

**Procedure for Rapid Intervention Program for
Substance Abuse/Mental Health Assessment**

If an assessment is ordered by the court, UCS only has one assessment slot per week on Thursdays. The following is the process:

1. The parties must submit the form "Order to Attend Substance Abuse/Mental Health Assessment" for the Judge's signature. Forms will be provided in the Courtroom. The attorneys will need to insert a) the date of the appointment and b) the charge at the bottom of the form. Date of Assessment is the following Thursday, so long as it has not already been taken.
2. Judge will need to sign the Order.
3. The Court Officer will keep track of assigned slots on a chart devised by Clerk.
4. Courtroom operator shall enter in VTADS an EO with the Judge's initials – Order to Attend Assessment, include the date of the assessment.
5. Courtroom operator will need to include a Condition of Release #31 as follows: "You shall report for assessment as directed."
6. Courtroom operator shall set the case for the normal calendar call and print out the hearing notice for defendant to pick up.
7. Court to fax a copy of the Order, Information and Affidavit and Notice of Hearing to UCS at 802-442-1707 by 5:00 p.m. on Monday so UCS will know that a slot has been assigned for that week and to expect a call from the defendant.
8. In addition to the paperwork defendant normally gets, defendant shall be given a copy of the Order to Attend and the Informational Card.
9. Once the defendant meets with the Intake Coordinator at UCS, they will fax to the court a Report, which should be docketed as a document (hopefully before the calendar call). The court must also provide a copy of this report to the SA and defense counsel.
10. If the defendant is non-compliant, UCS will fax notification to the court, and the court will, in turn, send a copy of such notification to the SA and defense attorney.

OUTLINE FOR ACT 195 PROCESS

Prepared by United Counseling Service – April 2015

UCS will begin with offering one timeslot per week for this endeavor. This appointment time will be at 10am on Thursdays each week, to begin on May 7th. The potential client needs to call to confirm the appointment by Monday at 5pm the same week of the appointment. If they do not call to confirm, the time will be given to someone on our waiting list.

We will supply the court with an instruction sheet they can give clients with our contact number, map and instructions to call to confirm an appointment with information about how to identify themselves as part of the Rapid Intervention Program (attached). The court will also FAX us an affidavit so we will recognize the individual as referred through this program when they call.

If the client does not show up we will notify the court that the appointment time was not used.

If the client shows up we will have them sign a release giving us permission to communicate with the court (attached). The clinician will complete a full assessment and upon completion of this, will FAX a form to the court that simply states that the person had an assessment and if they were found in need of treatment and if so, if they are in agreement with this and scheduled to begin. (attached).

As long as the client complies with treatment we will have no communication with the court (no news is good news), but if the client no shows, drops out, is inconsistent, etc. then we will FAX that information to the court (form attached).

Peg Gregory, Director of Mental Health and Substance Abuse Services will be the contact person for any issues that arise re: this process. Peg can be contacted at (802) 362-3950 or pgregory@ucsvt.org. Please be aware that no protected health information can be sent via email so this email address should be used for general administrative issues only, not any issues that would identify a specific client.

Bennington Unit Judicial Protocol for Court Ordered Assessment
as a Condition of Release as Per Judge Howard

1. DUI with very high BAC results (.15 or above) .15 BAC level is the standard because it indicated that the defendant had been driving with a Blood Alcohol Content that was at least twice the legal limit before the test was administered.
2. Defendants stopped while driving very dangerously - even though the BAC report was not very high.
3. Defendants charged with hard drug related offenses. Most of these defendants were abusing synthetic opiates, like OxyContin or buprenorphine.
4. Defendants charged with other drug associated charges. Many of these cases involved residential burglary and theft to get money that they could use to buy drugs.

STATE OF VERMONT
BENNINGTON UNIT

CRIMINAL DIVISION
Docket No. _____ Bncr

STATE

v.

ORDER TO ATTEND
SUBSTANCE ABUSE/MENTAL HEALTH ASSESSMENT

You are ORDERED to attend an assessment by United Counseling Service of Bennington ("UCS") for mental health and substance use because of the charges you now face in court. You shall report to UCS at 100 Ledge Hill Drive, Bennington, Vermont, to meet with the Intake Coordinator with your **insurance card**, on

THURSDAY, _____, 201__ AT 9:30 A.M.

At that time, you will be interviewed and may be required to submit one or more urine samples. UCs will notify the court of its assessment of your situation and any recommendation regarding programs that would benefit you. Should you fail to attend and cooperate with this assessment, UCS will notify the court thereof.

Date:

Judge

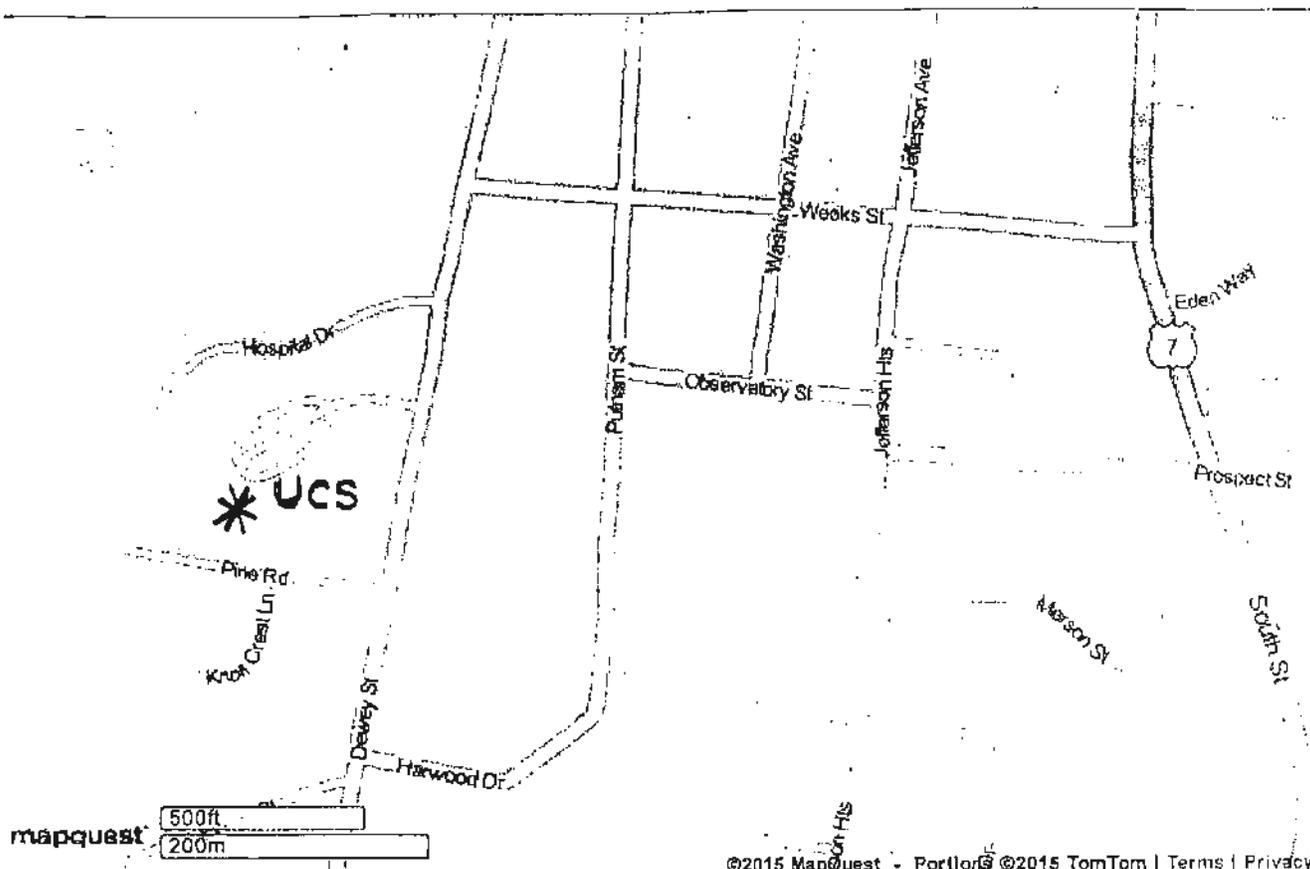
Charge:

UNITED COUNSELING SERVICE OF BENNINGTON COUNTY
PRE-TRIAL SERVICES PROGRAM

To participate in the Pre-Trial Services Program, please follow these steps:

1. Your initial appointment will be set for Thursday at 10am
2. During that time you will complete an assessment with your assigned clinician.
3. To get your appointment, you must call United Counseling at 802-442-5491 and ask for the Intake Coordinator. You must do this by the end of the day on which you are arraigned.
4. If you cannot speak directly to the Intake Coordinator, you can leave a message and she will return your call. Make sure you tell her that you are part of the Pre-Trial Services Program.
5. Once you have confirmed your appointment, please arrive at UCS no later than 9:30 to complete paperwork and orientation to services.

**** PLEASE SEE THE BACK OF THIS CARD FOR DIRECTIONS TO UCS. ****



Pretrial Services Consent to Use & Disclose Findings of a Mental Health & Substance Abuse Assessment and Whether or Not Treatment is indicated

As per a Court Ordered Condition of Release or as per a Precharge Program Authorized by a States Attorney

I, _____, date of birth _____, authorize the use and disclosure of my health and treatment information by and among each of the participants in Pretrial Services, including the staff of each organization. You may be court ordered by a Judge as a condition of release or you may be participating in a Precharge Program through an agreement with the County State's Attorney. The possible participating organizations are as follows:

- Vermont Superior Court, Bennington Unit, Criminal Division
- United Counseling Service of Bennington County Vermont.
- Bennington County State's Attorney
- Center for Restorative Justice (pretrial monitor)
- Public Defender's Office
- Defense Counsel: _____
- Other: _____

The means of this use and disclosure may be written, verbal, or electronic.

I understand that the purpose of this mental health and substance abuse assessment and its recommendations is to determine the level of care that you may need and whether further treatment is indicated. Should you decide to continue your treatment at United Counseling Service, 1 Ledge Hill Drive Bennington Vermont, we will give you an appointment. Should you need a higher level of care, we will refer you to the appropriate organizations or services. We will report your non-attendance to the court.

I therefore authorize the use and disclosure of my participation in this mental health and substance abuse assessment, which will include whether or not treatment is indicated, and level of care indicated. I understand that I may choose to participate in the lowest level of care unless medical harm will result. I understand that I will follow the recommendations that are made. Communication with the participating organizations listed above will only be about my attendance and compliance and/or if a higher level of care is medically necessary because of medical dangers and risks to my health. I understand that when I have completed the treatment necessary and pertinent to my pretrial conditions of release or Precharge Program agreement, that I will be discharged. Should I want to continue treatment, I may do so as through a separate voluntary agreement with the provider.

The information that will be shared may include the following:

- ▶ Name, date of birth, and other identifying information.
- ▶ Contact information.
- ▶ Completion of the mental health and substance Assessment, level of care recommendations only, and an appointment date to continue treatment if medically necessary will be conveyed to the Court if assessment is court ordered or to the Pretrial Monitor if assessment is part of a Precharge Plan.
- ▶ Missed appointment will be conveyed to the Court immediately if assessment has been court ordered as a condition of release.
- ▶ Missed appointment will be conveyed to the Pretrial Monitor who will convey to the States Attorney if the assessment is part of a Precharge plan.
- ▶ Treatment completion to Court if assessment is court ordered and/or to Pretrial Monitor if assessment is part of a Precharge plan.

ADDITIONAL PROVISIONS CONCERNING MY CONSENT:

I understand that my alcohol and/or drug treatment records, if any, are protected under federal statutes and regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, including 42 C.F.R. Part 2, and my personal health information is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 & 164, and in some cases by 7 C.F.R. § 246.26, as well as Vermont law, and such information cannot be disclosed without my written consent unless otherwise provided for by law.

I also understand that my decision to use the services of the participating organization is voluntary. I have decided to comply with either the court ordered assessment and/or Precharge plan offered to me. My signature indicates that I understand the confidential nature of the important information covered by this Consent and that I may end my participation in these services at any time.

I understand that if I want the participating organizations to disclose information about me to any person or entity other than the participants listed, I will need to sign a separate Consent or Authorization to release such health and treatment information for each party to whom such information is disclosed, except as specifically described below.

I further understand that if any of the participating organizations want to use or disclose any information regarding me for a purpose other than that described in this Consent, then that participating organization must obtain my written permission, stating the purpose of the consent, prior to using or disclosing that information.

I also understand that I may request restrictions on the use or disclosure of treatment records. I understand that any participating organization listed will consider my request but is not bound to agree to it in which case I may decline to participate. However, my refusal to be involved will not affect my ability to otherwise receive services from the individual participating organizations.

I further understand that generally the participating organizations may not condition my treatment with them on whether I sign this Consent form, but that in certain limited circumstances, I may be denied treatment with them if I do not sign such a form.

I may revoke this Consent at any time by notifying any participating organization listed, but revoking this Consent will not affect any actions that were taken by a participating organization before I revoked it.

This Consent will remain in effect for the period while I receive services and for thirty (30) days after the termination of services by United Counseling Service of Bennington County, 1 Ledge Hill Drive, Bennington, Vermont, 05201, unless I choose to terminate it on the following date or as a result of the following event or condition: Date: _____
Condition: _____

I have read all of the above information, and I understand its contents and consent to the use and disclosure of the confidential information identified above to the participating organizations and appropriate staff members for the purposes specified previously.

_____		_____
Name of Patient (Please Print)		Date
_____		_____
Signature of Patient (18 and over or	Emancipated Minor)	Date
_____		_____
Witness: Name and Title		Date

<p>I hereby revoke this consent on _____ (date). Do not release any further information under this authorization.</p> <p>Signature: _____</p>

This Consent to Release Information will be kept on file by United Counseling Service of Bennington County on behalf of the Pretrial Services, unless revoked by the client or terminated as specified in this Consent form.

STATE OF VERMONT

CRIMINAL DIVISION

BENNINGTON UNIT

No. _____ Bncr

State of Vermont

v.

Defendant

REPORT TO THE COURT

SUBSTANCE ABUSE AND MENTAL HEALTH ASSESSMENT FINDINGS

The defendant, _____, met with a United Counseling Service (UCS) Access Clinician on _____ for a substance abuse and mental health assessment.

As a result of that assessment, UCS finds:

1. The defendant (does) (does not) meet criteria for alcohol/drug or co-occurring treatment. [If the defendant meets ASAM criteria for treatment continue to complete the remainder of this form.]
2. The defendant (does) (does not) have the ability to comply with an order for treatment.
3. There (is) (is not) a treatment program that is suitable for the defendant's needs.
4. That program is: _____ (name of your program or other appropriate ASAM level program).
5. The defendant can report to that program on: _____, 20__ at _____ for his/her initial counseling appointment.

Respectfully submitted by:

_____ on _____

Clinician Name, Credentials

Date _____

Bennington Criminal Division
200 Veterans Memorial Drive
Bennington, VT 05201

Re: State v. _____, Docket No. _____ Bncr

Dear Judge:

I am currently seeing a defendant, _____ who has been court ordered to complete a clinical mental health and substance use assessment and follow recommendations as a condition of release.

As part of their conditions they know I will be in contact with you about their attendance in counseling and/or whether treatment recommendations have changed and they need to be referred to another provider:

- Acceptable – They make their appointments on time.
- Unacceptable – They have missed an appointment, no call.
- Borderline – They have missed an appointment, but called.
- Unwilling – They attend but have not followed up on any of their treatment plan goals; have not followed any of the assessment recommendations; and/or have not identified any reason/motivation to participate in treatment.
- I have discharged them, due to lack of follow through, or lack of motivation and have explained to them I would be contacting you.
- Completed their treatment and I have discharged them.
- Comments:

If you have any questions or concerns feel free to contact me at: 802-442-5491.

Sincerely,

Name and Credentials of Clinician