

**Clark County, WA**  
*District and Superior Court*

# **VETERANS THERAPEUTIC COURT PARTICIPANT HANDBOOK**



*Revised 06/03/2019*



Clark County, Washington  
Veterans Therapeutic Court  
**Participant Handbook**

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## **Welcome**

Welcome to the Clark County Veterans Therapeutic Court (VETCO). This handbook is designed to be an overview of what to expect as a participant in VETCO. It provides a basic outline of the program and is a resource to turn to for the many questions you may have as you move through the program. You are expected to read the handbook and review it often so that you can easily comply with VETCO's mission of promoting a healthy and productive lifestyle. If you can't find an answer in the handbook, please contact a Team member for help.

As a participant of VETCO, you will be expected to follow the instructions given to you by the Judge and the VETCO Team. You will also be expected to follow all supervision and program rules and complete the treatment plan developed by you and your assigned treatment provider.

You are encouraged to share this handbook with your family, significant other, and friends (people in your support system) so they can support you in achieving your goals. They are also welcome to attend your scheduled court sessions with you.

## **Introduction and Mission Statement**

VETCO is a Clark County Therapeutic Specialty Court that treats both misdemeanor and felony defendants on a combined docket. VETCO offers eligible veterans the chance to enter an alternative treatment and sentencing program for defendants suffering from an underlying substance use disorder, co-occurring disorder, or mental illness, and facing criminal charges. This collaborative team approach is a partnership of people interested in supervising and assisting veteran-defendants willing to make changes in their lives using best practice and evidenced-based approaches.

As of June 3, 2019, VETCO was expanded to include a "pre-plea" program that accepts both misdemeanor and felony offenses. To participate pre-plea, the defendant must waive his or her right to a speedy trial and voluntarily agree to enter and abide by the conditions set forth in the program contract. If a defendant successfully completes the pre-plea program (graduates), the defendant's pending charges will be dismissed, with prejudice. The court also accepts post-plea District Court cases.

The mission of Veterans Therapeutic Court is to promote public safety, reduce criminal activity associated with veteran offenders, and enable the participants to live productive and law-abiding lifestyles within our community.

## **Goals**

1. Promote public safety.
2. Reduce criminal recidivism by providing assessment, education, and treatment for honorably discharged veteran criminal offenders with substance use disorders, co-occurring disorders, or mental illness.
3. Monitor treatment compliance through frequent court contact and supervision.
4. Engage and retain participants in appropriate treatment resources.



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5. Require strict accountability from program participants and impose immediate sanctions for unacceptable behaviors and rewards for positive choices.
6. Reallocate resources to provide an effective alternative to traditional prosecution and incarceration of non-violent/non-sex offenders.
7. Reduce costs within the County's criminal justice system and jail through early identification practices, expediting cases connecting and re-routing eligible veteran participants to treatment at the Veterans' Administration, and other community resources in lieu of incarceration.

### **Veteran Mentors (in development)**

Veteran Mentors act as a coach, guide, role model, advocate, and support for the participants. Mentors encourage, guide, and support each participant through the court process. This includes listening to the concerns of participants and making general suggestions, assisting with determining needs, and acting as a support. Mentors must be a veteran of one of the branches of the US Armed Forces, including the Army, Navy, Marine Corps, Air Force, Coast Guard, or their corresponding Reserve and Guard branches.

Veteran Mentors are not members of the VETCO Team. They will not participate in discussions of participants' cases or make reports to the Team regarding participants. Only in emergency situations will a mentor report to the Team about something happening with a participant. However, mentors will encourage participants to talk openly with the Team about problems they are having or setbacks in progress.

### **Team Members**

The judge serves as the lead of the VETCO team and presides at all team staffings and court sessions. The judge and other team members will make all decisions regarding your participation in the VETCO program based upon input from the various team members, providers, and other support services. In addition to the judge, the VETCO team may consist of the following members:

- Defense Attorney (your attorney)
- Prosecuting Attorney/City Attorney
- VETCO Coordinator
- Veterans Justice Outreach (VJO) Specialist from the US Department of Veterans Affairs
- Probation Officer from Clark County District Court Probation Division
- Law Enforcement Representative

Prior to each VETCO session the team members will meet to review your case and assess your compliance with VETCO requirements and progress toward recovery, which will be discussed with you during the court session. Others you may see regularly in court include the Judicial Assistant, Superior Court Clerk, VETCO Program Associate, and representatives from various community groups and resource agencies.



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### **Participant Rights**

All participants have the right to courteous, dignified and reliable delivery of service. Participation in VETCO is voluntary. Participants will be informed of changes in the program, rules and policies as early as possible. Equal treatment and services will be delivered without regard to age, race, color, sex, sexual orientation, religion, national origin, ancestry, or physical disability.

### **Program Terms and Conditions**

All VETCO participants shall be engaged in individualized, comprehensive, and integrated mental health and/or substance abuse treatment and rehabilitation services as determined by the assessment and treatment provider. In being accepted into the Veterans Therapeutic Court Program and as a part of a participant's sentence, the participant must abide by the contractual terms and conditions:

#### **TERMS and CONDITIONS:**

1. I will obey all laws.
2. I will not consume alcohol, marijuana, or any non-prescription drugs.
3. I will comply with my prescribed medication regimen.
4. I will appear at all hearings as ordered by the Judge and maintain contact with the Probation Officer via phone or office appointments as directed.
5. I will promptly inform the Probation Officer and Team of any change in my address and phone number.
6. I will attend **all** scheduled appointments with the treatment providers as outlined in my treatment plan. The Veterans Therapeutic Court treatment program shall meet the individual needs of each participant. Each treatment plan shall reflect the specified treatment objectives based on identified areas and length of time in treatment will be according to individual progress.
7. I understand that I cannot have excessive or unexcused absences from any appointments, employment, schooling, training, probation, case management, community service, drug screens, treatment, medical or other obligations.
8. I will comply with the terms of my supervision.
9. I authorize my treatment providers to release any medical information regarding my treatment or any testing to the Probation Officer, Program Coordinator, the Judge, my lawyer and the prosecutor. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by law.
10. I waive confidentiality of my medical records, to include any test results, and authorize my treatment providers to discuss my case with the court, my lawyer and the prosecutor in my case.
11. I understand and agree that there may be discussions about my case, my treatment program, and my condition which will take place out of my presence or the presence of my lawyer.
12. I must report any new arrests, police contact or criminal proceedings which arise against me to the Probation Officer and Team. If I miss a court appearance, a warrant may be issued for my arrest. If the warrant is outstanding for more than two (2) months, I may be



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terminated from the Veterans Therapeutic Court. If terminated from Veterans Therapeutic Court, the Judge has authority to further sentence me.

13. I understand that failure to meet any of the conditions listed above or below, will be cause for termination from Veterans Therapeutic Court. In addition to following the above terms, I am responsible for complying with any of the conditions listed below:

I understand that the court may impose fees and costs including a filing fee, Program/Monitoring Fee, attorney recovery fees, restitution or other fees. If imposed, the court will set a payment plan on these fees to be paid as indicated below. Other fees for testing may be imposed by the court at the Judge's discretion.

### **Court Reviews**

You are required to attend the VETCO review docket to discuss your progress. Dockets are held on Mondays at 10am (District Court) and 10:30am (Superior Court) on the second floor of the Clark County Courthouse, located at 1200 Franklin Street, Vancouver, WA 98660.

Based on your progress in the program, you may be required to appear for court reviews more or less often. Typically, participants are required to appear as follows:

- Phase 1 – weekly on Mondays
- Phase 2 – twice monthly, on 2<sup>nd</sup> and 4<sup>th</sup> Mondays
- Phase 3 – twice monthly, on 2<sup>nd</sup> and 4<sup>th</sup> Mondays
- Phase 4 – once monthly, on 4<sup>th</sup> Mondays

Court is generally not in session on the 5<sup>th</sup> Monday of each month. Check your return to court form after each court appearance, as there may sometimes be exceptions to this schedule.

Prior to each court review, the Team will meet to discuss participants' progress in the program and make recommendations to the Judge regarding any action that needs to be taken.

### **Supervision**

You are required to meet with the assigned probation officer as directed by the Judge, in addition to court appearances. The frequency of these visits depends on your progress in the program. The probation officer will discuss the conditions of your supervision with you initially and as you advance through the program. The VETCO law enforcement officer, sometimes accompanied by the probation officer, may also make home and work visits on a random schedule or as needed based on your individual situation.

### **Alcohol and Drug Testing**

It is the goal of VETCO to help you maintain sobriety not only to succeed in the program but also to succeed in life after the program. Therefore, we use frequent and random drug/alcohol testing as needed to promote this goal. Testing is normally conducted at the VA or probation office.



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If you fail to appear or cannot provide a specimen, the Team will consider this as a failed test and sanctions may be applied. If the test indicates a positive result, and you contest the result, your specimen will be forwarded to the laboratory for confirmation.

### **Medications**

All medications must be pre-approved by your treatment provider prior to taking them. When going to the doctor or dentist, please make sure to bring the *Physician's Letter* (see Appendix) for your physician to sign. If an emergency room visit is necessary, it is important that you identify yourself as a VETCO participant and request non-narcotic and non-alcoholic medications. It is your responsibility to know what is contained in the medications you consume.

### **Treatment**

Substance abuse and mental health treatment is provided by the federally funded Veterans Health Administration, or in some cases state-funded treatment agencies. The treatment agency to which you are assigned will coordinate your treatment and may refer you to additional treatment and/or mental health services if needed. There may be a treatment fee. After your intake session, you and your counselor will develop a treatment plan that may involve both group and individual counseling as well as either in-patient or out-patient treatment. The schedule will be determined by the treatment provider, and attendance is required. You may be required to attend more groups or individual sessions depending upon your treatment plan. Each treatment plan is individualized to best meet your particular needs.

You are responsible for attending all scheduled appointments. Treatment misses must be excused by your treatment agency and made up later. Your attendance and level of participation at counseling sessions will be reported to the team as part of your weekly progress reports. You must contact your case manager or your counselor if you are unable to attend or will be late to a scheduled session. Unexcused misses could result in sanctions.

### **Fees**

You are responsible for paying a \$200 VETCO program fee, which may be in installments. You will be required to pay any costs associated with monitoring devices, such as Electronic Home Confinement with alcohol monitoring, SCRAM, etc. You are responsible for any rescheduling fee associated with missed appointments. Payment information may be reported to the Judge as part of your regular progress reports. Inability/failure to timely pay fees will not automatically result in termination from the program. At a minimum, program fees must be paid according to the following schedule:





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Phase	Amount Due During Phase	Total Paid
Phase 1	\$0	\$0
Phase 2	\$40	\$40
Phase 3	\$80	\$120
Phase 4	\$80	\$200

### Program Structure

The VETCO Program offers a four-phased structured approach with the first phase focusing on orientation and engagement, and the last focused on participant independence and community reintegration.

Phase	Months in Phase	Court Review
Phase 1: Orientation/Engagement	2 months minimum	Weekly
Phase 2: Intensive Treatment	4 months minimum	Twice monthly
Phase 3: Community Engagement	4 months minimum	Twice monthly
Phase 4: Maintenance	2 months minimum	Monthly

### Phase Advancement and Promotion

In order to advance to the next phase, you have the primary responsibility of completing all phase requirements in collaboration with treatment and supervision and requesting permission to phase up. The time it will take to complete VETCO depends upon your progress through the phases. If you do not complete all of the components of a phase, you will spend more time in that phase. Each phase will be specifically tailored to you, but all participants will have the same basic components.

#### Phase 1: Orientation/Engagement (Minimum 2 months)

##### Phase Requirements

- Attend court weekly or as directed.
- Meet with probation officer as directed.
- Attend a minimum of two support meetings per week. May substitute one sober activity for one self-help group.
- Attend all scheduled appointments and obligations.
- Engage in treatment regimen and comply with treatment plan tasks.
- Complete required treatment in accordance with recommended level of care.
- Comply with medication regimen (may require keeping a daily medication journal).
- Secure stable living environment or work closely with case manager to seek housing.





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- Seek reliable transportation.
- If appropriate, explore schooling or employment opportunities.

Advancement Criteria for Phase 2

- Minimum of 60 days since opting in with contract.
- No unexcused absences from scheduled services or sanctions for two weeks (court, treatment, meetings, drug tests, 1:1s, community service, etc.)
- Provide clean drug/alcohol screens for a minimum of 30 days.
- No new law violations.
- Comply with treatment plan objectives and be on task.
- Read and sign Phase 2 Responsibility Sheet for court supervision.

**Phase 2: Intensive Treatment**  
(Minimum 4 months)

Phase Requirements

- Attend court twice monthly as directed, usually on second and fourth Mondays.
- Meet with probation officer as directed.
- Attend a minimum of two support meetings per week. May substitute one sober activity for one self-help group.
- Attend all scheduled appointments and obligations.
- Engage in treatment regimen and comply with treatment plan tasks.
- Comply with medication regimen (may require keeping a daily medication journal).
- Secure stable living environment or working closely with case manager to seek housing.
- Seek reliable transportation.
- If appropriate, explore schooling or employment opportunities.
- Make minimum \$40 payment toward program fees, plus payments on fines, fees, and/or restitution obligations as able.

**\*\*If a participant is not complying with program conditions, the following may occur:**

- Reporting to court more frequently, and/or
- Reassessed for additional services and/or community resources
- Increase attendance and required documentation for community support groups, and/or court-ordered program sanctions as determined by the VETCO Team and Judge.



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Advancement Criteria for Phase 3

- Minimum of four months in Phase 2.
- No unexcused absences from scheduled services or sanctions for two weeks (court, treatment, meetings, drug tests, 1:1s, community service, etc.)
- Provide clean drug/alcohol screens for a minimum of 60 days.
- No new law violations.
- Comply with treatment plan objectives and be on task.
- Pay a minimum of \$40 toward program fee.
- Read and sign Phase 3 Responsibility Sheet for court supervision.

**Phase 3: Community Engagement**  
(Minimum 4 months)

Phase Requirements

- Attend court twice monthly as directed, usually on second and fourth Mondays.
- Meet with probation officer as directed.
- Attend a minimum of three support meetings per week. May substitute two sober activities for two self-help groups.
- Attend all scheduled appointments and obligations.
- Engage in treatment regimen and comply with treatment plan tasks.
- Comply with medication regimen (may require keeping a daily medication journal).
- Develop means to meet basic needs and independent living (stable, safe housing, income, employment, or schooling, transportation, etc.
- Make minimum \$80 payment (\$120 total) toward program fees, plus payments on fines, fees, and/or restitution obligations as able.

**\*\*If a participant is not complying with program conditions, the following may occur:**

- Reporting to court more frequently, and/or
- Reassessed for additional services and/or community resources
- Increase attendance and required documentation for community support groups, and/or court-ordered program sanctions as determined by the VETCO Team and Judge.
- Potential notice of termination.



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Advancement Criteria for Phase 4

- Minimum of four months in Phase 3.
- No unexcused absences from scheduled services or sanctions for two weeks (court, treatment, meetings, drug tests, 1:1s, community service, etc.)
- Complete any treatment services that are not ongoing (i.e., substance use disorder, anger management, etc.)
- Provide clean drug/alcohol screens for a minimum of 90 days.
- No new law violations.
- Comply with treatment plan objectives and be on task.
- Pay a minimum of \$80 toward program fee (\$120 to date).
- Read and sign Phase 4 Responsibility Sheet for court supervision

**Phase 4: Maintenance**  
(Minimum 2 months)

Phase Requirements

- Attend court monthly as directed, usually on the fourth Monday.
- Meet with probation officer as directed.
- Attend a minimum of three support meetings per week. May substitute two sober activities for two self-help groups.
- Attend all scheduled appointments and obligations.
- Engage in treatment regimen and comply with treatment plan tasks if services are ongoing.
- Comply with medication regimen (may require keeping a daily medication journal).
- Develop means to meet basic needs and independent living (stable, safe housing, income, employment, or schooling, transportation, etc.
- Make minimum \$80 payment (\$200 total) toward program fees, plus fully pay fines and/or restitution obligations.
- Develop an aftercare and wellness plan.



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**\*\*If a participant is not complying with program conditions, the following may occur:**

- Reporting to court more frequently, and/or
- Reassessed for additional services and/or community resources
- Increase attendance and required documentation for community support groups, and/or court-ordered program sanctions as determined by the VETCO Team and Judge.
- Potential notice of termination.

**Advancement Criteria for Commencement**

- Minimum of two months in Phase 4, and minimum of one year in the program.
- Completed all treatment plan tasks.
- Fulfilled all probation and court conditions in this jurisdiction.
- Full payment of financial obligations (program/filing fees, attorney fees, restitution)
- Demonstrated a minimum of two months of compliant and pro-social behavior (medication compliance, sobriety, no new law violations or non-emergency contact with law enforcement).
- Demonstrated 60 days without a sanction.
- Provide clean drug/alcohol screens for a minimum of 120 days.
- Has written aftercare and wellness plan and can articulate to the team.
- Scheduled exit interview with the TSC Coordinator.
- Pay balance of \$80 toward program fee (\$200 to date).
- Approval for commencement by Veterans Therapeutic Court Team (voting process)

**Commencement**

Once all requirements for VETCO have been met, including treatment, being substance-free, and payments, you will graduate from VETCO with a sense of pride knowing that you have completed a rigorous program to enable yourself to make healthy decisions in your life. You will have achieved the goal of remaining substance free and essentially starting your and your family's lives over again.



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At your commencement ceremony, you will be recognized by the VETCO Team and presented with a token of your success. You will also be given the opportunity to speak to the other participants about your journey and what you've experienced and learned throughout the course of the program.

After commencement, the team encourages you to maintain some level of involvement with VETCO. During this time, you are encouraged to support the participants still going through the phases and attend court meetings to share your story. You also have the option to join the alumni group, and in the future apply to be a Veteran Mentor (both programs currently in development).

### **Conclusion of VETCO**

Once you have successfully completed the program, you will be done with all requirements of VETCO. If you were on the pre-plea program, your case will be dismissed with prejudice. If you were on the post-plea program, you will be placed on true bench probation through the end of jurisdiction on your case(s).

### **Incentives and Sanctions**

VETCO provides incentives to encourage your progress. Incentives may be received for excellent participation, clean holiday time, a new job, college attendance, driver's license reinstatement, etc. Incentives are given to recognize successes you have achieved in the VETCO program.

If you fail to comply with the Veterans Therapeutic Court Program rules, you may be sanctioned. Sanctions are progressive and become stiffer for repeat violations. In higher phases, the expectation is that you will not have any sanctions; therefore, the sanctions imposed may be stiffer than for lower phases. Sanctions are individualized to your situation and should not be compared against sanctions given to other VETCO participants.

Incentives include:

- Verbal recognition
- Decreased supervision
- Awards/Certificates
- Gift Cards
- Any other incentive deemed appropriate for the participant's positive actions

Sanctions include:

- Verbal admonishment
- Increased supervision
- Written assignments
- Community Restitution (Community Service hours/Veterans Garden/Work Crew)

- Jail commitment
- Any other sanction deemed appropriate for the participant's actions or lack thereof

### **Termination**

Warrants, new arrests, or noncompliance could result in you being terminated from the Veterans Therapeutic Court Program and sentenced on your pending charge(s).

Noncompliance violations which could result in termination include consistently missing drug tests or testing positive, missing treatment or supervision appointments, repeatedly breaking the program rules, and violence or threats of violence directed at other participants, treatment staff, or other VETCO team members.



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**Receipt and Review of Participant Handbook**

Name: \_\_\_\_\_ Cause No.: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge the receipt of the Clark County Veterans Therapeutic Court Participant Handbook. By my signature below, I attest that I have been provided with a copy of the Participant Handbook and that I have reviewed it prior to agreeing to participate in the Veterans Treatment Court. Furthermore, I acknowledge that I have been made aware of the Veterans Therapeutic Court program rules and my responsibilities.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defense Attorney Signature





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# Appendix



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**Veterans Therapeutic Court Operations Team Contact List**

Judge:	John P. Hagensen	
Judicial Assistant:	Sherry Bell	
Program Coordinator:	Beth Robinson	(564) 397-2431 <a href="mailto:beth.robinson@clark.wa.gov">beth.robinson@clark.wa.gov</a>
	1200 Franklin St. Vancouver, WA 98660	
Program Associate:	Julie Anderson	(564) 397-5175 <a href="mailto:julie.anderson@clark.wa.gov">julie.anderson@clark.wa.gov</a>
	1200 Franklin St. Vancouver, WA 98660	
Probation Officer:	Doug Wall	(360) 397-6119 x4124 <a href="mailto:doug.wall@clark.wa.gov">doug.wall@clark.wa.gov</a>
	707 W. 13 <sup>th</sup> St. Vancouver, WA 98660	
Defense Attorney:	Chuck Buckley	(360) 694-9657 <a href="mailto:cbuckley@cbuckleylaw.com">cbuckley@cbuckleylaw.com</a>
	303 E. 16 <sup>th</sup> St. Vancouver, WA 98663	
Prosecutor (City):	Lacey Blair	(360) 487-8500 <a href="mailto:Lacey.Blair@cityofvancouver.us">Lacey.Blair@cityofvancouver.us</a>
	PO Box 1995 Vancouver, WA 98668	
Prosecutor (County):	Bob Shannon	(360) 397-2261 <a href="mailto:bob.shannon@clark.wa.gov">bob.shannon@clark.wa.gov</a>
Law Enforcement:	Dolly Warden	
VA Treatment Services:	Matt Byrge	(503) 220-8262, ext. 34075 <a href="mailto:matthew.byrge@va.gov">matthew.byrge@va.gov</a>
	VA – Vancouver Campus	
	Aaron Baxter	(503) 220-8262, ext. 32269 <a href="mailto:Aaron.Baxter2@va.gov">Aaron.Baxter2@va.gov</a>
	Peggy Kuhn	(503) 220-8262, ext. 33839 <a href="mailto:Peggy.Kuhn@va.gov">Peggy.Kuhn@va.gov</a>

**Other Reference Numbers**

Clark County District Court main number	(564) 397-2424
Clark County DC Probation Division	(360) 397-2436
US Department of Veterans Affairs (Vancouver)	(360) 696-4061
Clark County Veterans Assistance Center	(360) 693-7560
Partners in Careers	(360) 696-8417
Veterans Crisis Line	(800) 273-TALK (8255)
Clark County Mental Health Crisis Line	(800) 626-8137 or (360) 696-9560
Council for the Homeless Housing Hotline	(360) 695-9677



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**RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, Date of Birth: \_\_\_\_\_, authorize Clark County Veterans Therapeutic Court Team  
and: \_\_\_\_\_ to disclose the following information:  
Name of Agency

**Notice: Participant or patient may furnish agency name once it is determined at a later date.**

\_\_\_\_\_ Initial

Initial

- \_\_\_\_\_ Chemical dependency / substance abuse evaluation and/or treatment  
\_\_\_\_\_ Mental health evaluation / treatment records  
\_\_\_\_\_ Domestic violence / anger management treatment  
\_\_\_\_\_ Psychosexual evaluation / treatment  
\_\_\_\_\_ Medical evaluation / treatment  
\_\_\_\_\_ Other: \_\_\_\_\_

**To disclose the following information:** All reports, evaluations, progress reports, treatment requirements, prior criminal history, medical and psychological history and personal history (including testing results) concerning me to each other and to any prosecuting authority or Court in Clark County, Washington, with jurisdiction:

The purpose of the disclosures authorized in the consent is:

1. To improve public safety by allowing communication and multidisciplinary case management and release planning;
2. To enable treatment providers to communicate continuing care plan referrals to the above agency;
3. To incorporate into a Court sentencing report;
4. To inform prosecuting authorities and/or the Court whether you have followed the Court's order, and;
5. To insure the receiving agency that pertinent information is available so it can conduct an accurate evaluation of you and/or treatment.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164 in addition to Washington State confidentiality provisions under RCW 70.96A, RCW 70.02, RCW 71.05, RCW 71.34, RCW 10.97, and RCW 13.50. I understand that there exists a potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected by this subpart. I understand that this authorization shall remain in effect for the duration of my supervision unless revoked prior to that time. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Initial

- \_\_\_\_\_ There has been a formal and effective termination or revocation of my release from confinement, probation, or other proceeding under which I was mandated to treatment, or  
\_\_\_\_\_ Specify other time when consent can be revoked and/or expires: \_\_\_\_\_

I further acknowledge that the information to be released was fully explained to me and this is given at my own free will.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

The records contained herein are protected by Federal Confidentiality regulations 42 CFR Part 2 and 45 CFR part 164. The federal rules prohibited further disclosure of this information to parties outside of the Clark County Corrections unless such disclosure is expressly permitted by the written consent of the person whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. PROHIBITION ON RE-DISCLOSURE: "This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient to this purpose."



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### **Self-Help Groups and Sober Activities – Suggestion List**

Per the National Council on Alcoholism and Drug Dependence, Inc. (NCADD), “Self-help groups, also known as mutual help, mutual aid, or recovery support groups, play a vital role in substance abuse treatment in the United States, and research has shown that active involvement in support groups significantly improves the likelihood of remaining clean and sober.”

Well known examples of **recovery based support groups or self-help programs** include:

- Alcoholics Anonymous (AA) [www.aa.org](http://www.aa.org)
- Cocaine Anonymous (CA) [www.ca.org](http://www.ca.org)
- Crystal Meth Anonymous [www.crystallmeth.org](http://www.crystallmeth.org)
- Dual Recovery Anonymous [www.draonline.org](http://www.draonline.org)
- Marijuana Anonymous (MA) [www.marijuana-anonymous.org](http://www.marijuana-anonymous.org)
- Narcotics Anonymous (NA) [www.na.org](http://www.na.org)
- Nicotine Anonymous [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)
- Refuge Recovery (Buddhism based) <https://refugerecovery.org/>
- Secular Organizations for Sobriety <http://www.sossobriety.org/>
- Smart Recovery <https://www.smartrecovery.org/local/>

#### ***Court-ordered treatment groups do NOT count as a support meeting.***

Veterans Therapeutic Court also recognizes the importance other types of **sober activities** can play in a participant’s recovery. Examples of sober activities may include:

- Additional VA classes that are not part of the current treatment plan
- VA recreational therapy
- Mentoring programs (ex: REACH Too)
- Activities sponsored by the Veterans Court Board
- Participation in a clean and sober activity such as softball team, bowling league, “Meet Up” hiking group for veterans, organized fishing trips for veterans, etc.
- Church
- Group classes like Tai Chi and Yoga, or other life enrichment classes
- The team will consider additional suggestions on a case-by-case basis

### **Veterans Therapeutic Court Requirements:**

Phase 1 & 2: Two self-help groups per week (may substitute one sober activity for one self-help group)

Phase 3 & 4: Three self-help groups per week (may substitute up to two sober activities)

***Be prepared to talk to the Judge about your pro-social sober activities when you come to court.***

All meeting slips need to be sent to Probation Officer Doug Wall, Program Assistant Julie Anderson, and Coordinator Beth Robinson. Support group meeting slips are due by 7am on the day of court.

Doug Wall  
Phone: (360) 397-6119 x4124  
Fax: (360) 759-6867  
[doug.wall@clark.wa.gov](mailto:doug.wall@clark.wa.gov)

Julie Anderson  
Phone: (564) 397-5175  
Fax: (360) 759-6734  
[julie.anderson@clark.wa.gov](mailto:julie.anderson@clark.wa.gov)

Beth Robinson  
Phone: (564) 397-2431  
Fax: (360) 759-6869  
[beth.robinson@clark.wa.gov](mailto:beth.robinson@clark.wa.gov)



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### Physician's Letter

The Physician's Letter must be signed by your doctor/prescriber each time a medication is prescribed. For a printable version of the document, go to:

<https://www.clark.wa.gov/sites/default/files/dept/files/district-court/Specialty%20Courts/PhysicianLetterAllCourts.pdf>

**\*\*THERAPEUTIC COURT PARTICIPANT: PLEASE ATTACH YOUR  
MEDICAL DISCHARGE SUMMARY TO THIS FORM\*\***



Clark County District Court  
Therapeutic Specialty Courts  
1200 Franklin Street  
PO Box 5000  
Vancouver, WA 98666-5000  
Tel. # (360) 397-2431



To Prescribing Physician / Psychiatrist / Dentist / Urgent Care / Other Health Care Prescriber:

Please note that your patient or prospective patient is a participant in one of the Clark County District Court Therapeutic Specialty Court programs (Veterans Court, DUI Court, Substance Abuse Court, Mental Health Court).

If a current participant is prescribed any potentially addictive medication, we require that they have an honest discussion of their substance use/addiction history with you, leaving it to your discretion whether the medication to be prescribed or other alternative non-narcotic medication should be considered. We hope that you or your representative will sign this letter and provide our program with a comprehensive list of medications being prescribed to our participant and acknowledge that the participant has discussed their substance use history with you. If you have any questions, please contact Beth Robinson, Program Coordinator at (360) 397-2431 or [beth.robinson@clark.wa.gov](mailto:beth.robinson@clark.wa.gov).

**Print name of Participant:**

Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Time seen: \_\_\_\_\_ Time out: \_\_\_\_\_

**REASON FOR VISIT:**

**PLEASE LIST MEDICATION(S) USED DURING THIS VISIT AND/OR PRESCRIBED TODAY:**

Name of Rx: \_\_\_\_\_ Quantity: \_\_\_\_\_ Dosage: \_\_\_\_\_ Refill: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Rx: \_\_\_\_\_ Quantity: \_\_\_\_\_ Dosage: \_\_\_\_\_ Refill: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Rx: \_\_\_\_\_ Quantity: \_\_\_\_\_ Dosage: \_\_\_\_\_ Refill: \_\_\_\_\_ Other: \_\_\_\_\_

Other general comments: \_\_\_\_\_

**Prescriber to initial here** \_\_\_\_\_ if the patient has disclosed to you any pertinent information: (i.e. pregnancy, if they are on Medically Assisted Treatment, or if the patient has informed you of any other medications that will affect what you are prescribing today).

What was disclosed: \_\_\_\_\_

Prescriber signature \_\_\_\_\_ Date \_\_\_\_\_ Participant signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:**

I, (Name of defendant) \_\_\_\_\_, authorize all Clark County District Court Therapeutic Specialty Court program members and (Prescriber) \_\_\_\_\_ to communicate with and disclose to one another the following information:

(Defendant's initials) \_\_\_\_\_ my diagnosis, prescription, testing results, information related to client physical or mental health condition.

The purpose of the disclosure is to coordinate and integrate medical and behavioral health treatment services. I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically at the conclusion of Drug Court Participation.

Dated: \_\_\_\_\_ Signature of Patient \_\_\_\_\_

**PROHIBITION ON REDISCLOSURE:** This notice accompanies a disclosure of information concerning a client in mental health and/or alcohol/drug treatment, made to you with the consent of the client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2 prohibits unauthorized disclosure of these records). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any patient. [Updated 11/2018]



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### Special Request Form

The Special Request Form should be used any time you need to be excused from a program requirement, travel outside the allowed area, or any other special circumstances apply. The form must be submitted in advance, and documentation may be required. For a printable version of the document, go to:

<https://www.clark.wa.gov/sites/default/files/dept/files/district-court/Specialty%20Courts/PhysicianLetterAllCourts.pdf>

#### Clark County District Court Therapeutic Specialty Courts

##### Leave / Excused / Special Request Form

This form is to be used to submit written permission to be excused from any program requirements, travel outside the 6-county area, or request any other "specialized circumstance" to the Therapeutic Court Team.

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

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

Treatment Provider/ Case Manager: \_\_\_\_\_

Therapeutic Court Requirement that will be affected: Please check appropriate boxes.

<input type="checkbox"/> Group sessions	<input type="checkbox"/> Individual session	<input type="checkbox"/> Leave county / state
<input type="checkbox"/> Miss drug test	<input type="checkbox"/> Community meeting	<input type="checkbox"/> Miss / change court date
<input type="checkbox"/> Miss group	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Date of Event(s): _____		Where: _____

REQUEST: (Please be specific. Include dates, times, & who/what/where/why for your request.)

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

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Judge/Coordinator/Case Mgr. Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Approve ☐ Disapprove

☐ **Special Conditions:** \*\*When leaving town for extended period of time, it is common practice to report for a UA immediately upon return\*\*

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

**\*\*\*This form must be submitted PRIOR to your request \*\*\***  
(Your Therapeutic Court payments & compliance in the program may be factors in the team's decision)

H:\Therapeutic Courts\FORMS\operational forms\TSC Leave Special Request form.docx



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Latest copies of the VETCO phase up and commencement applications may be obtained from the Coordinator, Program Associate, or Probation Officer.

For more information, go to <https://www.clark.wa.gov/district-court/therapeutic-specialty-courts>