counseling, educational sessions, and other treatment as directed. Missed programming will result in a sanction
- ❑ Be accountable for all activities. Participants are responsible for recording all appointments and significant events such as work, family appointments, and community recovery events
- ❑ Be on time. If a participant is late for appointments or treatment, they may not be allowed to participate and will be considered non-compliant. Participants must communicate in advance if there is a possibility that they may be late
- ❑ Turn off all cell phones, remove hats upon entry into the court, and no food or beverages in the courtroom (unless provided by the court)
- ❑ Do not make threats, or behave violently, toward other participants or VTC team members. Violent or inappropriate behavior will not be tolerated and will be reported to the court. This behavior will result in a sanction and/or termination
- ❑ Attend all scheduled VTC sessions. Participants must attend all court sessions as directed by the judge or PO. Participants must dress appropriately for court. Clothing bearing drug or alcohol-related themes is considered inappropriate.
  - They must remain in the courtroom for the duration of the court hearing unless the judge or other team members permit them to leave
  - Be attentive and cooperative as the purpose of being in court is to gain and provide knowledge and support from their fellow participants. Do not have side conversations; this is distracting and disrespectful to their fellow participants and the court.
  - Rescheduling: If they miss any scheduled appointment, they are responsible for rescheduling it! They may not be contacted to reschedule. Failure to do so may result in a sanction
- ❑ Submit to urinalysis/breath/sweat/saliva test as requested. Participants will be tested throughout the entire program. Participants will be tested frequently and randomly. Do not tamper with urine samples or use anyone else's urine. Any abnormal drug test will be considered a positive and maybe sanctioned. Multiple positive missed, or abnormal tests could result in termination from the program. Tampering, substituting urine, water loading, or attempting to chemically alter a drug test is grounds for termination

- ❑ The goal of the VTC is to help participants achieve abstinence from intoxicants
  - Release of Information (ROI) will be needed by the court
  - Drugs prescribed by a medical professional must be verified through written notification by the prescribing medical professional i.e. doctor, nurse practitioner, or physician assistant
  - Consumption and possession of alcohol, marijuana, or non-prescribed drugs could immediately result in your termination from the program. Marijuana authorizations or prescriptions are not accepted in the VTC program
  - Expect to take random and “on-demand” drug tests
- ❑ Always tell the truth. Overcoming substance use disorder is not easy. This will take the participants' best efforts. Always remember that the end result is to assist in maintaining a clean and sober life. Dishonesty involved in any violation will result in a harsher sanction.

## Treatment

All Veterans Treatment Court (VTC) participants will be involved in an evidence-based treatment approach.

### *Veteran Affairs:*

Treatment options including substance abuse and/or mental health may be provided by the Fargo VA depending on eligibility and therapeutic need. If necessary the participant can be referred to the community for services. All participants are expected to comply with treatment recommendations while active in Veterans Treatment Court (VTC). All participants are required to meet with the Fargo VA Veterans Justice Outreach (VJO) Coordinator to complete a clinical needs assessment before starting VTC. The VJO Coordinator can assist with eligibility-related questions and appropriate referrals. Appropriate referrals may include substance abuse, mental health, medical, housing, employment, etc.

If the VTC participant is eligible and wants to seek substance abuse services through the Fargo VA they will be required to complete a Substance Abuse Treatment assessment with a member of the Substance Abuse Treatment Program (SATP) and follow the recommendations of that assessment. If the participant is eligible and wants to seek Mental Health services with the Fargo VA, they would complete a Mental Health assessment with a Mental Health provider and follow the recommendations of that assessment.

The Fargo VA cannot provide medical services to incarcerated veterans, except Veterans Justice Outreach services, or veterans seeking a Chemical Dependency evaluation for license reinstatement. If a recommendation is made by a Fargo VA staff member for a participant to engage in a service that meets the criteria for a community referral, this may be an option and can be discussed with the VTC team.

### *Northeast Human Service Center:*

Open access to all allows persons to enter services on the day they are ready to engage in services. Clients will be screened to determine that Northeast Human Service Center is the correct location for service delivery. If eligibility is met, the client will see a qualified professional for an integrated assessment.

All services will begin with an integrated assessment to determine diagnosis and function. Eligibility for services will be determined based on medical necessity and the level of care determined necessary for an individual to attain recovery.

An assessment at the beginning of the service delivery allows for the client's needs to be determined with one comprehensive evaluation to determine the psychological and emotional state and the current level of functioning including dual conditions of mental health and substance abuse.

If clients do not meet service level criteria at a Northeast Human Service Center, they will be provided information about community partner agencies that are able to provide them the desired service. If the priority level is not met, the triage VTC team members will assist with recommendations to the community such as Spectra (<https://spectrahealth.org>) for services related to other needs. Individuals will be given a list of all known applicable resources without regard to relationships between private practitioners and the agency.

Assistance will be provided in scheduling an appointment with a community agency if the clients desire assistance.

Attendance and treatment compliance are required. Participants are responsible for attending all scheduled appointments. Missed treatment sessions must be excused by the appropriate treatment agency and the participant's probation officer. Participant attendance and level of participation at counseling sessions will be reported to the VTC team as part of their progress reports. Participants must contact their treatment agency if unable to attend or will be late for a scheduled session. Unexcused misses could result in sanctions.

## **Confidentiality**

All client records are protected by federal and state laws regarding confidentiality. These laws and regulations are designed to protect the privacy rights, of patients, and 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 (USC § 290dd-3 and ee-3 and 42 CFR Part 2 and 42 CFR §2.12 (e)).

The VTC cannot release written or verbal information without a participant's written, signed consent. However, participants cannot participate in VTC without a "Release of Information" which allows the VTC team to discuss their case and progress. Persons outside the VTC team will not be provided information about the participant or their program progress. There may be an additional emergency or legal circumstances that may require the release of information, such as:

- ☐ The disclosure is allowed by a court order or for an audit
- ☐ The disclosure is made to medical personnel due to a medical emergency
- ☐ The client commits or threatens to commit a crime
- ☐ The client is suspected of child abuse or elder abuse
- ☐ The client is threatening suicide or homicide.

Anything the participant says concerning their prior or current drug use while in the VTC program cannot be used against them in the prosecution of their case. However, their statements and information about their treatment will be shared with the judge, their treatment agency, probation officer, court coordinator, the SAO, VTC team members, their attorney, and anyone else on the VTC team. This information may be used to evaluate their current compliance with the program and to determine appropriate treatment and other services.

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

## **Participant Rights**

Participation in the VTC program is voluntary. Participants will be informed of changes in the program, rules, and policies as early as possible. Their participation and feedback in the program are encouraged. Equal treatment and services will be delivered without regard to race, color, sex, sexual orientation, religion, national origin, ancestry, or physical disability.



Following an overall assessment, the treatment team will develop a plan that will act as a guide for the initial treatment phase. The plan will be maintained by the treatment provider and will be updated as the individual progresses through the program.

## **Drug and Alcohol Testing**

Participants will be tested during all five (5) phases of the Veterans Treatment Court (VTC) program. As they progress through the program, testing could be required on a random, less frequent basis. The VTC team will have access to all drug test results including any failures to appear or produce. Any failure to appear, failure to produce a sample, or any result that indicates a sample was diluted or not consistent with a human specimen will be subject to the same sanctions as if the result were positive.

One goal of the VTC program is to help participants achieve total abstinence from illicit or illegal drugs, however, a positive test will not automatically terminate a participant from the program. The VTC team will review the positive test in the context of their overall performance in the program.

## **Medications**

As a part of a participant's treatment, the Veterans Health Administration may make recommendations for medications. Participants will need to speak with the medication prescriber if they have concerns about these medications.

The VTC program is supportive of Medication-Assisted Treatment (MAT), such as synthetic opiate treatment plans and medications used to control alcoholism. Participants are only to take medications prescribed to them and any unauthorized use of medications will be addressed with the VTC team.

For veterans who have been discharged under a Bad Conduct Discharge or Dishonorable Discharge, these participants will need to reach out to the Veteran's Service Office for a review of their paperwork/discharge.

## **Support Group Meetings**

Attendance will be required at support group meetings at the Vet Center, VA, SMART Recovery Groups, or other locations of a participant's choice as approved by the VTC team such as group therapy, Northeast Human Service Center, and contracted support groups such as Mountainbrooke Recover Center. The number of times a participant must attend per week changes by the VTC team or treatment provider. The purpose of attendance at support group meetings is for the participant to develop a support network and create social bonds with others in recovery. Their probation officer, treatment provider, or VTC coordinator can assist them with locating meetings close to their work or residence. The participant's treatment provider may also provide several support groups at their facility each week. Proof of attendance may be requested by the probation officer and/or treatment provider.

## **Counseling**

Counseling may include individual, group, and/or family formats. As part of the treatment plan, participants must engage in all recommended programming. Attendance at programming is mandatory and will be reported to the judge as part of the progress report. Permission must be obtained to be excused from a programming session. Failure to obtain permission to miss treatment may result in sanctions.

## **Voting Rights**

Participants should be aware that pleading guilty to a felony charge may result in the loss of certain civil rights like the right to serve on a jury, vote, hold elected office, and possess a firearm. For example, the State of North Dakota's Constitution North Dakota Century Code § 12.1-33-01(1) states a person convicted of a felony is disqualified to vote while incarcerated. There only needs to be a finding of guilt, not the imposition of a sentence. Voting when not qualified can result in a felony charge. Work with the VTC probation officer regarding reinstatement of your civil rights.

## **Employment**

Participants may be required to obtain and maintain full-time employment throughout their involvement in the program. Participants will be permitted to change jobs while in the program; however, VTC team members must be notified and approve the change before it takes place.

Consideration will be given to going to school. Participants may still be expected to obtain part-time employment if going to school to achieve a 40-hour workweek. The 40-hour workweek shall consist only of job searching, actual work hours, and school hours. Other types of programming such as treatment, community support meetings, or meetings with their probation officer are not part of the 40-hour workweek expectation.

## **Vocational/Job Training Component**

Participants with less than a high school degree or GED and those who are unemployed or underemployed will be expected to work on developing their skills. Areas in which the VTC coordinator/team may be able to provide you with assistance include:

- ☐ Assessment of current skills
- ☐ Aptitude and interest testing
- ☐ Development of a personal action plan
- ☐ Life skills seminars
- ☐ Adult education referrals

## Fine/Fees/Program Fees

Participants are responsible for paying all restitution fines/fees assessed as required to be paid to the district court before graduation as well as program fees assessed by the treatment provider(s) if applicable. Participants should speak with the VTC coordinator if they are not able to meet the required payment schedule. All fees are to be paid to the Clerk of the District Court. If the participant is facing a financial burden with their fees, they should discuss this with the VTC coordinator for further review by the VTC team and judge. Fees associated with probation are paid to the Probation Office.

## General Rules

The following rules apply through **ALL** phases for all participants:

- ☐ Participants are not to possess or consume mood-altering chemicals or drugs not currently prescribed by a physician and that are not beyond their expiration date. This includes alcohol and any substance containing alcohol (including “non-alcoholic” beer, cough syrup, and mouthwash)
  - “Possess” means to have on their person, in their home or vehicle and includes constructive possession
  - Misuse of over-the-counter and prescription medications is prohibited
  - Prescription medications must be verified by the Veterans Treatment Court (VTC) coordinator and approved by the VTC team
- ☐ A positive EtG/EtS test above the established threshold will constitute a positive test by either use or contact with a product that contains alcohol. Any positive test is considered a violation of the VTC rules and a sanction will be imposed by the VTC
- ☐ Participants must fully cooperate with frequent, random, and unannounced drug/alcohol tests
- ☐ Participants refusing to submit to a drug/alcohol test will be considered a positive and a sanction will be imposed
- ☐ Are required to have a picture I.D. and must be shown to law enforcement officers upon request
- ☐ Participants must report any changes of residence before moving, or changing their telephone number
- ☐ Report changes in their work schedule or employment status immediately to the VTC coordinator
- ☐ Attend all court hearings and appointments as scheduled. **BE ON TIME!** Participants must contact the VTC coordinator if there is a possibility that they may be late
- ☐ Random home and work visits will be made *anytime* day or night, without prior notice
- ☐ Participants must supply information about their work schedule, school schedule, and any other appointments scheduled as requested
- ☐ When subject to a curfew, they must ask permission at their weekly court hearing for approval to be extended
- ☐ VTC team members will be making contacts with participant’s significant others, family, employers, physicians, therapists, treatment facilities, and others
- ☐ Participants must obtain prior approval from the VTC team for out-of-state travel. One week’s notice is required if they plan to leave Grand Forks County, or Nelson County, for 24 hours or longer.

- A request form must be completed and approved by the team at least one week in advance (except in emergencies)
- ❑ Remain law-abiding
- ❑ Inform their treating physicians that they have a substance use disorder and that they may not take narcotic or addictive medications or drugs
- ❑ Do not associate with people who use or possess drugs or alcohol
- ❑ Do not make threats, or behave violently, toward other participants or VTC team members
- ❑ Employment/education requirements – participants are expected to perform 40 hours of structured activity per week. This may be accomplished by actively seeking or maintaining employment, attending school/job training, performing unpaid alternative community work assignments, raising children under the age of eight, or other activities approved by the VTC team
- ❑ Return ALL phone calls by VTC team members. After curfew hours they must return phone calls within 5 minutes or it will be a violation
- ❑ Participants have 60 minutes to produce a urinalysis drug test or it will be considered a violation. The testing official does not have to allow the one hour rule if:
  - Participant behavior is assaultive, confrontational, abusive, or they verbally indicate a refusal to produce a sample
  - There is medical documentation of the offender's inability to comply with a request for a urine sample; or
  - The tester can articulate another reason for not waiting one hour
- ❑ Abide by all other rules and regulations imposed by the VTC team

## **Program Phases**

### **Phase I: Stabilization and Engagement (Minimum 14 Days)**

The goal of Phase 1 is for participants to participate in the Veterans Treatment Court (VTC) program by showing up, being honest, following the program rules, and trying their best. In Phase 1, participants set the foundation of stability that will help them succeed in the program.

#### **In Phase 1 participants will:**

- ☐ Attend court weekly or as ordered by the judge
- ☐ Work with their treatment provider(s) to develop a treatment plan
- ☐ Show up for all appointments
- ☐ Comply with supervision and meet with the VTC probation officer once as instructed or as ordered by the judge
- ☐ Develop a case plan with the VTC probation officer
- ☐ Have no drug, alcohol, or mood-altering substances in the home or in possession
- ☐ Re-read the entire VTC Participant Handbook
- ☐ Develop a housing plan, if applicable, with the VTC probation officer or designated individual
- ☐ Submit to random drug tests as instructed by the VTC coordinator
- ☐ Receive random home visits from the case aide and/or VTC probation officer
- ☐ Create and keep a journal related to topics such as attending support meetings
- ☐ No driving unless licensed
- ☐ Make driver's license application when eligible
- ☐ Set phase one goals with the VTC coordinator

#### **Participants can advance to Phase 2 when:**

- ☐ Are in Phase 1 for at least 14 days
- ☐ Have at least 14 consecutive days from their program clean date immediately before they advance to Phase 2
- ☐ Have at least 14 days without a major violation immediately before they advance to Phase 2
- ☐ Have developed a case plan with the VTC probation officer
- ☐ Have worked with the VTC probation officer or someone else on the VTC team to develop a housing plan, if applicable
- ☐ Have had an intake appointment with their treatment provider **and** developed a treatment plan
- ☐ Have identified a primary care physician and scheduled an appointment if it is part of the treatment plan
- ☐ Have re-read the entire VTC participant handbook
- ☐ Show honesty
- ☐ Have completed the Application for Phase 2 and scheduled an appointment to review the application with the VTC coordinator
- ☐ The judge has approved their advancement to Phase 2
- ☐ Completed phase one's goals

## **Phase 2: Commitment/Stabilization (Minimum of 30 days)**

The goal of Phase 2 is to challenge the participants to continue developing motivation, insight, and skills to continue in their recovery and avoid criminal behavior.

### **In Phase 2 participants will:**

- ☐ Attend court weekly or as ordered by Judge
- ☐ Actively participate in treatment and show up for all appointments
- ☐ Comply with supervision and meet with the VTC probation officer once as instructed, or as ordered by the judge
- ☐ Develop a budget and financial plan with the VTC probation officer to repay any restitution, court-ordered financial obligations, and probation fees
- ☐ If applicable, develop a plan with the VTC probation officer to complete any court-ordered community service work and attend orientation meetings
- ☐ Identify \_\_\_\_ weekly pro-social activities or recovery support groups that they can attend in Phase 3
- ☐ Have no drugs, alcohol, or mood-altering substances in the home or in possession
- ☐ No driving unless licensed
- ☐ Make driver's license application when eligible
- ☐ Continue their journal
- ☐ Receive random home visits from the case aide and/or VTC probation officer
- ☐ Submit to random drug tests as instructed by the VTC coordinator
- ☐ Set phase two goals with the VTC coordinator

### **Participants can advance to Phase 3 when:**

- ☐ Are in Phase 2 for at least 30 days
- ☐ Have at least 30 consecutive days from their program clean date immediately before they advance to Phase 3
- ☐ Have at least 30 days without a major VTC violation immediately before they advance to Phase 3
- ☐ Have developed a budget and financial plan with the VTC probation officer, including a plan to repay any restitution, court-ordered financial obligations, and probation fees
- ☐ Have developed a written plan (minimum one paragraph) with the VTC probation officer to complete any court-ordered community service work
- ☐ Have developed a written plan (minimum one paragraph) to fulfill the Phase 3 requirement of attending at least two weekly pro-social activities and/or recovery support groups
- ☐ Remain law-abiding
- ☐ Comply with treatment and supervision
- ☐ Have completed the Application for Phase 3 and scheduled an appointment to review the application with the VTC coordinator
- ☐ The judge has approved advancement to Phase 3
- ☐ Completed phase two's goals

### **Phase 3: Commitment/Elicit Change (Minimum of 45 days)**

The goal of Phase 3 is for participants to concentrate on rebuilding positive social support and coping skills.

#### **In Phase 3 participants will:**

- ☐ Attend court weekly or as ordered by the judge
- ☐ Actively participate in treatment and show up for all appointments
- ☐ Comply with supervision and meet with the VTC probation officer once as instructed or as ordered by the judge
- ☐ Attend at least two weekly pro-social activities and/or recovery support groups
- ☐ Implement their financial plan to work on repaying any restitution, court-ordered financial obligations, and probation fees
- ☐ Have no drugs, alcohol, or mood-altering substances in the home, or in possession
- ☐ Receive random home visits from the case aide and/or VTC probation officer
- ☐ Submit to random drug tests as instructed by the VTC coordinator
- ☐ Continue their journal
- ☐ Maintain stable employment
- ☐ Maintain VTC team approved housing
- ☐ Maintain VTC team approved employment, training, education, or structured weekly activity
- ☐ Set phase three goals with the VTC coordinator

#### **Participants can advance to Phase 4 when:**

- ☐ Are in Phase 3 for at least 45 days
- ☐ Have at least 45 consecutive days from their program clean date immediately before they advance to Phase 4
- ☐ Have at least 45 days without a major violation immediately before they advance to Phase 4
- ☐ If applicable, have begun making payments toward any restitution, court-ordered financial obligations, and probation fees per their financial plan
- ☐ If applicable, have completed at least eight hours of any court-ordered community service work
- ☐ Have written at least two paragraphs about (1) how they fulfilled the requirement of attending two weekly pro-social activities and/or recovery support groups, and (2) how they plan to fulfill this requirement in Phase 4
- ☐ Remain law-abiding
- ☐ Have completed a recovery plan of action
- ☐ Have completed their Application for Phase 4 and scheduled an appointment to review the application with the VTC coordinator
- ☐ The judge has approved advancement to Phase 4
- ☐ Completed phase three's goals

#### **Phase 4: Devotion/Planning for a Successful Life (Minimum of 90 days)**

The goal of Phase 4 is for participants to develop meaningful change by practicing the skills they have learned.

##### **In Phase 4 participants will:**

- ☐ Attend court weekly or as ordered by the judge
- ☐ Actively participate in treatment and show up for all appointments
- ☐ Comply with supervision and meet with the VTC probation officer once as instructed or as ordered by the judge
- ☐ Attend at least two weekly pro-social activities and/or recovery support groups
- ☐ Continue their financial plan to work on repaying restitution, court-ordered financial obligations, and probation fees
- ☐ Continue their plan to complete any court-ordered community service work, if applicable
- ☐ Work with the VTC team member to identify their vocational, employment, or education goals
- ☐ Receive random home visits from the case aide and/or VTC probation officer
- ☐ Submit to random drug tests as instructed by the VTC coordinator
- ☐ Continue their journal
- ☐ No driving unless licensed.
- ☐ Address license reinstatement if applicable.
- ☐ Set phase four goals with the VTC coordinator

##### **Participants can advance to Phase 5 when:**

- ☐ Are in Phase 4 for at least 90 days
- ☐ Have at least 60 consecutive days from their program clean date immediately before they advance to Phase 5
- ☐ Have at least 60 days without a major violation immediately before they advance to Phase 5
- ☐ Have written at least two paragraphs about (1) how they fulfilled the requirement of attending two weekly pro-social activities and/or recovery support groups, and (2) how they plan to fulfill this requirement in Phase 5
- ☐ Have written at least one paragraph identifying their vocational, employment, or educational goals with a plan to achieve those goals
- ☐ Remain in compliance with treatment and supervision.
- ☐ Remain law-abiding
- ☐ Have completed the Application for Phase 5 and scheduled an appointment to review the application with the VTC coordinator
- ☐ The judge has approved advancement to Phase 5
- ☐ Completed phase four's goals

#### **Phase 5: Honor/Continuing Care (Minimum of 90 days)**

The goal of Phase 5 is to complete a participant's transition into an honest, law-abiding, and healthy member of the community. The final phase is designed for minimal court



intervention so that participants can become accustomed to maintaining their recovery/sobriety and law-abiding behavior without the accountability of regular court appearances.

**In Phase 5 participants will:**

- ☐ Attend court weekly or as ordered by the judge
- ☐ Actively participate in treatment and show up for all appointments
- ☐ Comply with supervision and meet with the VTC probation officer once as instructed or as ordered by the judge
- ☐ Maintain recovery network through attendance at, at least, two weekly pro-social activities and/or recovery support groups
- ☐ If applicable, repay all remaining restitution, court-ordered financial obligations, and probation fees
- ☐ If applicable, complete all remaining court-ordered community service work
- ☐ Develop their aftercare, regression/relapse, and wellness plan with the VTC treatment provider or a VTC team member
- ☐ Maintain employment and court-approved housing
- ☐ No drugs, alcohol, or mood-altering substances in the home, or possession
- ☐ Receive random home visits from the case aide and/or VTC probation officer
- ☐ Submit to random drug tests as instructed by the VTC coordinator
- ☐ Set phase five goals with the VTC coordinator

**Participants can graduate from VTC when:**

- ☐ Are in Phase 5 for at least 90 days
- ☐ **Have at least 12 months in the VTC program**
- ☐ Have at least 90 consecutive days from their program clean date immediately before they graduate
- ☐ Have at least 90 days without a major violation immediately before they graduate
- ☐ Have repaid all remaining balances to the Clerk of Courts and Probation Department
- ☐ If applicable, have successfully completed any court-ordered community service work
- ☐ Have written their aftercare, regression/relapse prevention, and wellness plan (minimum three paragraphs)
- ☐ Are fully engaged in treatment and recovery community
- ☐ Have maintained full-time employment or a combination of employment/education
- ☐ Have stable and safe housing
- ☐ Have written an essay for graduation related to topics such as time management, responsibility, the importance of honesty, triggers, why recovery support is important, or one that is related to recovery behavior
- ☐ Have completed the Graduation Application and scheduled an appointment to review the application with the VTC coordinator
- ☐ Have scheduled an exit interview with the VTC coordinator
- ☐ The judge has approved their graduation
- ☐ Completed phase five's goals

## **Graduation**

The celebration comes at the successful completion of the program. In addition to meeting program requirements, participants should be able to show how the Veterans Treatment Court program (VTC) has positively influenced their life. Before graduation, the participant must complete a written essay/ exit interview. Graduates will be honored and receive certificates at a special graduation ceremony. At the ceremony, participants may invite friends, family, and others they would like to have there. Graduation is the culmination of the program but marks the beginning of new opportunities and a new lifestyle for them and those around them. Graduation from the VTC program may result in modification of probation conditions, early termination of probation, and/or dismissal of criminal charges.

### **Achievements and Incentives:**

The VTC judge will acknowledge the participant's achievements during court reviews.

#### **Examples of achievements:**

- ☐ Educational achievements, including obtaining their GED, high school diploma, college or vocational credits
- ☐ Vocational achievements, including job promotions or a new job with increased responsibilities
- ☐ Volunteer work in the community
- ☐ Self-improvement classes that build mind, body, and soul
- ☐ Completing weekly assigned tasks

The VTC team will also recognize and provide incentives for accomplishments beyond the VTC requirements that promote drug-free, pro-social, and law-abiding behavior.

#### **Examples of incentives:**

- ☐ Verbal praise/recognition; "fishbowl" drawing
- ☐ Gift certificates/ gift cards
- ☐ Assistance in obtaining a driver's license.
- ☐ Restored privileges.
- ☐ Leaving court early or decreasing office appointments or court review hearings.

### **Violations and Consequences**

The VTC will review program violations and utilize consequences for breaking program rules. Consequences will be based upon the behavior and needs of each participant.

## **Violations**

- ☐ Use of non-prescribed mood-altering substances (including alcohol)
- ☐ Failure to report as directed for drug testing
- ☐ Failure to produce a urine sample testing within the 60 minutes allotted time
- ☐ Positive UA/Oral drug/alcohol tests
- ☐ Contact with alcohol or a product containing alcohol
- ☐ Refusing drug and/or alcohol testing, diluting, or tampering with the sample
- ☐ Failure to follow the recommendation of an integrated assessment and treatment provider
- ☐ Failure to report employment changes
- ☐ Leaving home overnight without informing the VTC coordinator
- ☐ Failure to report new arrests and/or citations
- ☐ Conviction on a new charge
- ☐ Curfew violation
- ☐ Not returning VTC team members' phone messages
- ☐ Not reporting schedule changes
- ☐ Not immediately reporting address or phone number changes
- ☐ Uncooperative behavior with VTC or substance use disorder treatment staff
- ☐ Failure to attend or verify attendance at support group meetings
- ☐ Failure to be available for random home visits
- ☐ Failure to comply with judge's weekly requirements

## **Consequences**

The VTC program will attempt to use consequences aimed at stabilizing your harmful relationship with drugs, alcohol, or non-compliance with VTC rules.

Multiple minor violations will result in increasingly stronger consequences and will be based on and tailored to the individual participant's needs.

## **Examples include:**

- ☐ Warnings (verbal and/or written)
- ☐ Writing assignments
- ☐ No credit for the week
- ☐ Bench warrants
- ☐ Held in phase until completion of requirements
- ☐ A stricter curfew
- ☐ Fine or fee imposed
- ☐ Payment for cost of test
- ☐ Increased number of drug tests, office appointments, and/or court review hearings
- ☐ Restart a phase
- ☐ Immediate incarceration (jail)
- ☐ Community service work
- ☐ Electronic alcohol monitoring, at the offender's expense
- ☐ Termination from VTC

## Positive Behavior

### Incentive Matrix: "What do we want the participant to learn from this?"

#### Step 1. Identify the Behavior

Easier/Proximal	Moderate	Difficult/Distal
<ul style="list-style-type: none"> <li>Attendance at treatment</li> <li>Attendance at other appts, mtgs</li> <li>Abided by curfew</li> <li>Communication</li> <li>Timeliness</li> <li>Payment</li> </ul>	<ul style="list-style-type: none"> <li>Honesty</li> <li>Testing Negative</li> <li>Participating in Prosocial Activities</li> <li>Employment</li> <li>Progress toward TX Goals</li> <li>Progress in Treatment</li> </ul>	<ul style="list-style-type: none"> <li>Completed treatment</li> <li>Extended Abstinence/Neg. Tests</li> <li>Treatment Goals Completed</li> <li>Phase Goals Completed</li> <li>Positive Support system</li> <li>Paid off fines</li> </ul>

#### Step 2. Determine the Response Level

		Easier/Proximal	Moderate	Difficult/Distal
Distal  Prox	Phase 1	Small	Medium	Large
	Phase 2	Small	Medium	Large
	Phase 3		Small	Large
	Phase 4		Small	Large
	Phase 5		Small	Medium

#### Step 3. Choose the Responses (Paired with Judicial Approval/Verbal Praise)

#### INCENTIVE RESPONSE

Small	Medium	Large
<ul style="list-style-type: none"> <li>Phase application</li> <li>High Five</li> <li>Handshake</li> <li>Candy bar</li> <li>Fish Bowl</li> <li>≤ day reduction on curfew</li> </ul>	<ul style="list-style-type: none"> <li>Any small and/or:</li> <li>Fishbowl</li> <li>Choice of Gift Certificate</li> <li>Written Praise</li> <li>Fine suspension match</li> <li>Above and Beyond Certificate</li> <li>Reduction in CS hours</li> <li>CS hours match</li> <li>≤ 3-day reduction on curfew</li> <li><u>Out of town pass</u></li> </ul>	<ul style="list-style-type: none"> <li>Any small, medium or:</li> <li>Fast pass</li> <li>Travel Pass</li> <li>Larger Gift Certificate</li> <li>Extension of Curfew</li> <li>Suspend CS hours</li> <li>Reduced contacts</li> <li>Out of town pass</li> </ul>

### **3b. Supervision Responses**

Phase 1	Phase 2	Phase 3	Phases 4 & 5
<ul style="list-style-type: none"><li>• Change in curfew status</li></ul>	<ul style="list-style-type: none"><li>• Reduced Contacts</li><li>• Reduction in Home Visits</li></ul>	<ul style="list-style-type: none"><li>• Reduced Contacts</li><li>• Reduce Home Visits</li><li>• Reduce External Monitoring Devices</li></ul>	<ul style="list-style-type: none"><li>• Reduced Contacts</li><li>• Decreased Drug Testing</li></ul>

## Sanctions and Therapeutic Responses

### Step 1. Identify the *Behavior*

Low (Less Immediate)	Moderate	High (More Immediate)	Very High
Late for Scheduled Event	<ul style="list-style-type: none"> <li>Missed UA</li> <li>Failure to Complete Assignments</li> <li>Unexcused Absence TX</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol Use</li> <li>Drug Use</li> <li>Tamper w/ UA or device</li> <li>Dishonesty</li> </ul>	<ul style="list-style-type: none"> <li>Personal Crimes (violence, victimizing others, DUI with a positive test)</li> </ul>

### Step 2. Determine the *Response*

	Low	Moderate	High	Very High
Phase 1	Level 1	Level 2	Level 2	Level 4/5
Phase 2	Level 1	Level 2	Level 3	Level 4/5
Phase 3	Level 2	Level 3	Level 4	Level 5
Phase 4	Level 3	Level 4	Level 5	Level 5

### Step 3. Choose the *Sanction or Therapeutic Response*

Below is a guideline for sanctions. Variables involved in the behavior will be taken into consideration and may cause a lower or higher level of sanctioning if needed depending on each individual's situation.

	Level 1	Level 2	Level 3	Level 4	Level 5
Effective Use of Sanction	Immediate	Immediate	Immediate	Immediate	Immediate
Increase Testing Reporting	≤ 1 day	≤ 2 days	≤ 3 days	≤ 4 days	≤ 4 days
Community Service	≤ 4 hrs	≤ 8 hrs	≤ 16 hrs	≤ 24 hrs	≤ 32 hrs
Scram-24/7-Drug Patch	≤ 60 days	≤ 60 days	≤ 90 days	≤ 120 days	≤ 120 days
Curfew	≤ 3 days	≤ 5 days	≤ 7 days	≤ 10 days	≤ 15 days
Phase Extension	≤ 30 days	≤ 60 days	≤ 90 days	≤ 120 days	≤ 120 days
House Arrest	≤ 24 hrs	≤ 72 hrs	≤ 5 days	≤ 7 days	≤ 15 days
Jail			≤ 2 days	≤ 4 days	≤ 5 days
Other				Review Placement	Termination

### 3B: Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"><li>• ≤ 1 additional report day/week</li><li>• Official Letter in File</li></ul>	<ul style="list-style-type: none"><li>• ≤ 2 additional report days/week</li><li>• Home Visit</li><li>• Curfew</li></ul>	<ul style="list-style-type: none"><li>• Continuous Testing</li><li>• GPS/Electronic Monitoring</li><li>• ≤ 3 additional report days/week</li><li>• Home Visit</li><li>• Increase frequency of UA Test</li><li>• Contingency Contract</li><li>• Additional Court Report</li><li>• Case Conference</li></ul>	<ul style="list-style-type: none"><li>• ≤ 4 additional report days/week</li><li>• Contingency Contract</li><li>• Electronic Monitor Device</li><li>• Case Conference</li><li>• Curfew</li></ul>	

## Treatment Protocol

- ❑ After a defendant submits an application to Veterans Treatment Court (VTC) and the VTC coordinator conducts a Level of Service Inventory (LSI-R) assessment and/or TPU alcohol assessment, a referral will then be made for a clinical assessment. If the clinical assessment identifies the individual as having a substance use disorder in need of treatment, they meet eligibility for VTC. Participants must enter a treatment program as recommended by their assessment as soon as possible, preferably within ten (10) days of entering the VTC
  - The VTC will utilize the LSI-R screening tool on offenders identified as having potential eligibility for the VTC program as a result of an initial legal screen as well as a determination of substance use disorder resulting from a clinical assessment. The VTC will provide focus on participants that reflect a moderate to high risk of recidivism
- ❑ The VTC defers to a participant's clinical assessment to match a participant to the appropriate level of treatment intervention, utilizing the least restrictive environment that will address the presenting problems. While in VTC, a participant's treatment continuum may include the following:
  - A period of withdrawal management
  - A funding determination (Medical Assistance, self-insured, self-pay, etc.)
  - A referral to appropriate treatment resource(s)
  - Participation in a residential/extended care program
  - Participation in a high-intensity outpatient program
  - Participation in a low-intensity outpatient program
  - Cooperation with continuing care services; and/or
  - Participation in community support group meetings
- ❑ In recognition of the unique gender, cultural and co-occurring disorder issues involved in selecting an appropriate treatment provider, participants in VTC may choose between the two service providers who are participating on the Grand Forks/Nelson County Veterans Treatment Court team, in seeking chemical dependency treatment, so long as the treatment program of their choice matches that level of intensity recommended by their clinical assessment and competencies established by the VTC team
- ❑ All providers treating VTC participants must develop integrated service plans, maintain participant records, and monitor participants during treatment and provision of transitional services to support the participants' recovery plan in the community. Additionally, participating treatment providers must prepare weekly reports on VTC participants' treatment progress with recommendations to the VTC judge and team. All VTC participants will be required to sign releases permitting treatment providers to share information for effective assessment, treatment, and court reporting.



- ❑ Veterans Treatment Court (VTC) provider expectations are as follows:
  - The input of the VTC coordinator before the development of treatment planning
  - Weekly updates with accurate information sent to the treatment team coordinator by \_\_\_\_\_ pm \_\_\_\_\_
  - Comprehensive discharge summary and aftercare planning with an accurate reflection of treatment engagement and progress
  - Aftercare, actual length based on individualized need (minimum of 12 sessions)
  - Passes or treatment absences approved by the VTC
  - VTC coordinator invites to staffing and court
  - Random and supervised drug and alcohol testing (at least weekly, more often if designated by the VTC team)
  - Adhere to VTC treatment protocol, including individualized response to relapse
  - Cooperation with VTC outcome studies
  - Memorandum of Understanding
  - Submission of the Grand Forks County Treatment Programs Provider Contract Application to aid in assuring treatment placements meet competencies established the by the VTC team
- ❑ VTC shall utilize the following treatment protocol to address co-occurring disorders:
  - Completion of MH Screening Tool concurrently with clinical assessment OR completion of Integrated Assessment.
  - If a screening tool identifies possible mental health disorders, a referral for a diagnostic assessment to be conducted by a mental health professional OR if an integrated assessment identifies mental health needs, a referral will be made for the service
  - Releases are signed between the mental health provider of services, the VTC team, and the treatment provider with the intent of developing a coordinated treatment plan to address the mental health and substance use disorder needs of the participant
  - Substance use disorder treatment placement shall include coordination with any existing mental health providers that have been involved with the participant
  - Weekly progress reports to the VTC team should reflect any mental health consultation/contacts that may include the participant's treatment process/cooperation
  - The VTC team may request progress reports and evaluations from those providing mental health treatment to VTC participants

## Supervision Protocol

- ❑ The Veterans Treatment Court (VTC) utilizes a combination of a probation officer, court coordinator, and case-aides for supervision. Supervision shall include random and observed drug and alcohol screens, as well as regular monitoring and oversight by the VTC judge as reflected in the frequency of court appearances identified in the phase section
- ❑ The probation officer is supervised by the Department of Corrections and Rehabilitation – Parole and Probation. The probation officer will supervise the offenders under court-ordered conditions, department policy, and treatment court requirements
- ❑ The VTC coordinator will oversee all administrative work such as reports, contacts with the case aides, orientation; collection of data, and contact with defense counsel and the Grand Forks County and Nelson County State’s Attorney. The coordinator will collect all collateral reports, prepare progress reports for weekly staffing, and assist the VTC judge during the weekly court sessions. The VTC coordinator is under the supervision of the Northeast Central Judicial District Unit 1 Court Administrator.
- ❑ Case-aides are supervised by the VTC coordinator and will receive their weekly assignments from the VTC coordinator. Case-aides will provide random and observed alcohol and drug screens, following the protocol for sending in positive drug screens. Case-aides will also do curfew checks as ordered by the VTC team. Case-aides will provide a weekly report to the coordinator no later than \_\_\_\_\_ in regards to all the tests administered and curfew checks. Case-aides will test with the same gender when administering urine tests. The VTC coordinator will assure all case-aides are trained on administering alcohol and drug screens. The case-aide will immediately report any positive alcohol/drug tests to the court

## **Screening for Prohibited Substances**

Screening is a major component of the Veterans Treatment Court (VTC) program to determine the presence of prohibited substances and to monitor participants' progress. Testing for the presence of prohibited substances is conducted on a frequent and random basis.

Upon evaluation, a full screen for prohibited substances may be conducted. The presence of prohibited substances will be handled in a manner consistent with program guidelines.

Failure or refusal to provide a sample for screening, or providing an altered or diluted sample, may be treated as a positive screen.

## **Prohibited Substances**

The list below provides examples of substances and medications that are prohibited in the VTC program unless prescribed by a physician and approved by the VTC team. This is not a complete list. For further clarification of any medication not listed, the probation officer should be contacted.

Aside from illegal drugs and alcohol (in any form) participants are prohibited from using certain prescription drugs and are required to have all prescriptions or over-the-counter drugs approved before purchasing or ingesting anything.

Any "designer drugs" that can be purchased legally or illegally are strictly prohibited. Any "smoking mixtures" (other than products specifically designated to contain only tobacco- for adults only) are strictly prohibited. Any products sold or marketed under false pretenses with the warning "not for human consumption" are strictly prohibited.

Examples of Prohibited Substances/ Medication Classifications	Examples of Prohibited Substances For medications, the brand name is in ( ) if the generic name is also listed. Many OTC Medications are also listed.
Alcohol (In Any Form)	Alcoholic beverages including those representing themselves as "alcohol-free," all medications and products containing alcohol (cough syrups/liquid-caps such as Nyquil and Robitussin, vanilla extract, food additives), and energy drinks containing alcohol.
Amphetamine Methamphetamine	Adderall, Adipose, Benzedrine, Dexedrine, Dexatrim, Didrex, Phentermine (Adipex), Preludin, Ritalin, Speed, Vyvanse, White, All medications containing Pseudoephedrine (Alka-Seltzer Cold, Claritin-D, Comtrex Acute, Contac Cold Maximum, Dayquil/Nyquil, Dristan Maximum, Krolephrin, Maxiflu, Robitussin, Sinarest, Sudafed, Tavist Allergy, Tylenol Cold or Allergy; <i>There are non-pseudoephedrine "D" versions available in almost all of these</i> )
Barbiturate	Allobarbitol, Barbitol, Butalbital (Fiorinal), Phenobarbital (Luminal)
Benzodiazepine	Alprazolam (Xanax, Niravam), Clonazepam (Klonopin), Chlordiazepoxide (Librium), Diazepam (Valium), Flunirazepam (Rohypnol), Lorazepam (Ativan), Oxaprozin (Daypro), Oxazepam (Serax)
Cocaine	
Dextromethorphan "DM"	Cold medications such as Alka Seltzer Cold, Coricidin, Dayquil, Dimetapp, Nyquil, Robitussin, Sudafed, Triaminic, Tylenol Cold, Vicks 44. <i>There are non-dextromethorphan "DM" versions available for almost all of these.</i>
Hallucinogens	Dimethyltryptamine (DMT), Ecstasy, Ketamine, LSD, Mushrooms, PCP, Tryptamine,
Miscellaneous Substances	Appetite Suppressants -most are prohibited, Caffeine Pills, Meperidine (Demerol), Inhalants, Kratom, Propoxyphene (Darvocet, Darvon), Steroids, Soma, All Synthetic Substances, Xyrem, (GHB) <b>This list includes anything labeled "Not for Human Consumption"</b> , Poppy Seeds
Opiate	Codeine (Cough meds, Tylenol 3), Heroin, Hydrocodone (Lortab, Lorcet, Norco, Vicodin, Vicoprofen), Hydromorphone (Dilaudid), Morphine, Fentanyl(Actiq, Duragesic),
Oxycodone	Oxycodone (OxyContin, Percodan, Percocet, Roxicet, Roxicodone)
THC	Marijuana and all products containing THC.
CBD	Cannabidiol and derivatives

## Discharge

The Veterans Treatment Court Program (VTC) judge may terminate participants from the program. For example, they may be terminated from the program if they:

- ☐ Have exhibited violent behavior or threats of violence toward self or others, or displayed inappropriate, disruptive behavior, or failed to cooperate with programming
- ☐ Have refused to satisfactorily participate in program requirements
- ☐ Have violated program rules
- ☐ Are involved in new criminal activity
- ☐ Leave or take off from the program to evade the legal process
- ☐ **If terminated and on probation, a participant's probation may be revoked and re-sentenced**

## Program Evaluation

During the VTC program, information will be gathered on all participants that will be used to analyze the program and make changes to enhance the program. All information protected by 42 C.F.R. Part 2 of the United States Code will not be released, unless participants sign a release of information. In the interest of evaluating the program, they will be asked to participate in follow-up surveys. Participation in the follow-up surveys is voluntary.

## Travel Outside of the Jurisdiction

As a general rule, travel outside of the jurisdiction during participation in the VTC is not encouraged. Staying consistent in treatment, including attendance at all group and individual counseling sessions, is imperative to success. In general, travel that will interfere with treatment and/or mandatory substance abuse testing for drugs and alcohol will not be allowed. However, the court recognizes that there are special events that arise in which travel may be authorized. All travel outside of the jurisdiction **MUST** be authorized by the court **AND** probation. To request travel, participants must submit the Travel Request Form located in the FORMS area of the participant's manual 30 days before travel.



# Appendix

## **Ten Key Components of Veterans Treatment Courts**

The Northeast Central Judicial District's Veterans Treatment Court adopted with slight modifications the essential tenements of the Ten Key Components as described in the U.S. Department of Justice Publication entitled "Defining Drug Courts: The Key Components", (Jan.1997). Brief descriptions of these modifications are listed in the ten key components that follow this introduction. Although there are differences between drug courts, mental health courts, and Grand Forks/Nelson County's Veterans Treatment Court, the Key Components provide the foundation in format and content for the Essential Elements of each of these courts.

### **Key Component #1:**

*Veterans Treatment Court integrates alcohol, drug treatment, and mental health services with justice system case processing*

Grand Forks/Nelson County's Veterans Treatment Court promotes sobriety, recovery, and stability through a coordinated response to veterans' dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

### **Key Component #2:**

*Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights*

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and worked together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior – not on the merits of the pending case.

### **Key Component #3:**

*Eligible participants are identified early and promptly placed in the Veterans Treatment Court program*

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. An arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran of the need for treatment difficult.



#### **Key Component #4:**

*Veterans Treatment Court provides access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitation services*

While primarily concerned with criminal activity, substance abuse, and mental illness, the Veterans Treatment Court team also considers co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles – especially domestic violence – and the ongoing effects of wartime trauma.

Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors' interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

#### **Key Component #5:**

*Abstinence is monitored by frequent alcohol and other drug testing*

Frequent court-ordered substance abuse testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

#### **Key Component #6:**

*A coordinated strategy governs Veterans Treatment Court responses to participants' compliance*

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court rewards cooperation as well as response to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other non-compliant behavior.

#### **Key Component #7:**

*Ongoing judicial interaction with each Veteran is essential*

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

### **Key Component #8:**

*Monitoring and evaluation measure the achievement of program goals and gauge effectiveness*

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify the program.

### **Key Component #9:**

*Continuing interdisciplinary education promotes effective Veterans  
Treatment Court planning, implementation, and operations*

All Veterans Treatment Court team members should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment VTC team members to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment, and the justice system components.

Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

### **Key Component #10:**

*Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generate local support and enhance Veteran Treatment Court effectiveness.*

The Northeast Central Judicial District's Veterans Treatment Court integrates alcohol, drug treatment, and mental health services with justice system case processing. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights and need for treatment.

Eligible participants are identified early and promptly placed in the program. They are provided access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. Abstinence is monitored by frequent alcohol and drug testing and a coordinated strategy governs responses to participant compliance.

Ongoing judicial interaction with each participant is essential. Monitoring and evaluation measure the achievement of the program's goals and gauge overall effectiveness. Continuing interdisciplinary education promotes effective treatment court planning, implementation, and operations. Forging partnerships among courts, public agencies, and community-based organizations generates local support and enhances the Veterans Treatment Court's effectiveness.



# FORMS



Northeast Central Judicial District



Veterans Treatment Court

Request for admission into the Veterans Treatment Court (Coordinator, VTC)

**YOU MUST RESIDE IN GRAND FORKS/NELSON COUNTY TO BE ELIGIBLE FOR THIS PROGRAM**

I, \_\_\_\_\_ state under penalty of law, that  
Print First, Middle Initial, and Last Name

on \_\_\_\_\_ I was charged with the following offense(s): \_\_\_\_\_

\_\_\_\_\_

Printed Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Phone Number with area code





**Consent for Disclosure of Confidential Mental Health and Substance Abuse Information:**  
**Veterans Treatment Court Referral**

**Northeast Central Judicial District Veterans Treatment Court**

I, \_\_\_\_\_, DOB: \_\_\_\_\_,

(First and Last Name)

Hereby consent to communication between Northeast Human Service Center, District Court Judge and the District Court, Grand Forks County State's Attorney's Office, the North Dakota Department of Corrections-Adult Services Parole and Probation, the Veterans Treatment Court Team, and Defense Counsel.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for physical or mental health issues, substance abuse treatment services, and my treatment attendance, prognosis, compliance, and progress by the Veteran Treatment Court program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning:

\_\_\_\_\_.

List charges, court number

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Veteran Treatment Court Program for the above-referenced case, such as the discontinuation of all court supervision upon my successful completion of the drug court requirements OR upon sentencing for violating the terms of my drug court involvement.

I understand that any disclosure made is bound by Part 2 of Title 42 of the code of Federal Regulations, which governs the confidentiality of substance abuse patient records, and that recipients of this information may re-disclose it only in connection with their official duties.

I also understand that for research purposes, information will be gathered and utilized for program analysis and protection under Part 2 of Title 42 CFR applies.

\_\_\_\_\_  
Print Full Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defense Counsel

\_\_\_\_\_  
Date

Deliver this form to Kim Higgs, Veterans Treatment Court Coordinator, at 701-787-2760 within 24 hours of completing this form.

A copy of this form will be provided to SAO



## Northeast Central Judicial District



## Veterans Treatment Court Application

Date: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

Charge: \_\_\_\_\_

Date of Charge: \_\_\_\_\_ Scheduled Court Date: \_\_\_\_\_

Name: \_\_\_\_\_

Print: Last, First, and Middle Initial

Date of Birth: \_\_\_\_\_ Gender: M/F (circle one) Ethnicity: \_\_\_\_\_

Day/Month/Year

Hispanic/Black/White/Native American/Other

Marital Status: Married/Divorced/Separated/Widowed/Single (Circle one)

Children: Y/N (circle one): If yes, age(s): \_\_\_\_\_

Local Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address (if different): \_\_\_\_\_

Street

City

State

Zip

Driver's License Number or State Identification number: \_\_\_\_\_

Length of Residency in Grand Forks or Nelson County: \_\_\_\_\_

Possession of DD Form 214: Y/N (circle one) Branch of Service \_\_\_\_\_

Entry Date(s): \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Discharge Type: \_\_\_\_\_ Rank upon discharge: \_\_\_\_\_

Military Occupational Specialties: \_\_\_\_\_

Period(s) of Combat: \_\_\_\_\_

Combat deployments (Zones): Vietnam DS/DS OEF OIF OND (Circle all that apply)

Contingency: Grenada, Panama, Somalia, Haiti, Bosnia, Kosovo (Circle all that apply)

Diagnosed military service-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem: Y/N (circle one).

Describe diagnosed military service-related issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior diagnosis/treatment (when and where): \_\_\_\_\_

\_\_\_\_\_

Supporting Documentation (describe and attach): \_\_\_\_\_

\_\_\_\_\_

Additional information/mitigation (describe and attach): \_\_\_\_\_

\_\_\_\_\_

Diagnosis verified by Veterans Justice Outreach Clinician (VJO): Y/N (circle one)

Current charge(s), case number(s) and date(s): \_\_\_\_\_

\_\_\_\_\_

Attorney's name and phone number (with area code):

\_\_\_\_\_

Client's Name: Last, First, and MI \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

## Statement of Service in the United States Armed Forces

The following statement in the applicant's own words describes their service as a member of the United States Armed Forces, including rank, decorations, awards, tours of duty abroad, duty stations, and any referral of charges against the applicant. If the applicant is no longer an active duty member or active reserve duty, they have attached a copy of their DD Form 214 which details the circumstances and characterization of discharge from the Armed Forces. If they are unable to attach their DD Form 214 or NGB 22 or DD 215 then the applicant has attached a sworn affidavit regarding the circumstances and characterization of their discharge from the Armed Forces.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I certify that the foregoing statement is true.

Printed and Signed Name: \_\_\_\_\_

Date signed:



## Northeast Central Judicial District



## Veterans Treatment Court

### Client Contract

I, \_\_\_\_\_, understand that I have been charged by the State of North Dakota with the following criminal offense(s): Charge: \_\_\_\_\_, Case # \_\_\_\_\_

I have read, or have had read to me, and understand the Veteran Treatment Court Program rules as outlined in the Northeast Central Judicial District Veterans Treatment Court Participant Handbook and agree to comply with them. I have received a copy of this handbook.

Freedom from chemical dependency of any type, and its associated difficulties is my goal in the Veterans Treatment Court (VTC) Program. I understand all parties to this contract will work to support me in my efforts to successfully complete the program. I understand I will not graduate from VTC or successfully complete the terms of this contract unless I complete all five phases of the program. Failure to do so may result in an extension of this contract and/or other possible consequences.

I acknowledge I will be on probation while participating in VTC, and I agree to abide by the terms of my probation agreement. I understand that while on probation I am subject to warrantless searches of my person, property, and/or residence as determined by the VTC Coordinator and/or my probation officer.

I hereby request to voluntarily participate in the Northeast Central Judicial District Veterans Treatment Court (VTC) Program. To earn a dismissal or reduction of the above-stated charge(s), I agree to abide by the following program terms and conditions:

1. I will keep the peace and be of good behavior, and not violate any city, county, state, or, federal laws. I agree to inform law enforcement immediately that I am in VTC when contact occurs. Any contact with law enforcement must be reported to my probation officer immediately and being charged with a new crime may result in termination from VTC.
2. I will sign all requested releases of information, including confidentially of any medical, treatment, or social services records, to allow chemical dependency treatment information to be provided to the VTC Team.
3. I will appear in VTC as specified by my individualized case management plan or as directed by the District Judge or VTC team. I understand that failure to report for a court hearing or any other breach of this contract may result in a bench warrant.

4. I will not use, possess or associate with any persons who use or possess any controlled substances
5. I will comply with all terms and conditions of participation in VTC set by the coordinator, district judge, probation officer, or any other member of the VTC team.
6. I will not work as a confidential informant for any law enforcement agency while I am a participant of the VTC and will inform enforcement agency personnel that I am a VTC participant.

I understand that failure to follow these rules may result in consequences and may result in a return to court for a review of the conditions of my release and/or probation or changes to my sentence. I understand that the Veterans Treatment Coordinator has the authority to report violations to the court should I fail to abide by the terms of this agreement.

The following will, or may, result in immediate termination from the Veterans Treatment Court Program:

1. Violent verbal or physical behavior directed towards the coordinator, treatment VTC team members, court VTC team members, or other team members;
2. Repeated treatment program violations;
3. Lying or being dishonest about substance use, including presumptive or lab chemical urinalysis test result
4. Failure to maintain employment or pursue education
5. Any conviction that results in being sentenced to jail/prison.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date

Distribution: Original to file  
Copy to participant

Form Updated: 10/20/2022



## Grand Forks/Nelson County Veterans Court Evaluation/Intake Form

Name \_\_\_\_\_

Last

First

Middle

Circle One: Male/Female

Ethnicity: \_\_\_\_\_

Circle One: Single/Married/Divorced/Widowed

Full Mailing Address \_\_\_\_\_

How long at current address? \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

US Citizen (circle one): YES/NO If no: Visa/Resident Alien # \_\_\_\_\_

Language (s): \_\_\_\_\_

Do you have a CDL? Circle one: YES/NO If Yes: CDL# \_\_\_\_\_

Vehicles Owned (Year/Make/Model) \_\_\_\_\_

### LIVING SITUATION

If homeless last year, how many days were you homeless in the last year? \_\_\_\_\_

What type of Residence are you living in now? (Private home, Board and Care, etc.) \_\_\_\_\_

Other adults in the home (name/relationship): \_\_\_\_\_

\_\_\_\_\_

Children in home \_\_\_\_\_

\_\_\_\_\_

Children not living with you \_\_\_\_\_

Providing financial support? YES/NO

Anyone in the home using drugs or alcohol? \_\_\_\_\_

On probation/parole? \_\_\_\_\_

Is defendant or anyone in the home affiliated with any gang? \_\_\_\_\_  
\_\_\_\_\_

Any weapons in home? \_\_\_\_\_ Dogs: \_\_\_\_\_

Plans for Transportation? \_\_\_\_\_

Parents' Names: \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Street Apt. # City State Zip

Spouse's name \_\_\_\_\_ DOB \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Spouse's occupation \_\_\_\_\_ Employment \_\_\_\_\_

Are you willing to reside in Grand Forks/Nelson County during the entire  
program? YES/NO If no, explain \_\_\_\_\_

#### **EMPLOYMENT AND EDUCATION**

Are you currently employed? YES/NO; Start date: \_\_\_\_\_ Full/Part-Time?

Employer \_\_\_\_\_ Employer's address \_\_\_\_\_  
\_\_\_\_\_

Work Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Longest period of employment \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Highest grade completed \_\_\_\_\_ Trade school or college \_\_\_\_\_

What job skills do you have? \_\_\_\_\_  
\_\_\_\_\_

Are you receiving government aid? YES/NO Type/Amount: \_\_\_\_\_

**VTC TEAM MEMBERS USE ONLY**

Ct. Case #'s \_\_\_\_\_ DPO \_\_\_\_\_ Date \_\_\_\_\_

**ELIGIBILITY:**

Arresting Agency \_\_\_\_\_

Offense \_\_\_\_\_

In Custody? Yes/No    Booking # \_\_\_\_\_

Priors:	Year	Charge	Sentence
---------	------	--------	----------

1	_____	_____	_____
---	-------	-------	-------

2	_____	_____	_____
---	-------	-------	-------

3	_____	_____	_____
---	-------	-------	-------

Pending case in Grand Forks/Nelson or any other jurisdiction? YES    NO

Explain \_\_\_\_\_

Priors involving violence or weapons? YES    NO

Explain \_\_\_\_\_

Prior grants of formal probation/parole? YES    NO

Explain \_\_\_\_\_

Legal resident of Grand Forks or Nelson County? YES    NO

Explain \_\_\_\_\_

Does the client acknowledge a diagnosed mental illness? YES    NO

Explain \_\_\_\_\_

Willing/capable of complying with the requirements of Veterans Court? YES    NO

Explain \_\_\_\_\_

### MILITARY HISTORY

Branch: \_\_\_\_\_ Deployed: 1. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Years of Service: \_\_\_\_\_ to \_\_\_\_\_ 2. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Combat: \_\_\_\_ Non-Combat \_\_\_\_ 3. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Year of Discharge \_\_\_\_\_ VA Services \_\_\_\_\_  
Type of Discharge \_\_\_\_\_ Diagnosis \_\_\_\_\_ PTSD \_\_\_\_ TBI \_\_\_\_

### DRUG HISTORY

Drugs of Choice 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Alcohol of Choice 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Age of 1<sup>st</sup> Use 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Frequency of Use 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Amount of Use 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of Last Use 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Longest period of sobriety \_\_\_\_\_ When? \_\_\_\_\_

Methods used to remain sober \_\_\_\_\_  
\_\_\_\_\_

Outpatient treatment programs used \_\_\_\_\_  
\_\_\_\_\_

Ever been in any residential program? \_\_\_\_\_  
\_\_\_\_\_

Current medical issues and medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ever been treated, hospitalized, or medicated for mental health issues? YES/NO

Explain (dates of treatment/diagnosis/meds): \_\_\_\_\_

History of violence \_\_\_\_\_

Suicidal Ideation \_\_\_\_\_

Homicidal Ideation \_\_\_\_\_

**CANDIDATE'S STATEMENT** \_\_\_\_\_

\_\_\_\_\_

### **ASSESSMENT**

Recommended for the program? YES/NO/PENDING

Risk Level: HIGH/MED/LOW

Comments (include reasons for not recommending the candidate) \_\_\_\_\_

\_\_\_\_\_

Accepted by the Court? YES/NO/CONTINUED

Next Court Date: \_\_\_\_\_



**Grand Forks/Nelson County Veterans Treatment Court**

**CONSENT TO EX PARTE COMMUNICATIONS BY THE COURT**

\_\_\_\_\_, PARTICIPANT

1. Rule 2.9(A) of the North Dakota Code of Judicial Conduct states that a judge shall not initiate, permit, or consider ex parte communications (communications with only one party when the other party is absent – for example a defendant talking to the judge about the defendant’s pending case when the prosecutor/state’s attorney is not present), or consider other communications made to the judge outside the presence of the parties or their lawyers (such as a letter or email from the prosecutor/state’s attorney to the judge without a defendant/defendant’s attorney’s knowledge), concerning a pending or impending matter, except as follows:

(4) With the consent of all parties, the judge and court personnel may have ex-parte communication with those involved in a specialized court team. Any party may expressly waive the right to receive that information.

2. I \_\_\_\_\_, have read and understand the above limitations imposed on the judge presiding in treatment court.
3. I understand that for purposes of Rule 2.9 Grand Forks/Nelson County Veterans Treatment Court is a specialized court and that representatives from the state’s attorney’s office, law enforcement, and parole and probation are members of the treatment court team and will discuss my case in the absence of me and/or my attorney.
4. \_\_\_\_ I have discussed this with my attorney and s/he consents to me signing; or
5. \_\_\_\_ I have not discussed this with my attorney before signing this waiver. I understand that I have the right to discuss this with my attorney before doing so and I specifically waive my right to discuss this with my attorney before signing.
6. I understand that the VTC court coordinator and VTC team members cannot give me legal advice and have not done so prior to me signing this waiver.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Treatment Court Participant Signature

\_\_\_\_\_  
Participant’s Attorney Signature

\_\_\_\_\_  
Assistant State’s Attorney Signature





**Veterans Treatment Court  
District Court of Grand Forks County**

Donald Hager  
**District Court Judge**

Kim Higgs  
**Court Coordinator**

**Notice to Medical Professionals**

Re: \_\_\_\_\_

Dear Medical Professional:

Please be advised that the above-referenced patient is a participant in the Grand Forks/Nelson County Treatment Court program, a voluntary program that combines alcohol and drug treatment services with judicial supervision.

Admission to this program is based in part on a current diagnosis of substance use disorder as defined in the DSM-V.

Participants are required to inform all medical professionals from whom they may receive treatment of their involvement in this program. Our policies also require that participants disclose to you that they are in recovery and may not take narcotic or addictive medications without prior approval from the Veterans Treatment Court for two main reasons: the danger of cross-addiction and the possibility of conflicts with our drug testing protocol.

We ask that this participant's sensitivity to drugs of abuse be considered when prescribing medications or administering injections related to his or her treatment. We also ask that you consider:

- ☐ Any past abuse of pain relievers, possibly resulting in increased tolerance
- ☐ Prescribing only non-narcotic and non-synthetic pain relievers
- ☐ Limiting the number of narcotic pain relievers to the minimum necessary
- ☐ Limiting the number of refills available
- ☐ Recommending non-medical coping strategies for anxiety/sleep issues instead of prescribing Xanax, Valium, Ativan, Halcion, Deseryl, Ambien, etc.

We feel that our participant's close, honest communication with you is a key component in their achievement of stabilized recovery. Please sign below to indicate that the participant gave you this letter and then return it to him/her. We very much appreciate your consideration and cooperation in this matter.

Sincerely,  
Kim Higgs, Court Coordinator

The above named patient presented this letter to me on (date):\_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Physician Signature



**Confiscation Date:** \_\_\_\_\_

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# Grand Forks/Nelson County Treatment Court

## Release of Information

This is a consent for release of information regarding: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize \_\_\_\_\_ to release or obtain (Circle one)  
the following specific information:

\_\_\_\_\_  
\_\_\_\_\_

This information may be used only for the purpose of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person/agency giving and the person/agency receiving information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed for purposes involving Grand Forks County Veterans Treatment Court.

This consent is valid until: \_\_\_\_\_

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

\_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Consent Witnessed By



**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION  
GRAND FORKS/NELSON COUNTY VETERANS TREATMENT COURT**

Court File Number: XX-\_\_\_\_\_-CR-\_\_\_\_\_.

I \_\_\_\_\_, hereby consent to

Communication between: \_\_\_\_\_  
Name and address of treatment program

And the Northeast Central Judicial District Judge, Veterans Treatment Court as well as:

Assistant State's Attorney; Defense Attorney/Public Defender; Veterans Treatment Court Coordinator, and the Grand Forks/Nelson County Veterans Treatment Court Team.

The purpose of and need for this disclosure is to inform the Courts and other above-named parties of my eligibility and/or acceptability for substance abuse services, and my treatment attendance, prognosis, compliance, and progress per the Veterans Treatment Court monitoring criteria.

Information to be shared includes chemical use assessment, treatment plans, attendance, participation, progress reports, drug and alcohol testing results, discharge summaries, and other relevant information.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 U.S.C. 1320d *et seq.*, 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42, U.S.C. 290dd-2, 42C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports concerning this case number. I also understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Treatment Court for the case named above, such as the discontinuation of all court and probation supervision upon my successful completion of the Treatment Court requirements, or upon sentencing for violating the terms of my Treatment Court involvement or probation. Recipients of this information may re-disclose this information only in connection with their official duties.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_





**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE  
INFORMATION: VETERANS TREATMENT COURT REFERRAL**

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First and Last Name)

Hereby consent to communication between:

\_\_\_\_\_  
and Hon. Donald Hager, Grand Forks County State's Attorney's Office, the North  
Dakota Department of Corrections – Division of Field Services,  
and \_\_\_\_\_(Defense Counsel).

The purpose of, and need for this disclosure is to inform the court and all other  
named parties of my eligibility and/or acceptability for the substance abuse treatment  
services and my treatment attendance, prognosis, compliance, and progress per the  
Treatment Court program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for,  
and pertinent to, hearings and/or reports concerning (list charges and case number):  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this consent will remain in effect for one year from signature  
and cannot be revoked by me until there has been a formal and effective termination of  
my involvement with the treatment court program for the above-referenced case, such  
as the discontinuation of all court supervision upon my successful completion of the  
Veterans Treatment Court requirements OR upon sentencing for violating the terms of  
my Veterans Treatment Court involvement.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code  
of Federal Regulations, which governs the confidentiality of substance abuse patient  
records, and that recipients of this information may re-disclose it only in connection  
with their official duties.

I also understand that for research purposes, information will be gathered and  
utilized for program analysis and protection under Part 2 of Title 42 CFR applies.

Date \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Defense Counsel \_\_\_\_\_



State of North Dakota

NORTHEAST JUDICIAL DISTRICT

COUNTY OF GRAND  
FORKS/NELSON

---

State of North Dakota,

)

)

Case Number:\_\_\_\_\_

Plaintiff,

)

)

**ORDER GRANTING**

v.

)

**STIPULATION FOR PARTICIPATION**

)

**IN THE VETERANS TREATMENT  
COURT PROGRAM**

)

)

Defendant.

)

---

[1] The Court, having given due and careful consideration of Parties' Stipulation for Participation in Treatment Court, hereby issues the following Order:

[2] **IT IS HEREBY ORDERED** that Parties' Stipulation is GRANTED and the Defendant is hereby accepted into the Grand Forks/Nelson County Veterans Treatment Court.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.



**Grand Forks/Nelson County Veterans Treatment Court**  
**Grand Forks Courthouse**  
**124 S. 4<sup>th</sup> St**  
**Grand Forks, ND 58201**  
**701-787-2730**

**Staying of Jail Sentence**

State of North Dakota

Court File # \_\_\_\_\_

Vs.

\_\_\_\_\_

Your \_\_\_\_\_ (date) jail sentence has been stayed for  
meeting requirements to the Treatment Court.

Dated: \_\_\_\_\_

\_\_\_\_\_

Veterans Treatment Court Judge

cc: Grand Forks/Nelson County Jail



# Application for Phase 2

Name: \_\_\_\_\_ Date Turned in: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You MUST meet the following criteria to Phase Up: (place an "X" if the task is completed)**

☐ You have been in Phase 1 for a minimum of **14** days. Date contracted into program: \_\_\_\_\_

☐ You have a minimum of **14** consecutive days of sobriety. What is your sobriety date: \_\_\_\_\_

☐ You are engaged in treatment and attending regularly?  
**Counselor/Case Manager verification signature:**  
\_\_\_\_\_

☐ Are you in compliance with supervision?  
**Probation/Case Manager verification signature:**  
\_\_\_\_\_

☐ Identify 3 of your biggest struggles in Phase 1:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ Identify 3 personal goals you would like to accomplish in the next phase:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Court Coordinator Signature to Approve \_\_\_\_\_ Date \_\_\_\_\_

# Application for Phase 3

Name: \_\_\_\_\_ Date Turned in: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You MUST meet the following criteria to Phase Up: (place an "X" if the task is completed)**

☐ You have been in Phase 2 for a minimum of **30** days. Date entered phase 2 : \_\_\_\_\_

☐ You have a minimum of **30** consecutive days of sobriety. What is your sobriety date: \_\_\_\_\_

☐ You are engaged in treatment and attending regularly?  
**Counselor/Case Manager verification signature:** \_\_\_\_\_

☐ Are you in compliance with supervision?  
**Probation/Case Manager verification signature:** \_\_\_\_\_

☐ Are you engaged with VJO and mentor?  
**VJO/Mentor verification signatures:** \_\_\_\_\_

☐ Identify 3 of your biggest struggles in Phase 2:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ Identify 3 personal goals you would like to accomplish in the next phase:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Court Coordinator Signature to Approve \_\_\_\_\_ Date \_\_\_\_\_



# Application for Phase 4

Name: \_\_\_\_\_ Date Turned in: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You MUST meet the following criteria to Phase Up:** *(place an "X" if the task is completed)*

- ☐ You have been in Phase 3 for a minimum of **45** days. Date entered phase 3: \_\_\_\_\_
- ☐ You have a minimum of **45** consecutive days of sobriety. What is your sobriety date: \_\_\_\_\_
  - ☐ You are engaged in treatment and attending regularly? **Counselor/Case Manager verification signature:** \_\_\_\_\_
  - ☐ Are you in compliance with supervision? **Probation/Case Manager verification signature:** \_\_\_\_\_
  - ☐ Are you engaged with VJO and mentor? **VJO/Mentor verification signatures:** \_\_\_\_\_
- ☐ Engaged in recovery support groups? Home group: \_\_\_\_\_
- ☐ Engaged in pro-social activities? What: \_\_\_\_\_
- ☐ Identify 3 of your biggest struggles in Phase 3:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- ☐ Identify 3 personal goals you would like to accomplish in the next phase:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Court Coordinator Signature to approve \_\_\_\_\_ Date \_\_\_\_\_

# Application for Phase 5

Name: \_\_\_\_\_ Date Turned In \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You MUST meet the following criteria to Phase Up:** *(place an "X" if the task is completed)*

☐ In Phase 4 for a minimum of **90** days. Date entered phase 4: \_\_\_\_\_

☐ Have a minimum of **60** consecutive days of sobriety. Sobriety Date: \_\_\_\_\_

☐ You are engaged in treatment and attending regularly? **Counselor/Case Manager verification signature:** \_\_\_\_\_

☐ You are engaged in criminal thinking program? **Counselor/Case Manager verification signature:** \_\_\_\_\_

☐ Are you in compliance with supervision? **Probation/Case Manager verification signature:** \_\_\_\_\_

☐ Are you engaged with VJO and mentor? **VJO/Mentor verification signatures:** \_\_\_\_\_

☐ Engaged in recovery support groups? Home group: \_\_\_\_\_

☐ Engaged in pro-social activities? What: \_\_\_\_\_

☐ Employed or going to school? Where: \_\_\_\_\_

☐ Identify 3 of your biggest struggles in Phase 4:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ Identify 3 personal goals you would like to accomplish before completion:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Court Coordinator Signature to approve \_\_\_\_\_ Date \_\_\_\_\_

# Application for Commencement

Name: \_\_\_\_\_ Date Turned in: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You MUST meet the following criteria to Phase Up: (place an "X" if the task is completed)**

- ☐ In Phase 5 for a minimum of **90** days and at least **12** months in the VTC program.  
Date entered phase 5: \_\_\_\_\_
- ☐ Have a minimum of **90** consecutive days of sobriety. Sobriety date: \_\_\_\_\_
- ☐ You are engaged in treatment and attending regularly? **Counselor/Case Manager verification signature:** \_\_\_\_\_
- ☐ Completed criminal thinking program? Date: \_\_\_\_\_
- ☐ Are you in compliance with supervision? **Probation/Case Manager verification signature:** \_\_\_\_\_
- ☐ Are you engaged with VJO and mentor? **VJO/Mentor verification signatures:** \_\_\_\_\_
- ☐ Engaged in recovery support groups? Home group: \_\_\_\_\_
- ☐ Engaged in pro-social activities? What: \_\_\_\_\_
- ☐ Employed or going to school? Where: \_\_\_\_\_
- ☐ Presented continuing care plan to treatment court team?
- ☐ Identify 3 coping responses if triggered:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- ☐ Identify 3 community resources you can reach out to if need additional support:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Court Coordinator Signature to approve \_\_\_\_\_ Date \_\_\_\_\_

## Case Aide Meeting Record

**\*Items discussed:**

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**\*Test Administered:**

**U/A Result:** \_\_\_\_\_

**Oral Test Administered** \_\_\_\_\_

**Curfew (circle one):     Home                      Not Home**

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**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Case-Aide Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Grand Forks/Nelson County Veterans Treatment Court**

**Weekly Report**

**Client Name:** \_\_\_\_\_

**For the Week of:** \_\_\_\_\_

---

**Sessions Scheduled:**

\_\_\_\_\_ Attended

\_\_\_\_\_ Absences -include the number and rationale for each absence in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participation/Effort:**

Scale: 1 - 7 (1= poor participation, 7= actively engaged in treatment)

1      2      3      4      5      6      7

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Goals Established:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Progress on Goals:**

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

**Random Drug & Alcohol Screening/Results:**

Date Administered: \_\_\_\_\_

Results: \_\_\_\_\_

**Specific recovery plan for this week:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client's Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Involvement:** \_\_\_\_\_

\_\_\_\_\_

**Preliminary Aftercare Plans:**

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**Projected Date of Discharge:** \_\_\_\_\_

**Overall Progress:**

\_\_\_\_ Regressed    \_\_\_\_ No Change    \_\_\_\_ Improved    \_\_\_\_ Significantly Improved

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Veterans Treatment Court Travel/Event Request Form

This form must be completed and submitted to your Veterans Treatment Court coordinator one week before traveling within the state and two weeks before traveling out of state. Your request will then be forwarded to the judge for approval. **NOTE:** You are required to submit travel urinalysis before departure and when you arrive back in Grand Forks/Nelson County. If you are approved for travel and you do not go, you still have to take travel urinalysis. You may be required to pay for travel urinalysis if requested by the court.

Client Name: \_\_\_\_\_ Date of Request \_\_\_\_\_

Client Phone: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

Dates of Travel and/or Event: Leaving date/time: \_\_\_\_\_ Returning date/Time: \_\_\_\_\_

Travel/Event Location: \_\_\_\_\_

Purpose of Travel/Event Attending: \_\_\_\_\_

Contact Information at destination: Name: \_\_\_\_\_:

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Method of Travel: \_\_\_\_\_

If Driving: Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

If you do not have a valid Driver's License, who will be driving: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Request Determination:

Probation Officer's Signature: \_\_\_\_\_

Approved \_\_\_\_\_ Denied: \_\_\_\_\_ Conditions \_\_\_\_\_

Veterans Treatment Court Coordinator Signature: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Conditions: \_\_\_\_\_ Attend Meetings: \_\_\_\_\_

Documentation Required: \_\_\_\_\_

Signature of Approving Judge: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_



## **Veterans Treatment Court Recovery/Well-Being Plan Guidelines**

**I WILL TAKE CARE OF MYSELF BY:** *Think of basic self-care practices. Eating right, exercising, sleeping, and preventing mood swings.*

- a) My plans for taking care of my physical and mental health to help support my recovery are:
- b) My plans for meeting any ongoing legal issues are:
- c) My various plans to handle stressful situations and know what to do if a relapse does occur are:
- d) Other –

**MY SUPPORT NETWORK CONSISTS OF:** *Surround yourself with positive people and experiences.*

- a) People in my life that support me and my recovery are:
- b) My plans for social involvement and growth during my recovery are:
- c) My plans for family involvement and support for my recovery are:
- d) My plans for attending and being involved in a recovery support group are:
- e) Other-

**I WILL WORK ON BUILDING MY SOCIAL NETWORK BY:**

a) My plans for enhancing my spiritual wellbeing during my recovery are:

e) My plans for employment, vocational or educational needs are:

c) Other –

**I WILL DEVELOP NEW ACTIVITIES AND INTEREST:** *Find new hobbies, volunteer activities, or work that gives you a sense of meaning and purpose.*

a) My plans for being active in any recreation/leisure activities are:

b) My plans for employment, vocational or educational needs are:

c) Other –

**I WILL CONTINUE MY TREATMENT BY:** *Participate in a community support group like Alcoholics Anonymous or Narcotics Anonymous, getting and maintaining contact with a sponsor, or being involved in therapy or an outpatient treatment program.*

a) My plans for attending and being involved in a recovery support group are (please tell us about your homegroup and any supplemental groups you attend):

b) The following are things that I have recognized as relapse triggers. (A trigger is anything that causes the craving for the drug or alcohol. These usually have some connection to past usages, such as a drinking buddy.)

c) The ways that I have identified to cope with cravings/triggers are:

d) Other –

**I WILL DEAL WITH STRESS IN A HEALTHY WAY:** *Think of healthier ways to keep your stress level in check, including exercising, meditating, using sensory strategies to relax, practicing simple breathing exercises, and challenging self-defeating thoughts.*

a) My various plans to handle stressful situations and know what to do if a relapse does occur are:



# Exit Interview

Please place an "X" in the appropriate box of why you are leaving the program

Graduating the Program: ☐ Terminated: ☐ Opting Out: ☐

## Entry Process

### 1. How did you first learn that this program was an option for you?

- |  |                                 |                                     |
|--|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Attorney          | <input type="checkbox"/> Friend | <input type="checkbox"/> In custody |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Family |                                     |
| <input type="checkbox"/> Court             | <input type="checkbox"/> Peer   |                                     |
| <input type="checkbox"/> Other: _____      |                                 |                                     |

### 2. Did you start this program in custody or were you out of custody and had pending your charges?

- ☐ In Detention/Jail when I entered
- ☐ Out of custody (Detention/Jail) when I entered
- ☐ In residential treatment

### 3. Why did you originally choose to come into this program?

- |  |  |
|--|--|
| <input type="checkbox"/> To get out of jail      | <input type="checkbox"/> Treatment available |
| <input type="checkbox"/> Less incarceration time | <input type="checkbox"/> Support/structure   |
| <input type="checkbox"/> Financial benefit       | <input type="checkbox"/> Keep license        |
| <input type="checkbox"/> Resources available     | <input type="checkbox"/> No conviction       |
| <input type="checkbox"/> Other _____             |  |

## Court Aspect of This Program

**4. During orientation, how well were all the necessary information about program rules, regulations, and expectations explained to you?**

Not at all    Fair    Average/Decent    Good    Explained well

☐    ☐    ☐    ☐    ☐

**5. During orientation, were program benefits explained to you?**

☐ Yes    ☐ No    ☐ Other: \_\_\_\_\_

**6. What aspects of the court supervision do you feel were helpful to you (Please check ALL that you feel motivates you)?**

- ☐ Positive interaction with the Judge
- ☐ Sobriety coins
- ☐ Phasing up ceremonies
- ☐ Rewards/Incentives for doing good reaching goals
- ☐ Community Service/Work Crew
- ☐ Extra recovery support groups
- ☐ Peer support specialist
- ☐ Home visits
- ☐ Writing assignments/Essays
- ☐ Increasing court reporting
- ☐ Detention/Jail, or threat of Detention/Jail

Any additional comments on how or why something helped you?

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**7. What aspects of the court supervision do you feel were LESS helpful to you in motivating you (Please check ALL that apply)?**

- ☐ Positive interaction with the Judge
- ☐ Sobriety coins
- ☐ Phasing up ceremonies
- ☐ Rewards/Incentives for doing good reaching goals
- ☐ Community Service/Work Crew
- ☐ Extra recovery support groups
- ☐ Peer support specialist
- ☐ Home visits
- ☐ Writing assignments/Essays
- ☐ Increasing court reporting
- ☐ Detention/Jail, or threat of Detention/Jail

Any additional comments on how or why something helped you?

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### Treatment Aspect of This Program

**8. What aspect of treatment do you feel *HELPED* you? Please list/explain your answer below.**

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**9. What aspect of treatment do you feel was *LEAST* helpful to you? Please list/explain your answer below.**

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**10. Which of the following made it hard to be open and honest in treatment?**

- ☐ Fear of stigma/peers judging me
- ☐ Trust in sharing sensitive information with providers
- ☐ Providers do not recognize the daily struggles of my life
- ☐ Providers do not understand my culture

**11. While you have been in this program, have you been referred to Inpatient treatment?**

- ☐ No
- ☐ I wasn't referred but I went to inpatient on my own
- ☐ Yes, and completed inpatient
- ☐ Yes, but never went to inpatient
- ☐ Yes, and went to inpatient but did not complete
- ☐ Yes, and went to inpatient twice

List Inpatient Treatment Center Name and length of stay (# of months): \_\_\_\_\_

---

**2. Before this program, have you been under the supervision of any of the following?**

- |  |  |
|--|--|
| <input type="checkbox"/> Probation/Parole    | <input type="checkbox"/> Out-patient treatment         |
| <input type="checkbox"/> Inpatient treatment | <input type="checkbox"/> other treatment court program |
| <input type="checkbox"/> Social Services/CPS |  |

## Personal Experience in This Program

**11. Do you feel comfortable enough to be able to talk to at least one person on the treatment court team? Please select each member on the team that you feel comfortable sharing information with.**

- ☐ Treatment Counselor/Case Manager
 ☐ Child Worker / CASA
- ☐ Treatment Court Coordinator
 ☐ Defense Attorney
- ☐ Law Enforcement
 ☐ Prosecuting Attorney
- ☐ Probation Officer
 ☐ Other Counselor (MH, DV, etc.)
- ☐ Judge
 ☐ Educator
- ☐ I don't feel comfortable sharing with anyone at this time
- ☐ Other (please specify) \_\_\_\_\_

**12. Please tell us about a time when you or someone else was not respected in this program.**

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**13. Did you receive sanction(s) while in this program?**

**Please check ALL that apply to you.**

	Community Service Work Crew	Extra meetings	Jail Detention	Written assignment	Curfew EHM
YES	<input type="checkbox"/> # Of hrs. ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____					

**14. Did you generally understand why people received sanctions in this program?**

- ☐ Yes
 ☐ No

**15. Did you receive rewards while in this program?**

- ☐ YES
 ☐ NO

Please share your ideas for rewards that would be helpful.

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**16. Was there ever a time you were not treated fairly in this program? Please explain your answer.**

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**17. What difficulties/barriers have you experienced while in this program?**

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Childcare                   |
| <input type="checkbox"/> Obtaining driver's license | <input type="checkbox"/> Finances                    |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Employment                  |
| <input type="checkbox"/> Mental Health Counseling   | <input type="checkbox"/> Lack of family/peer support |
| <input type="checkbox"/> Making appointments        | <input type="checkbox"/> Obtaining State ID          |

**(17 Continued). What difficulties/barriers have you experienced while in this program?**

- |  |  |
|--|--|
| <input type="checkbox"/> Medications                           | <input type="checkbox"/> Sober housing             |
| <input type="checkbox"/> Relating to/trust of VTC team members | <input type="checkbox"/> Medical/Dental issues     |
| <input type="checkbox"/> Other counseling/classes              | <input type="checkbox"/> Changing attitude/beliefs |
| <input type="checkbox"/> Recovery environment                  | <input type="checkbox"/> Neighborhood conditions   |
| <input type="checkbox"/> Other (please specify) _____          |  |

**Did any of these difficulties make it hard to stay in this program?**

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**18. Did you receive any extra services or help to overcome some of these barriers while in this program?**

☐ YES      ☐ NO

If YES, what did you receive? \_\_\_\_\_  
\_\_\_\_\_

**19. Which community support groups do you attend?**

☐ Alcoholics Anonymous

☐ Narcotics Anonymous

☐ Church / Youth Group

☐ Bible Study

☐ SMART Recovery

☐ Domestic Violence support

☐ Organized sober/recovery activities (bowling, softball, retreats, campouts, etc.)

☐ Other (please specify) \_\_\_\_\_

**20. How did community support help you in this program?**

\_\_\_\_\_  
\_\_\_\_\_

**21. In your opinion, what are YOU most proud of in your life today?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**22. What comments and/or changes would you like us to know about or think about for the program?**

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**23. If you are opting out, why are you leaving the program?**

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***Thank you!***

**Veterans Treatment Court of NE Central Judicial District**

**Mentor Volunteer Application Form**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Why do you want to be a Veteran Mentor?

What characteristics or qualities do you possess that would make you a good mentor for this program?

Have you ever been arrested? If so, explain.

Do you drink alcohol? If so, how often do you drink? How much do you drink?

Have you ever been addicted to drugs of any kind? If so, please Explain?

Are you in recovery from drugs and/or alcohol?

Do you currently, or have you ever, suffered from Post-Traumatic Stress Disorder (PTSD)?<sup>103</sup>

Have you ever had thoughts of self-harm or suicide?

What might other people say about you if asked about your character?

Past Volunteer Experiences (include organization/agency, position, and supervisor):

Employment (include most recent company, position):

What are your hobbies, interests, and skills?

References: Please give the names, addresses, and phone/email of three non-family members who can provide references on your ability to perform this volunteer position.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Branch of Service: (check one): ☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Reserve ☐ Coast Guard ☐ Air National Guard ☐ Army National Guard

Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Retired? Yes ☐ No ☐

Did you serve in a combat zone? Yes / No. If yes, which zone (s)?

\_\_\_\_\_  
\_\_\_\_\_

Your primary position in the service? \_\_\_\_\_

Mentee Preference: Male or Female; Branch preference: Yes/No: If yes, branch:

\_\_\_\_\_



**Veterans Treatment Court of the Northeast Central Judicial District Mentor  
Agreement**

I \_\_\_\_\_ agree to the following to be a mentor in the  
Veterans Treatment Court of the Northeast Central Judicial District

- ☐ I will adhere to the Veterans Treatment Court (VTC) policies and procedures
- ☐ I commit to participation for a minimum of (1) year
- ☐ I will participate in mentor training provided by the VTC
- ☐ I will initiate contact with the veteran of not less than weekly phone contact and monthly face to face meeting
- ☐ I will strictly avoid any drug use, sexual activities, or any other unlawful activities with the veteran
- ☐ I hereby allow the VTC to perform a check of my background, including criminal records, volunteer experience, military service, and personal references
- ☐ I will respect the veteran's privacy. I will not discuss his/her name, address, background, family relationships, or the nature of his/her problems outside of what is required for the VTC. I understand that confidentiality continues even if I cease to be a volunteer
- ☐ I will respect and preserve the confidentiality of information given to me by the veteran unless the veteran discloses an intent to harm any person, including self, or engage in unlawful activity. If I learn of such information, I will immediately notify the VTC mentor coordinator.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## BACKGROUND CHECK AUTHORIZATION

Please read this form carefully and sign in the space provided below. Your written authorization is required for the completion of the application process to serve as a **Peer Mentor**.

I hereby authorize the Northeast Central Judicial District Veterans Treatment Court and the Department of Veterans Affairs to investigate my background to evaluate my qualifications for the volunteer position of veteran treatment court mentor for the Northeast Judicial District Court. I hereby consent to a criminal background check and release of any information and/or records held by any public agency, branch of the military, law enforcement office, business, employer, or other institution to evaluate my character and fitness for this volunteer position. I understand that I may withhold my consent and that in such a case, the application process is terminated and an investigation will not take place.

Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth: M/DD/YY \_\_\_\_\_ SSAN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or DOD ID  
# \_\_\_\_\_

States of previous residence: \_\_\_\_\_

Signature: \_\_\_\_\_

Please include a copy of your DD214/NGB22 or DD215 (discharge document), with your application.

Please send this application and agreement to Northeast Central Judicial District, Veterans Treatment Court, Grand Forks County Courthouse, 124th So. 4<sup>th</sup> St., Grand Forks, ND, 58201

# **Community Resources and Support Information**

**Grand Forks Workforce Center**

1501 28th Avenue South  
Grand Forks, ND 58201

Phone: 701-795-3700

Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

**Fargo Workforce Center**

1350 32nd Street South  
Fargo, ND 58103

Phone: 701-239-7300

Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

**Devils Lake Workforce Center**

301 College Drive South  
Devils Lake, ND 58301

Phone: 701-662-9300

Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

**Veteran's Employment Team  
Program:****Grand Forks Workforce Center**

1501 28th Avenue South  
Grand Forks, ND 58201

Phone: 701-795-3700

Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

**Wounded Warriors:**

Warriors to Work

<https://www.woundedwarriorproject.org/programs/warriors-to-work>

**Nearest location: Chicago**

Phone: 630-522-4774

Fax: 630-368-0648

Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

## **Social Security Administration**

402 Demers Ave  
Suite 300  
Grand Forks, ND 58201  
888-617-0456

Tuesday 10 AM-4 PM  
Wednesday 10 AM-4 PM  
Thursday 10 AM-4 PM  
Friday 10 AM-4 PM  
Saturday 10 AM – 7 PM  
Sunday Closed  
Monday 10 AM-4 PM

## **Medicaid (Must apply):**

### **Grand Forks County Office Admin-Only Location**

Phone: 701-787-8535  
Website: <http://www.nd.gov/dhs/locations/countysocialserv/18.html>  
Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

## **Adult Education:**

### **Grand Forks Adult Learning Center**

500 Stanford Road  
Grand Forks, ND 58203

Phone: 701-795-2777

Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

## **Food Shelf:**

### **Grand Forks Salvation Army**

1600 University Avenue  
Grand Forks, ND 58203

Phone: 701-775-2597

Notes: Office closed from 11:30 to 1.

Saturday/Sunday: Closed  
Monday: 9:00 AM - 2:30 PM CST  
Tuesday: 9:00 AM - 2:30 PM CST  
Wednesday: 9:00 AM - 2:30 PM CST  
Thursday: 9:00 AM - 2:30 PM CST  
Friday: 9:00 AM - 2:30 PM CST

## **Food Pantries:**

### **St Joseph's Social Care and Thrift Store**

620 8th Avenue South  
Grand Forks, ND 58201

Phone: 701-795-8614

Friday/Saturday/Sunday: Closed  
Monday: Closed  
Tuesday: 2:00 PM - 4:00 PM CST  
Wednesday: 2:00 PM - 4:00 PM CST  
Thursday: 2:00 PM - 4:00 PM CST

### **HC Community Care Center & Food Pantry**

1726 South Washington Street  
Suite S11  
Grand Forks, ND 58201

Phone: 701-757-3480

Call to schedule an appointment Monday or Tuesday

Friday/Saturday/Sunday: Closed  
Monday: 9:00 AM - 4:00 PM CST  
Tuesday: 9:00 AM - 4:00 PM CST  
Wednesday: 10:00 AM - 5:00 PM CST  
Thursday: 5:00 PM - 7:00 PM CST

**Red River Valley Community Action**

Tuesday's by appointment (Clients must call by Monday, 4 pm)  
1013 N 5<sup>th</sup> St (Enter through the alley)  
701-746-5431  
Grand Forks ND 5820

**Northlands Rescue Mission**

420 Division Avenue  
Grand Forks, ND 58201

Phone: 701-772-6600 ext.206

Notes: Door 2

Sunday: Closed

Monday: 10:00 AM - 4:00 PM CST

Tuesday: 10:00 AM - 4:00 PM CST

Wednesday: 10:00 AM - 7:00 PM CST

Thursday: 10:00 AM - 4:00 PM CST

Friday: 10:00 AM - 4:00 PM CST

Saturday: Closed

**Full Cart – Feeding Children**

Admin Location only – must call or email

Phone: 888-891-6447

Email: support@fullcart.org

Website: https://www.fullcart.org

Sunday: Closed

Monday: 7:00 AM - 4:00 PM CST

Tuesday: 7:00 AM - 4:00 PM CST

Wednesday: 7:00 AM - 4:00 PM CST

Thursday: 7:00 AM - 4:00 PM CST

Friday: 7:00 AM - 4:00 PM CST

Saturday: Closed

**Emergency food:****American Red Cross Hero Care & Emergency Communications Center**

Phone: 877-272-7337

Sunday: Open 24 Hours

Monday: Open 24 Hours

Tuesday: Open 24 Hours

Wednesday: Open 24 Hours

Thursday: Open 24 Hours

Friday: Open 24 Hours

Saturday: Open 24 Hours

**Silent Warrior Foundation (For Veterans)****Administration Location only:****Must Email –**

silentwarriorfoundation@gmail.com

Sunday: Closed

Monday: 7:00 AM - 4:00 PM CST

Tuesday: 7:00 AM - 4:00 PM CST

Wednesday: 7:00 AM - 4:00 PM CST

Thursday: 7:00 AM - 4:00 PM CST

Friday: 7:00 AM - 4:00 PM CST

Saturday: Closed

## **Housing:**

### **Housing vouchers (must apply):**

#### **Grand Forks Housing Authority**

1405 1st Avenue North  
Grand Forks, ND 58203

Phone: 701-746-2545

Sunday: Closed

Monday: 8:00 AM - 5:00 PM CST

Tuesday: 8:00 AM - 5:00 PM CST

Wednesday: 8:00 AM - 5:00 PM CST

Thursday: 8:00 AM - 5:00 PM CST

Friday: 8:00 AM - 5:00 PM CST

Saturday: Closed

#### **United Way of Grand Forks, East Grand Forks & Area**

1407 24th Avenue South  
Suite 400  
Grand Forks, ND 58201

Phone: 701-775-8661

Sunday: Closed

Monday: 8:00 AM - 5:00 PM CST

Tuesday: 8:00 AM - 5:00 PM CST

Wednesday: 8:00 AM - 5:00 PM CST

Thursday: 8:00 AM - 5:00 PM CST

Friday: 8:00 AM - 5:00 PM CST

Saturday: Closed

#### **Red River Community Action**

Homeless Veterans (Need to complete referral form)

4212 Gateway Drive  
Grand Forks ND 58203

Phone: 701-746-5431

### **Social Work Services – for Housing along with Stand Downs-Homeless Veterans and VA Supportive Housing**

#### **Veterans Health Administration (VHA) - Fargo VA Health Care System**

2101 Elm Street North  
Fargo, ND 58102

Phone: 800-410-9723

Sunday: Open 24 Hours

Monday: Open 24 Hours

Tuesday: Open 24 Hours

Wednesday: Open 24 Hours

Thursday: Open 24 Hours

Friday: Open 24 Hours

Saturday: Open 24 Hours

#### **Veterans Health Administration (VHA) - St. Cloud VA Medical Center**

4801 Veterans Drive  
St. Cloud, MN 56303

Phone: 320-252-1670

Sunday: Closed

Monday: 8:00 AM - 4:30 PM CST

Tuesday: 8:00 AM - 4:30 PM CST

Wednesday: 8:00 AM - 4:30 PM CST

Thursday: 8:00 AM - 4:30 PM CST

Friday: 8:00 AM - 4:30 PM CST

Saturday: Closed

#### **Veterans Health Administration (VHA) - Minneapolis VA Health Care System**

1 Veterans Drive  
Minneapolis, MN 55417

Phone: 612-725-2000

Open 24 hours Monday - Sunday

## **Transportation:**

### **St Joseph's Social Care**

620 8th Avenue South  
Grand Forks, ND 58201

Phone: 701-795-8614

Sunday: Closed

Monday: 8:00 AM - 5:00 PM CST

Tuesday: 8:00 AM - 5:00 PM CST

Wednesday: 8:00 AM - 5:00 PM CST

Thursday: 8:00 AM - 5:00 PM CST

Friday: 8:00 AM - 5:00 PM CST

Saturday: Closed

### **Veterans Health Administration (VHA) - Fargo VA Health Care System**

2101 Elm Street North  
Fargo, ND 58102

Phone: 800-410-9723

Sunday: Open 24 Hours

Monday: Open 24 Hours

Tuesday: Open 24 Hours

Wednesday: Open 24 Hours

Thursday: Open 24 Hours

Friday: Open 24 Hours

Saturday: Open 24 Hours

### **Veterans Health Administration (VHA) - St. Cloud VA Medical Center**

4801 Veterans Drive  
St. Cloud, MN 56303

Phone: 320-252-1670

Sunday: Closed

Monday: 8:00 AM - 4:30 PM CST

Tuesday: 8:00 AM - 4:30 PM CST

Wednesday: 8:00 AM - 4:30 PM CST

Thursday: 8:00 AM - 4:30 PM CST

Friday: 8:00 AM - 4:30 PM CST

Saturday: Closed

### **Veterans Health Administration (VHA) - Minneapolis VA Health Care System**

1 Veterans Drive  
Minneapolis, MN 55417

Phone: 612-725-2000

Sunday: Open 24 Hours

Monday: Open 24 Hours

Tuesday: Open 24 Hours

Wednesday: Open 24 Hours

Thursday: Open 24 Hours

Friday: Open 24 Hours

Saturday: Open 24 Hours



## **Health Care: Addiction treatment:**

### **Ideal Option - Grand Forks**

3301 30th Avenue South  
Ste. #102  
Grand Forks, ND 58201

Phone: 877-522-1275

Sunday: Closed  
Monday: 7:30 AM - 6:00 PM CST  
Tuesday: 7:30 AM - 6:00 PM CST  
Wednesday: 7:30 AM - 6:00 PM CST  
Thursday: 7:30 AM - 6:00 PM CST  
Friday: Closed  
Saturday: Closed

### **Ideal Option - Fargo**

3345 39th Street South  
Ste. #1  
Fargo, ND 58104

Phone: 701-476-7200

Sunday: Closed  
Monday: 7:30 AM - 6:00 PM CST  
Tuesday: Closed  
Wednesday: 12:00 PM - 8:00 PM CST  
Thursday: 12:00 PM - 8:00 PM CST  
Friday: Closed  
Saturday: Closed

### **Ideal Option - Bismarck**

549 Airport Road  
Bismarck, ND 58504

Phone: 877-522-1275

Sunday: Closed  
Monday: 7:30 AM - 6:00 PM CST  
Tuesday: 7:30 AM - 6:00 PM CST  
Wednesday: 7:30 AM - 6:00 PM CST  
Thursday: 7:30 AM - 6:00 PM CST  
Friday: Closed  
Saturday: Closed

## **Indian Health Service - Bemidji**

522 Minnesota Ave NW  
Bemidji, MN 56601

Phone: 218-444-0452

Notes: States served: IL, IN, MI, MN, WI.

Sunday: Closed  
Monday: 8:00 AM - 5:00 PM CST  
Tuesday: 8:00 AM - 5:00 PM CST  
Wednesday: 8:00 AM - 5:00 PM CST  
Thursday: 8:00 AM - 5:00 PM CST  
Friday: 8:00 AM - 5:00 PM CST  
Saturday: Closed

## **Medication for Addiction Treatment (MAT)**

Spectra Health  
212 S 4<sup>th</sup> St Suite 301  
Grand Forks, ND  
701-757-2100  
Spectrahealth.org

Community Medical Services  
2424 32<sup>nd</sup> Ave Suite 102  
Grand Forks, ND  
855-203-6352  
Communitymedicalsolutions.org

Ideal Option  
3301 30<sup>th</sup> Ave S Suite 102  
Grand Forks, ND  
877-522-1275  
Idealooption.com  
Monday-Thursday Same day/walk-in

## **Addiction Counseling:**

Agassiz Associates  
2424 32<sup>nd</sup> Ave S Suite 202  
Grand Forks, ND  
701-746-6336  
Agassizassociates.com  
Accepts SUD vouchers and most insurance providers

Drake Counseling  
311 4<sup>th</sup> St S Suite 106  
Grand Forks, ND  
701-757-3200  
Drakecounselingservices.com  
Accepts SUD vouchers and most insurance providers

NE Human Service Center  
151 S 4<sup>th</sup> St Suite 401  
Grand Forks, ND  
701-795-3000  
Crisis line: 800-845-3731  
Walk-in assessments: Monday-Friday 8a-5p  
Accepts ND residents regardless of ability to pay

Alluma (formerly NW Mental Health Center)  
603 Bruce Street  
Crookston, MN  
218-281-3940  
Crisis line: 800-282-5005  
Serves clients from MN or ND; sliding fee scale

RiverView Recovery Center  
210 Gateway Dr. NE Suite 4  
218-230-0787  
Accepts most insurance providers

## **Substance Use Disorder:**

### **Veterans Health Administration (VHA) - Fargo VA Health Care System**

2101 Elm Street North  
Fargo, ND 58102

Phone: 800-410-9723

Sunday: Open 24 Hours  
Monday: Open 24 Hours  
Tuesday: Open 24 Hours  
Wednesday: Open 24 Hours  
Thursday: Open 24 Hours  
Friday: Open 24 Hours  
Saturday: Open 24 Hours

### **Veterans Health Administration (VHA) - St. Cloud VA Medical Center**

4801 Veterans Drive  
St. Cloud, MN 56303

Phone: 320-252-1670

Sunday: Closed  
Monday: 8:00 AM - 4:30 PM CST  
Tuesday: 8:00 AM - 4:30 PM CST  
Wednesday: 8:00 AM - 4:30 PM CST  
Thursday: 8:00 AM - 4:30 PM CST  
Friday: 8:00 AM - 4:30 PM CST  
Saturday: Closed

### **Veterans Health Administration (VHA) - Minneapolis VA Health Care System**

1 Veterans Drive  
Minneapolis, MN 55417

Phone: 612-725-2000

Sunday: Open 24 Hours  
Monday: Open 24 Hours  
Tuesday: Open 24 Hours  
Wednesday: Open 24 Hours  
Thursday: Open 24 Hours  
Friday: Open 24 Hours  
Saturday: Open 24 Hours

**Women for Sobriety**

Phone: 215-536-8026

Email: [contact@womenforsobriety.org](mailto:contact@womenforsobriety.org)

Sunday: Open 24 Hours

Monday: Open 24 Hours

Tuesday: Open 24 Hours

Wednesday: Open 24 Hours

Thursday: Open 24 Hours

Friday: Open 24 Hours

Saturday: Open 24 Hours

**Women Veteran's Healthcare****Veterans Health Administration (VHA) -  
Fargo VA Health Care System**

2101 Elm Street North  
Fargo, ND 58102

Phone: [800-410-9723](tel:800-410-9723)

Sunday: Open 24 Hours

Monday: Open 24 Hours

Tuesday: Open 24 Hours

Wednesday: Open 24 Hours

Thursday: Open 24 Hours

Friday: Open 24 Hours

Saturday: Open 24 Hours

**Veterans Health Administration (VHA) -  
St. Cloud VA Medical Center**

4801 Veterans Drive  
St. Cloud, MN 56303

Phone: [320-252-1670](tel:320-252-1670)

Sunday: Closed

Monday: 8:00 AM - 4:30 PM CST

Tuesday: 8:00 AM - 4:30 PM CST

Wednesday: 8:00 AM - 4:30 PM CST

Thursday: 8:00 AM - 4:30 PM CST

Friday: 8:00 AM - 4:30 PM CST

Saturday: Closed

**Veterans Health Administration (VHA) -  
Minneapolis VA Health Care System**

1 Veterans Drive  
Minneapolis, MN 55417

Phone: [612-725-2000](tel:612-725-2000)

Sunday: Open 24 Hours

Monday: Open 24 Hours

Tuesday: Open 24 Hours

Wednesday: Open 24 Hours

Thursday: Open 24 Hours

Friday: Open 24 Hours

Saturday: Open 24 Hours

**Health Education:****Affordable Healthcare (Medical/Dental):  
Spectra Health Grand Forks Medical**

212 South 4th Street  
Ste 301  
Grand Forks, ND 58201

Phone: [701-757-2100](tel:701-757-2100)

Sunday: Closed

Monday: 8:00 AM - 5:00 PM CST

Tuesday: 8:00 AM - 5:00 PM CST

Wednesday: 8:00 AM - 5:00 PM CST

Thursday: 8:00 AM - 5:00 PM CST

Friday: 8:00 AM - 5:00 PM CST

Saturday: Closed

**Any Positive Change (APC) Project  
Syringe Service Program:****APC Program**

212 South 4th Street  
Grand Forks, ND 58201

Phone: [701-787-8129](tel:701-787-8129)

Saturday/Sunday/Tuesday/Wednesday: Closed

Monday: 11:00 AM - 3:00 PM CST

Thursday: 11:00 AM - 3:00 PM CST

Friday: 3:30 PM - 5:30 PM CST

## **Amputee Support Group & Resource Center**

### **Hanger Clinic: Prosthetics & Orthotics** **<https://hangerclinic.com/patients/emotional-support/>**

Sunday: Closed

Monday: 10:00 AM - 7:00 PM CST

Tuesday: 10:00 AM - 7:00 PM CST

Wednesday: 10:00 AM - 7:00 PM CST

Thursday: 10:00 AM - 7:00 PM CST

Friday: 10:00 AM - 7:00 PM CST

Saturday: Closed

### **Warrior Integration Now (WIN) by Mission 22**

<https://mission22.com/programs/veterans>

### **Mission 22**

17040 Pilkington Road

Suite 200

Lake Oswego, OR 97035

Sunday: Closed

Monday: 10:00 AM - 6:00 PM CST

Tuesday: 10:00 AM - 6:00 PM CST

Wednesday: 10:00 AM - 6:00 PM CST

Thursday: 10:00 AM - 6:00 PM CST

Friday: 10:00 AM - 6:00 PM CST

Saturday: Closed

### **50 Legs**

**<https://50legs.org/50legs.org/tps://50leghttps://50legs.org/s.org/Admin-Only>**

### **Location**

Sunday: Closed

Monday: 7:00 AM - 4:00 PM CST

Tuesday: 7:00 AM - 4:00 PM CST

Wednesday: 7:00 AM - 4:00 PM CST

Thursday: 7:00 AM - 4:00 PM CST

Friday: 7:00 AM - 4:00 PM CST

Saturday: Closed

## **inTransition Program through the DOD Defense Health Agency**

Behavioral Health

1-800-424-7877

### **Veterans Inc.**

[www.veteransinc.org](http://www.veteransinc.org)

800-482-2565

701—892-4630 (Fargo)

## **Group Organization – Vietnam Veterans:**

### **Vietnam Veterans Of America - Chapter #374**

339 Center Avenue South  
Mayville, ND 58257

**Phone: 701-430-1856**

Sunday: Closed

Monday: 8:00 AM - 5:00 PM CST

Tuesday: 8:00 AM - 5:00 PM CST

Wednesday: 8:00 AM - 5:00 PM CST

Thursday: 8:00 AM - 5:00 PM CST

Friday: 8:00 AM - 5:00 PM CST

Saturday: Closed

### **Vietnam Veterans Of America - North Dakota State Council**

105 Code Avenue North  
Park River, ND 58270

Phone: 701-284-6426

Sunday: Closed

Monday: 8:00 AM - 5:00 PM CST

Tuesday: 8:00 AM - 5:00 PM CST

Wednesday: 8:00 AM - 5:00 PM CST

Thursday: 8:00 AM - 5:00 PM CST

Friday: 8:00 AM - 5:00 PM CST

Saturday: Closed

### **Vietnam Veterans Of America - Chapter #941**

PO Box 7327  
Fargo, ND 58106

Phone: 218-236-0959

Email: [larrynicholson02@gmail.com](mailto:larrynicholson02@gmail.com)

Website: <http://www.vva941.org/>

Sunday: Closed

Monday: 8:00 AM - 5:00 PM CST

Tuesday: 8:00 AM - 5:00 PM CST

Wednesday: 8:00 AM - 5:00 PM CST

Thursday: 8:00 AM - 5:00 PM CST

Friday: 8:00 AM - 5:00 PM CST

Saturday: Closed

## **Local area:**

### **Narcotics Anonymous**

(Recovery Group):

Antenna Building

401 N 7<sup>th</sup> St

Saturday: 7:00pm – 8:00pm

Sunday: 12:00pm – 1:00pm

(Living in Recovery Group):

University Lutheran Church

2122 University Ave

Monday: 8:00pm – 9:00pm

Sunday: 8:00pm – 9:00pm

Wednesday: 8:00pm – 9:00pm

### **Celebrate Recovery**

Freedom Church

308 DeMers Ave

Grand Forks, ND

Tuesdays – 630pm

HOPE Church

1601 17<sup>th</sup> Ave S

Grand Forks, ND

Thursdays – 630pm

### **Alcoholics Anonymous:**

Sunrise Group

Antenna Building

401 N 7<sup>th</sup> St

Tuesday: 6:30 am

Red River Group

Antenna Building

401 N 7<sup>th</sup> St

Tuesday: Noon

Red River Group

401 N 7<sup>th</sup> St

Tuesday: 5:30 pm

First Things First Group (In-person and online)

Wesley United Methodist Church

1600 4<sup>th</sup> Ave N

Tuesday: 7:00pm – 8:00pm

Way of Life Group

## **Other local area supports:**

Augustana Lutheran Church  
520 University Ave  
Tuesday: 8:00pm – 9:00pm

Tuesday Night Group (reduced Attendance) in person and online  
1917 S Washington St  
Tuesday: 8:00pm

Mountain Brook (Mental Health)  
112 N 3<sup>rd</sup> St  
701 746 4530

Third Street Clinic  
360 Division Ave # 200  
701-772-1263

Valley Community Health Center  
212 S 4<sup>th</sup> St  
701 757 2100

Red River Valley Community Action – Food Distribution center  
1013 N 5<sup>th</sup> St  
701-746-5431

Community Service/Restitution  
Social services organization  
311 S 4th St #201 · (701) 775-3403

Prairie Harvest Mental Health  
Social services organization  
930 N 3rd St  
(701) 795-9143

Grand Forks Housing Authority  
1405 1<sup>st</sup> Ave N  
(701) 746-2545

Salvation Army - Food Distribution Center  
1600 University Ave  
(701) 775-2597

Community Violence Intervention Center  
Crisis line: 866-746-8900  
Office: 701-746-0405

Community Connect (partners with Community Options)  
Facilitates application counseling  
701-620-1029 or 701-772-1715

Share House  
Chemical Dependency treatment program  
Residential and Assessment  
1122 North 43rd St.  
Grand Forks ND 58203

701-354-3716 (day); after hours 701-354-3716  
Monday: 8:00-5:00pm  
Tuesday: 8:00-5:00pm  
Wednesday: 8:00-5:00pm  
Thursday: 8:00-5:00pm  
Friday: 8:00-5:00pm

## Peer Support/Recovery Groups:

Face it TOGETHER  
701-260-5895  
[kal@faceittogethernd.org](mailto:kal@faceittogethernd.org)

F5 Project  
701-741-7256  
[eric@f5project.org](mailto:eric@f5project.org)  
Housing and peer support

## Additional resources:

Mission Continues  
<https://www.missioncontinues.org/>  
This connects veterans with service opportunities

Team RWB (Red, White, and Blue)  
<https://www.teamrwb.org/>  
This connects veterans and their community

Gary Sinisi Foundation (Avalon Network)  
<https://www.garysinisefoundation.org/>  
For PTSD and Mental Health

Minority Vets of America  
<https://minorityvets.org/>  
For underrepresented veterans including women, people of color, LGBTQ, and religious minorities

Elizabeth Dole Foundation – Hidden Heroes  
<https://www.elizabethdolefoundation.org/hidden-heroes/> For caregivers of veterans

Light House Church (Fargo) – Free Through Recovery Program  
<http://lighthousechurchfargo.org/>

Behavioral Health (ND):  
<https://www.behavioralhealth.nd.gov/> or  
<https://www.behavioralhealth.nd.gov/addiction/FTR>

Adult Children of Alcoholics & Dysfunctional Families World Service Organization;  
<https://adultchildren.org>

National Association for Black Veterans:  
[www.nabvets.org](http://www.nabvets.org)

American Legion: [www.legion.org](http://www.legion.org)

Vietnam Veterans of America: [www.vva.org](http://www.vva.org)





## **ACKNOWLEDGEMENT**

Thank you to veterans treatment courts that have been established in Michigan, Pennsylvania, Minnesota, Montana, Washington (state), and others for freely sharing their VTC policy and procedure manuals, information, and training information through the web pages they created to hallmark their particular VTC. Thank you, too, to the various justice-oriented organization such as Justice for Vets, COSSAP, TASC-Center for Justice and Health, and others for your online training modules, webinars, podcasts, form, and manual examples.

