

THE  
**TURN**



*WRIGHT COUNTY ADULT DRUG COURT*

## **Policies and Procedures Manual**

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# THE TURN (WRIGHT COUNTY ADULT DRUG COURT)

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## I. PROGRAM OVERVIEW

### A. Introduction

The Turn was established in February 2016. It was specifically designed to follow the standards set forth in the national drug court model. The program represents a collaborative effort of criminal justice stakeholders working together to break the cycle of recidivism among drug addicted offenders in the court system. The partners in the effort have a closer working union than is traditionally seen in criminal courts and are committed to reducing recidivism through the specialty court process.

The Turn provides individuals the opportunity to change life circumstances and become chemically free. This is accomplished by comprehensive assessment and treatment, intensive supervision, random drug and breath testing, regular court appearances, and immediate sanctions and incentives. Honesty and individual accountability are at the foundation of the program.

The Turn utilizes evidence-based practices in its delivery of services and works in collaboration with community providers for chemical health and ancillary services. Cognitive behavioral programming and enhanced mental health services are essential pieces of the program.

The program is a minimum of 14 months and is divided into five major phases with the first phase at least two months in length and the remaining phases at least three months in length. Movement through these phases is based on accomplishment of expectations and requirements. Advancement through the phases will result in reduced supervision and greater independence.

Components for the abstinence-based program include: chemical dependency assessment and treatment, assessment for participation in other programming (cognitive learning groups, mental health interventions), random alcohol and drug testing, regular court appearances, case management meetings, attendance of community support groups, obtaining employment or pursuing education, participating in pro-social activities, and payment of program fees.

By providing coordinated drug abuse interventions with judicial oversight, the likelihood of re-arrest for any offense decreases, resulting in safer communities and reduction in crime.

### B. Mission Statement

*The Mission of The Turn (Wright County Adult Drug Court) is to enhance the cost-effectiveness of the county criminal justice system by providing intensive case management, treatment, and court supervision for individuals arrested for drug related offenses. By holding participants accountable for their actions and providing them with access to a diverse range of needed services, participants will be equipped with the necessary tools to lead productive, drug-free and crime-free lives.*

### C. Goals and Objectives

#### Goals:

*Change Lives  
Prevent Crime  
Reduce Costs*

#### Objectives:

*Change Lives (healing and rehabilitating non-violent addicted offenders):*  
Reduce and eliminate use of controlled substance  
Assist participants in regaining their lives and re-uniting families  
Produce tax paying, productive citizens

***Prevent Crime (promoting community safety and well-being):***

- Frequent and intense court supervision of participants
- Frequent home contact with participants
- Reduce re-arrest rate of participants during program participation
- Reduce re-arrest rate of participants following graduation from program

***Reduce Costs (conserving justice system resources):***

- Reduce the number of jail bed days per participant
- Reduce participants' contacts with law enforcement
- Structure treatment services and supervision to reduce opportunities for and risks of further criminal behavior.

**D. Current Turn Team**

The Turn team is a collaborative effort of criminal justice stakeholders. The team is led by the judge and is responsible for the day-to-day supervision and treatment of participants. The individuals listed directly below meet once per week prior to court.

- Judge:** Michele Davis - Wright County District Court
- Prosecutor:** Tom Kelly - Wright County Attorney's Office
- Public Defender:** Eric Schmidke - Wright County Public Defender's Office
- Private Defense Attorney:** Forrest Larson
- Case Manager:** Chris Jahnke - Wright County Court Services
- Treatment Provider:** Central Minnesota Mental Health Center
- Mental Health Worker:** Richelle Kramer - Wright County Health and Human Services
- Evaluator:** Dr. Gina Erickson - Hamline University
- Law Enforcement:** Sgt. Ryan Ferguson - Wright County Sheriff's Department
- Coordinator:** Darnell Brethorst - Wright County Court Services
- Peer Recovery Specialist:** Connie Kotz

**E. The Turn Steering Committee**

The Steering committee is made up of a group of individuals that will help with the decision making process of policies/procedures and the overall order in which The Turn will operate.

- Presiding Drug Court Judge:** Michele Davis
- Wright County Judge:** Geoffrey Tenney
- Tenth Judicial Chief Judge:** Douglas Meslow
- Wright County Sheriff:** Joe Hagerty
- Director of Court Services:** Mike MacMillan
- Wright County Attorney:** Tom Kelly
- Chief Public Defender:** Kevin Tierney
- Annandale Police Chief:** Jeff Herr
- Buffalo Police Chief:** Pat Budke
- Howard Lake Police Chief:** David Thompson
- Wright County Court Administrator:** Monica Tschumper
- Wright County Human Services Director:** Jamie Goodrum-Schwartz
- Representative:** Marion O'Neill
- Wright County Commissioner:** Christine Husom
- Central MN Mental Health Center Director:** Danielle Brandt
- Salvation Army Community Representative:** Alisa Ledoux
- Forging Freedom Sober House Community Representative:** Amber Jochem

## II. PROGRAM PLAN

### A. Model

The Turn is a program designed to provide individuals the opportunity to address their addictions and move beyond criminal behavior. It is a voluntary program, with entrance occurring post-plea, pre-sentence. The program is abstinence based and intensive in nature. Requirements include mandatory chemical dependency treatment, random drug testing, on-going appearances before the judge, case management meetings, and attendance of support groups. Participants may also be subject to additional requirements, including but not limited to, obtaining employment or pursuing educational opportunities, participating in pro-social activities, and paying restitution and program fees.

The program is divided into five phases. The phases are structured to focus on progressive goals for the participant as treatment moves forward. Phase 1 is a period of stabilization of the participant and induction into treatment. The emphasis in phase 1 is placed on completing clinical assessments, orientation to treatment, establishing a routine of attending treatment sessions, abiding by a home curfew, and attending court weekly. Phase 1 continues for at least sixty days. Phase 2 is a clinical stabilization phase. Phase 2 emphasizes initiation of abstinence and continues for a minimum of ninety days. Phase 3 is a pro-social habilitation phase. The emphasis in Phase 3 is on the development of pro-social healthy behaviors, such as obtaining employment, working toward a GED, or attending vocational or parenting classes and continues for at least ninety days. Phase 4 is an adaptive habilitation phase. The emphasis in Phase 4 is on lasting recovery and developing strong connections with the community. Phase 4 continues for a minimum of ninety days. Phase 5 is designed to address continuing care with an emphasis on relapse prevention and aftercare and continues for at least ninety days.

A participant must successfully complete each phase before transitioning to the next phase. Each phase consists of basic requirements for transition into the next phase including a minimum period of sobriety and attendance at all scheduled Turn programming. Phase movement will be the result of completing objective criteria clearly explained in the participant handbook. Participants apply for phase movement by filling out an application packet. The Turn team will review their status and then make a recommendation for phase movement based on performance. Upon completion of all five phases the participant can apply for graduation.

### B. Target Population

The target population is high risk/high need, non-violent adult felony or gross misdemeanor offenders residing in Wright County who are dependent on illicit drugs and are at substantial risk of reoffending or failing to complete a less intensive disposition, such as standard probation.

### C. Eligibility Criteria

All offenders will be screened for chemical dependence or abuse, residency, and offense status for the Turn program when they make their first appearance in court after being charged with an eligible gross misdemeanor or felony offense. The offender's race, gender, religious affiliation, creed color, sexual orientation and national origin will not be considered when determining his or her eligibility.

*Eligibility criteria for **all** offenders:*

- 1. Wright County resident;**
- 2. Over the age of 18;**
- 3. Charged with a non-violent, qualifying offense; and**
- 4. Dependent on illicit drugs and are at substantial risk of reoffending or failing to complete a less intensive disposition (High Risk/High Need).**

### **Factors to Consider if Homeless**

If an individual is homeless or has no permanent address, it is with the discretion of the team to determine whether an individual is a Wright County residence based upon the following factors:

- a. Formal connection, if any, to Wright County mental health, chemical health, housing or social service providers or programs;
- b. The individual's last permanent address and current mailing address;
- c. County probation department currently supervising the individual, if any;
- d. Where the individual has resided in the sixty days prior to the referral;
- e. Location of employment and/or past employment;
- f. Where past crimes have been committed; or
- g. Location of family contacts and community supports/contacts.

### **Qualifying Offenses**

Qualifying Offenses are non-violent, do not involve a firearm, are not considered trafficking, occurred primarily to support the offender's drug habit, and are otherwise not disqualified.

### **D. Disqualification Criteria:**

Offenders are disqualified from The Turn using the following criteria:

#### **If the offender's current charge is:**

- |          |  |
|----------|--|
| 609.185  | Murder in the First Degree   |
| 609.19   | Murder in the Second Degree  |
| 609.195  | Murder in the Third Degree   |
| 609.20   | Manslaughter in the First Degree   |
| 609.205  | Manslaughter in the Second Degree  |
| 609.2112 | Criminal Vehicular Homicide  |
| 609.2113 | Criminal Vehicular Bodily Harm   |
| 609.2114 | Criminal Vehicular Unborn Child  |
| 609.221  | Assault in the First Degree  |
| 609.222  | Assault in the Second Degree   |
| 609.223  | Assault in the Third Degree  |
| 609.2231 | Assault in the Fourth Degree (Felonies/Gross Misdemeanors)                   |
| 609.224  | Assault in the Fifth Degree (Felonies/Gross Misdemeanors)                    |
| 609.2242 | Domestic Assault (Felonies/Gross Misdemeanors)                               |
| 609.2247 | Domestic Assault by Strangulation (Felony)                                   |
| 609.228  | Great Bodily Harm Caused by Distribution of Drugs                            |
| 609.229  | Crimes Committed for Benefit of Gang   |
| 609.232  | Crimes against Vulnerable Adults – Criminal Abuse & Neglect (609.2325 & 233) |
| 609.24   | Simple Robbery   |
| 609.245  | Aggravated Robbery   |
| 609.25   | Kidnapping   |
| 609.255  | False Imprisonment (Felonies/Gross Misdemeanors)                             |
| 609.266  | All Crimes against Unborn Children   |
| 609.281  | All Sexual and Labor Trafficking Crimes                                      |
| 609.322  | Solicitation, Inducement and Promotion of Prostitution/Sex Trafficking       |
| 609.324  | Patrons/Prostitutes (Felonies)   |
| 609.342  | Criminal Sexual Conduct First Degree   |
| 609.343  | Criminal Sexual Conduct Second Degree  |
| 609.344  | Criminal Sexual Conduct in the Third Degree                                  |

609.345	Criminal Sexual Conduct in the Fourth Degree
609.3451	Criminal Sexual Conduct in the Fifth Degree
609.377	Malicious Punishment of Child (Felonies/Gross Misdemeanors)
609.385	Treason
609.485	Escape from Custody (Felonies)
609.487	Fleeing Peace Officer Motor Vehicle Resulting in Death or Injury
609.498	Tampering with Witness (Felonies/Gross Misdemeanors)
609.50	Obstruction (Felony)
609.54	Disarming Peace Officer
609.561	Arson in the First Degree
609.576	Negligent Fires Resulting in Personal Injury
609.582	Burglary in the First and Second Degree
609.66	Dangerous Weapons
609.67	Machine Guns and Short-Barreled Shotguns
609.712	Real or Simulated Weapons of Mass Destruction
609.713	Threats of Violence/Terroristic Threats
609.714	Crimes Committed in Furtherance of Terrorism
609.748	Harassment & Restraining Orders (Felony)
609.749	Stalking (Felony)
609.855	Crimes Involving Transit; Shooting at Transit Vehicle (Felony)
617.23	Felony Level Indecent Exposure
617.246	Use of Minor in Sexual Performance
617.247	Possession of Pornographic Work Involving Minors (Child Porn) and all other Felony Level Violations of Chapter 617
629.75	Felony Violation of no contact order
518B.01	Felony Violation of an OFP Felony Violation of a Domestic Abuse No Contact Order

**If the offender's prior record has any of these convictions within the last seven years:**

Assault I, II, III, IV  
Assault V – Felony Assault (GM, M are acceptable in prior record)  
Domestic Assault – Felony  
Terroristic Threats  
Burglary I  
Burglary II – Dwelling (If it was not a dwelling it's acceptable)  
Arson I & II  
\*Homicide  
\*Criminal Vehicular Homicide  
\*Criminal Vehicular Injury  
Kidnapping/False Imprisonment  
Criminal Sexual Conduct (All Levels)  
Robbery (All Levels)  
Aggravated Robbery  
\*Crime Committed for the Benefit of a Gang  
Possession/Reckless Use of Weapons (All Levels, Misd – Fel)  
\*Drive by Shooting  
\*Violation of Order for Protection-Felony Level  
Failure to Register as a Sex Offender

Malicious Punishment of a Child – Felony Level (GM, M are acceptable)  
Witness Tampering

*\*Offenses are subject to County Attorney’s Office for approval even if offense occurred outside the last seven years\**

**Disposition:**

Offenders enter the drug court program after the plea and prior to sentencing. If the Offender successfully completes drug court he/she will receive a non-prison sentence, no additional jail sanction, a shortened probationary period or a stay of imposition of sentence.

**E. Referral, Screening, and Entry Process**

An offender who is arrested for an eligible offense will undergo the following basic process in the criminal justice system:

**In-custody:** Offender is arrested and goes to arraignment court within 36 hours. A bail evaluation is completed. The bail evaluation will include a Risk/Needs assessment.

**Out of Custody:** At Offender’s first appearance, eligible participants will be initially identified based on the type of charge. The prosecutor, defense attorney, case manager, or the judge may recognize an adult, Wright County resident charged with a non-violent gross misdemeanor or felony as a potential candidate for drug court and refer the individual for screening. If referred, Wright County Court Services will prepare a bail evaluation for potential candidate including a Risk/Needs assessment.

**Entry Process:**

**Step 1:** Wright County Court Services interviews all offenders in custody. Wright County Court Services will conduct a bail evaluation in the jail or, if out of custody, after referral for bail evaluation. The bail evaluation will utilize the evidence-based Level of Service Inventory-Revised: Screening Version (LSI-R:SV) and/or the RANT for initial screening. The LSI-R:SV is a screening instrument that provides a brief summary of dynamic risk areas that may require further assessment and possible intervention. The Wright County Attorney’s Office will conduct the legal screen.

**Step 2:** Using the bail evaluation and the complaint or police report, the “criminal justice system staff” (county attorney, public defender, probation, or judge) conduct an initial screening of all cases for eligibility for The Turn at first appearance using The Turn eligibility criteria and disqualification criteria (e.g. adult, non-violent felony offense, Wright County resident, voluntary participation).

**Step 3:** If eligible, the Public Defender will fully inform the Offender of his/her options and the likely sentence if not processed through drug court.

**Step 4:** If the Offender meets the eligibility criteria, the screening instrument indicates a problem with drugs, and the Offender agrees to voluntarily enter drug court then the County Attorney or the Public Defender will ask the court for:

1. Conditions of release to include a full CD assessment (Rule 25 or defendant’s health plan assessment), Baseline UA, Pre Plea Worksheet, PSI, a LSCMI prepared by Wright County Court Services, and a condition of no use of mood altering chemicals and random UA’s;
2. A Rule 8 or OH/PT hearing within 14 days after in custody appearance scheduled on the drug court calendar;

3. A release of information for adult drug court personnel signed by the Offender; and  
*\*The offender may not withdraw that waiver while participating in drug court.*
4. Notification to Wright County Court Services will notify Wright County Health and Human Services and Central Minnesota Mental Health of Offender eligibility.

**Step 5:** Prior to the next court appearance:

1. Wright County Health and Human Services will complete a Rule 24/25 Assessment or refer Offender to Central Minnesota Mental Health to complete an assessment paid for by private insurer;
2. If the Offender has insurance, Central Minnesota Mental Health will complete a Rule 25 evaluation;
3. Wright County Court Services will complete the Pre Plea Worksheet, PSI, and LSCMI;
4. Wright County Court Services will provide pre-trial supervision and obtain a baseline urinalysis full screen from the Offender; and
5. Wright County Court Services will gather together all the information for staffing before the Offender's first appearance in The Turn.

**Step 6:** Prior to Offender's first appearance in Drug Court:

1. The Turn Team will meet to review the CD and LSCMI assessments, the input from the county attorney, victim and police along with the UA results. A decision is made at that time (Judge has final determination) to accept or reject the individual for The Turn Program.
2. The Offender will view a drug court session.

**Step 7:** Plea

1. The Offender will appear in drug court immediately after viewing a drug court session and enter a plea of guilty if he/she wishes to participate in drug court. If Offender does not wish to participate in drug court Wright County Court Administration will give him/her notice of his/her next court appearance for a Rule 8 in district court.
2. If Offender enters a plea of guilty and wishes to participate in drug court the Offender will be scheduled to appear at the next Turn session.

**Step 8:** The Offender will meet with The Turn case manager to complete a case plan (identifying and prioritizing educational, family, medical, housing and employability needs) and begin treatment within 48 business hours of making first appearance in Turn Program. The case manager will review probation conditions with the participant.

*\*If the Offender is found NOT eligible or approved at any point prior to his/her plea, he/she is referred back to the regular court process.*

## **F. Case Management**

Each participant is referred to a case manager/probation officer specifically assigned to adult drug court for case planning, monitoring accountability, and direct service. Case managers will conduct an LSMCI (Level of Service Inventory—Revised, a prescreening and a risk/needs assessment) and a PSI (Pre-Sentence Investigation) on each program participant. The PSI must be approved by the supervisor of the PSI Unit prior to submission.

Information gathered through the administration of the LSCMI (Level of Service Inventory), a risk/needs instrument for those involved in the criminal justice system, and the pre-sentence investigation,

includes alcohol and drug use history and psychosocial information. Information about the participant's family history is collected.

The case manager assigned to The Turn has a maximum total caseload of 25 and work with the other members of the Turn team to provide services to all of the cases. Staff from other agencies are involved as necessary (e.g. health and human services).

The foundation of supervision is individualized case management which means that a comprehensive, individualized case plan is developed with and signed by each participant. The case plan (or participation contract) is reviewed at monthly intervals for changes and modifications. The case plan is based on the LSCMI and includes the participant's arrangement to repair the harm done to the victim and the community (including community work service); his/her plan for education and employment; housing; a plan for relapse prevention; and a pro-social support system in the community. The case manager is expected to facilitate the participant's accomplishment of his/her objectives and assist the participant in obtaining the collateral services that he/she needs such as supportive housing, employment skills training, GED classes, child care, transportation and other needs. As with substance abuse treatment, Wright County is rich in resources to serve under-advantaged populations. The participant's longer- term goals and plan for attainment will be discussed after primary treatment.

Initially, the case manager meets with the participant at least once per week and random urinalysis tests are collected twice per week. As the participant progresses through the program, the contacts decrease according to phase movement. The number of drug tests will remain the same until Phase V when they *may* be reduced.

The case manager provides information on each participant to the team and attends weekly staffings and court sessions. In the initial phase of a participant's entry into The Turn, the case manager may ask for a staffing with Health and Human Services and the Treatment Provider.

The case manager is expected to be familiar with a wide variety of resources available to the participants in the community and assist participants in obtaining the necessary services and programs.

The role of the local medical and mental health community is critical to the success of this program. Health education, parenting programs, pre-natal and post-natal services are provided by the Health and Human Services Department which is a committed partner in this project.

The case manager also assesses the individual's employment history, interests, and skills and will assist in placing him/her in a job that pays a meaningful wage, using community resources such as Functional Industries.

## **G. Drug Testing**

The Turn recognizes the benefits of drug testing in a therapeutic court environment are numerous. The Turn recognizes drug testing provides a deterrent to future drug use, identifies participants who are remaining abstinent, those who have relapsed, provides incentive, support, and accountability. The Turn further recognizes that frequent alcohol and drug testing allows for rapid intervention and effective utilization of finite court resources by targeting those participants who most need assistance. All drug detection methods employed by The Turn will be scientifically valid, legally defensible, and therapeutically beneficial. Throughout the phases, the Turn will require random, frequent, and observed drug tests. All participants are tested at least twice weekly throughout the drug court program. Testing takes place with an agent from Wright County Court Services through the drug testing call-in line or at Central Minnesota Mental Health Center when the participant is attending a treatment session. Wright County Court Services and Central Minnesota Mental Health will effectively communicate to ensure drug testing of each participant is random, frequent, and observed.

All persons involved with The Turn are informed about drug testing policies and procedures as well as other issues which may surface during the program. Wright County Court Services explains the drug testing procedure to The Turn participants upon entry to the program. Participants will sign an agreement to comply with The Turn testing requirements, including direct observation of the sample submission and reporting of results to The Turn Team. Therapeutic and/or punitive responses are determined by The Turn Team for positive UAs.

Drug testing occurs through Wright County Court Services, who conducts and analyzes the tests. Wright County Court Services has established testing protocol and provides training to staff on proper testing procedures. All urinalysis tests are observed. The participants are placed on a call-in testing system which instructs them via means of a recorded message when a test has been scheduled. Participants are assigned a PIN number which dictates when they are to report to Wright County Court Services for testing. Participants are required to call a certain number each day to find out whether he/she is scheduled to submit a UA that day. All Turn participants are given a twelve-panel screen that includes amphetamine, benzodiazepine, cocaine, ecstasy, ethyl glucuronide (etg), norfentanyl, synthetic marijuana, marijuana, methamphetamine, oxycodone, methadone, and opiates. In addition, participants are randomly given ETG tests.

Positive test results: If a participant admits that the urine will be positive for drugs, alcohol or toxic substances, a confirmation test is not necessary. However, if the participant denies using drugs or alcohol and the test results are positive, the sample will be submitted for confirmation. *Payment for confirmation testing where the offender denies using will be the responsibility of The Turn participant.* Sanctions will be imposed for positive tests, diluted samples, tampered samples, and missing tests.

The Turn staff may use immunoassay testing for a quick, qualitative result or spot check during office visits, field visits, or court. Participants will also be tested by their treatment programs.

Testing frequency will remain consistent throughout the first four phases of the program at a minimum of twice weekly (including weekends). Testing may be reduced in the final phase of the program.

The Turn will not deny any eligible participants access to the program because of their use of FDA-approved medications for the treatment of substance use disorders. Medication Assisted Treatment (MAT) is recognized by The Turn as a necessary, evidence-based treatment for many addicts.

Participants choosing to enter The Turn Program must agree to cease the use of all mood-altering substances that would test positive during a drug test (including but not limited to narcotics, tranquilizers, sedatives, stimulants, opiates, opiate-based medications). If, during the course of participation, it becomes necessary for a participant to take prescription medication, the participant must seek prior approval from The Turn Team and provide appropriate medical documentation. The use of the medication may be approved on a conditional, time-limited basis based on the established facts. Any use of doctor monitored prescription drugs is determined on a case-by-case basis by The Turn Team, with the exception of MAT.

## **H. Phases**

The Turn program is a five-phased, highly structured program lasting a minimum of 14 months; the length of time varying based upon a participant's individual progress.

The Turn will operate on a post-plea, pre-sentence basis. The program is divided into five phases. The phases are structured to focus on progressive goals for the participant as treatment moves forward. Phase 1-Commitment is a period of stabilization of the participant and induction into treatment. The emphasis in phase 1 is placed on completing clinical assessments, orientation to treatment, establishing a routine of attending treatment session, abiding by a home curfew and attending court weekly. Phase 1 continues for at least sixty days. Phase 2-Stabilization is a clinical stabilization. Phase 2 emphasizes initiation of abstinence and continues for a minimum of ninety days. Phase 3-Maintenance is a pro-social habilitation phase. The emphasis in Phase 3 is on the development of pro-social healthy behaviors, such as obtaining employment, working toward a GED, or attending vocational or parenting classes and continues

for at least ninety days. Phase 4-Successful Life Skills is an adaptive habilitation phase. The emphasis in Phase 4 is on lasting recovery and developing strong connections with the community. Phase 4 continues for a minimum of ninety days. Phase 5-Living Well is designed to address continuing care with an emphasis on relapse prevention and aftercare and continues for at least ninety days.

Each phase consists of specific requirements for transition into the next phase. Phase movement will be the result of accomplishing the goals as determined by a case plan along with the specific phase requirements and other responsibilities as discussed with the case manager. Participants apply for phase moves and graduation by filling out an application packet. A review of their Turn contract will occur to ensure total program compliance; The Turn Team will review their status and then make a recommendation for phase movement based on performance.

### **Phase I- COMMITMENT**

**Objective:** Begin abstinence and chemical dependency treatment; develop relapse trigger awareness and identify your support system. Minimum 60 days.

**Expectations:**

- Arrange for chemical dependency treatment orientation at CMMHC, and follow all recommendations
- Attend weekly court hearings
- Attend sobriety support groups as set by treatment
- Obtain sponsor/mentor
- Weekly visits with The Turn probation agent
- Minimum twice monthly home visits by The Turn probation agent or law enforcement
- Attend treatment and other Turn activities as directed
- Maintain curfew of 10 p.m.

**Advancement Requirements:**

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 14 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- No unexcused absences from court hearings
- Satisfactory progress with treatment
- Approval of The Turn team

### **Phase II-STABLIZATION**

**Objective:** Continued abstinence, establishment of recovery and development of educational and/or vocational goals. Minimum length is 90 days.

**Expectations:**

- Attend weekly court hearings
- Weekly visits with The Turn probation agent
- Attend treatment and other Turn activities as directed
- Continue to follow treatment recommendations
- Attend sobriety support groups regularly – minimum once per week
- Regular contact with sponsor/mentor
- Minimum twice monthly home visits by The Turn probation agent or law enforcement
- Maintain curfew of 10 p.m.
- Participate in educational and/or vocational programs as directed

- Develop aftercare plan with treatment provider
- Complete 10 service project hours
- Establish a case plan with Turn probation agent
- Pay \$150 toward supervision fee

**Advancement Requirements:**

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 30 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- No unexcused absences from court hearings
- Completion of Phase Move Application
- Complete Chapter 1 of Drug Court Workbook and reviewed by Judge
- Satisfactory progress with treatment
- Approval of The Turn team

**Phase III-MAINTENANCE**

**Objective:** Continue abstinence, pursue education/vocational goals and connect with the community at large. Minimum length is 90 days.

**Expectations:**

- Attend twice monthly court hearings
- Twice monthly visits with The Turn probation agent
- Attend treatment and other Turn activities as directed
- Minimum one monthly home visits by The Turn probation agent or law enforcement
- Maintain curfew of 11 p.m.
- Attend sobriety support groups regularly – minimum once per week
- Regular contact with sponsor/mentor
- Obtain stable employment or participate in an educational/vocational program
- Participate in a minimum of 12 hours of pro-social structured activities as directed
- Stable, sober living arrangements
- Pay \$150 toward supervision fee
- Continue to follow aftercare plan
- Complete 10 service project hours
- Review case plan with Turn probation agent

**Advancement Requirements:**

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 45 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- No unexcused absences from court hearings
- Completion of Phase Move Application
- Complete Chapter 2 & 3 of Drug Court Workbook and reviewed by Judge
- Satisfactory progress or completion of treatment
- Approval of The Turn team

## **Phase IV-SUCCESSFUL LIFE SKILLS**

**Objective:** Pursue lasting recovery and develop a strong connection with community at large. Minimum length is 90 days.

### **Expectations:**

- Attend twice monthly court hearings
- Minimum monthly office visits with The Turn probation agent
- Minimum monthly home visits by The Turn probation agent or law enforcement
- Attend treatment and other Turn activities as directed
- Maintain curfew of 12 a.m.
- Attend sobriety support groups regularly – minimum once per week
- Regular contact with sponsor/mentor
- Maintain employment or participation in an educational/vocational program
- Participate in a minimum of 12 hours of pro-social structured activities as directed
- Maintain stable, sober living arrangements
- Pay \$150 toward supervision fee
- Continue to follow aftercare plan
- Complete 10 service project hours
- Review case plan with Turn probation agent

### **Advancement Requirements:**

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 60 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- Completion of Phase Move Application
- Completion of Chapter 4 & 5 of Drug Court Workbook and reviewed by Judge
- Satisfactory progress or completion of treatment
- Approval of The Turn team

## **Phase V- LIVING WELL**

**Objective:** Continue lasting recovery, pursue graduation from The Turn and develop a strong connection with community at large. Minimum length is 90 days.

### **Expectations:**

- Continued sobriety
- Monthly court hearings
- Minimum monthly visits with The Turn probation agent
- Minimum monthly home visits by The Turn probation agent or law enforcement
- Completion of 10 service project hours
- Continue aftercare plan
- Pay \$150 toward supervision fee
- Identify community resources for ongoing recovery support

## **Graduation Requirements:**

- Minimum 90 consecutive days of negative UAs immediately prior to graduation ceremony
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 30 consecutive days prior to graduation ceremony
- No unexcused absences from court hearings
- Completed work toward high school diploma or GED
- Employed or in school full time
- Participating in a recovery support group, at least once weekly
- Regular contact with sponsor/mentor
- Living in a safe, sober, stable residence
- Supervision fee and restitution has been paid in full
- Complete Chapter 6 of the Drug Court Workbook and reviewed by Judge
- Complete Continuing Care Plan with The Turn probation agent
- Schedule Continuing Care Plan presentation with The Turn team
- Satisfactory completion of treatment and program requirements
- Exit survey with Evaluator
- Approval of The Turn team

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

### **I. Graduation**

Once you have completed the criteria for each phase, you will become a candidate for graduation from The Turn. You will petition the team for a decision on whether you have successfully completed the program and are ready to graduate.

You may submit your Pre-graduation Continuing Care Plan after you have completed all phase 5 requirements. A meeting with the team will be scheduled for you to discuss your Continuing Care Plan. If the Pre-graduation Continuing Care Plan is approved, a graduation ceremony will be scheduled by the coordinator.

You will be expected to present a graduation message at your ceremony. You are encouraged to plan your speech and are welcome to ask any team members for help. On the same day as your ceremony you will attend a separate disposition hearing.

Your family and friends are welcome to attend your commencement ceremony. The Judge will present you with a certificate of completion of The Turn and will recognize your excellent accomplishments. A short reception will follow.

### **J. Termination**

Participants may be terminated for failure to comply with program requirements after all attempts have been made to improve attendance and motivation without success. The Judge makes the final determination for termination from the program. Repeated violations of any of the following may result in termination (this is not a complete list):

- Positive urine tests
- Missed or refused urine tests
- Failure to attend court
- Failure to participate or cooperate in family intervention
- Failure to participate or cooperate in counseling

- Failure to report to case manager
- Failure to attend outside programs
- Failure to attend school or work

The serious violation of a new arrest does not automatically terminate a participant from the program. If the charge is of a violent nature and the prosecutor files charges the participant may be terminated and referred to the prosecutor's office for further proceedings.

Termination may also occur if the participant commits a new offense while in the program or is found to be in possession of a weapon. Input from the police will be a consideration. If the offense occurred prior to program participation, the team will review and determine an appropriate action. In addition, termination may take place if the participant is in warrant status for more than 30 days. If terminated, the participant will be referred back to District Court where his/her plea will be accepted and he/she will be sentenced according to law. Participant is no longer eligible to return to The Turn on this same offense. Further, termination from The Turn program will not be a basis for a participant to withdraw his/her plea and the sentencing judge will not be bound by the previous terms of the plea agreement made by the parties for entry into The Turn Program.

Short of termination, the judge may take the following actions:

- Continuance in current phase and reprimand from the bench;
- Schedule more frequent court appearances;
- Schedule a termination consideration hearing;
- One or more days in jail;
- Allow participant to voluntarily withdraw;
- Adjudicate and sentence.

## **K. Incentives and Sanctions**

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

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

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

### **Incentives may include:**

- Fishbowl drawing
- White board acknowledgement
- Gift cards for local restaurants and shops
- Encouragement and praise from the bench in open court
- Medallions for sobriety benchmarks
- Early call in court
- Ability to leave court early
- Recovery materials (books, mugs, key chains, etc.)
- Phase movement acceleration

- Treats during court
- Reduced fines or fees
- Trail Blazer bus passes
- Movie passes
- Fee reduction
- Overnights
- Dismissal of or reduction in criminal charges
- Graduation

**Sanctions may include:**

- Verbal warnings and admonishments from the bench in open court
- Written warnings
- Increased supervision reporting
- Increased frequency of drug testing
- Writing assignments
- Curfew
- Jury box
- Loss of sobriety date
- House arrest
- Electronic monitoring
- Sentence to Service or community service
- Restricted supervision privileges
- Escalating periods of jail confinement
- Termination from the program and reinstatement of regular court processing

*\*All advancements, incentives, sanctions, graduations, and terminations are subject to the discretion of the Court.*

**L. Supervision Fees**

Upon formal admittance into The Turn Program, the case manager will impose a \$605 supervision fee. Participants make payment arrangements with their case manager. Participants are required to have their participant fees paid in full before a participant will be approved for graduation.

**M. Staffing and Court Sessions**

The Turn staffing occurs each week for approximately two hours. The stakeholders represented at the staffing table include: judge, county attorney, defense counsel, case manager/probation officer, treatment provider, law enforcement representative, Health and Human Services, peer recovery specialist, and The Turn coordinator.

Case managers prepare brief, written updates on each participant which is provided to and reviewed with the entire team. Input on sanctions, incentives, or other program related responsibilities imposed on participants is provided, with decisions arrived at by consensus.

Court sessions are held weekly immediately after the staffing. Participants' attendance is dependent on his/her current Phase. Members of the staffing team are present during court.

### **III. Confidentiality**

Any program that specializes, in whole or in part, in providing treatment counseling, or assessment and referral services for offenders with AOD (Alcohol or Drug) problems must comply with the Federal confidentiality regulations (42 C.F.S.s2.12(e)). The Federal regulations apply to programs that receive Federal funding.

Two Federal laws and a set of regulations guarantee the strict confidentiality of information about persons—including offenders—receiving alcohol and drug abuse assessment and treatment services. The legal citation for these laws and regulations is 42 U.S. C. SS 290dd-3 and ee-3 and 42 C.F.R. Part 2.

These laws and regulations are designed to protect patients' privacy rights in order to attract people into treatment. The regulations restrict communications more tightly in many instances than, for example, either the doctor-patient or the attorney-participant privilege. Violation of the regulations is punishable by a fine of up to \$500 for a first offense or up to \$5,000 for each subsequent offense.

Federal confidentiality laws and regulations protect any information about an offender if the offender has applied for or received any AOD-related services from a program that is covered under the law. Services applied for or received can include assessment, diagnosis, individual counseling, group counseling, treatment, or referral for treatment. The restrictions on disclosure apply to any information that would identify the offender as an alcoholic or other drug abuser, either directly or by implication. The general rule applies from the time the offender makes an appointment. It applies to offenders who are mandated into treatment as well as those who enter treatment voluntarily. It also applies to former participants or patients. The rule applies whether or not the person making an inquiry already has the information, has other ways of getting it, has some form of official status, is authorized by State law, or presents a subpoena or search warrant.

Information that is protected by Federal confidentiality regulations may always be disclosed after the offender has signed a proper consent form. The regulations also permit disclosure without the offender's consent in several situations, including medical emergencies, program evaluations, and communications among program staff. Offenders who refuse to sign consent forms permitting essential communications can be excluded from treatment or provided treatment temporarily in the hope that resistance to signing the consent forms will evaporate as treatment proceeds.

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### **IV. The Turn Team Roles and Responsibilities**

All team members in Drug Courts should attend annual training workshops on Best Practices in Drug Courts. The increasing availability of webinars and other distance-learning programs has made it considerably more affordable and feasible for teams to stay abreast of evidence-based practices. Organizations including the NDCI, Center for Court Innovation, National Center for State Courts, and American University offer free of charge, live and videotaped webinars on various topics related to best practices in Drug Courts. National and State Conferences are also another way for the team to keep abreast of new and innovative treatment techniques. Every two years the Team should work with outside experts to assess team functionality, review all policies and procedures, and assess the overall functionality of the court.

New Team Members will attend a brief orientation session with the Coordinator to discuss the policy manual, other operational policies and training opportunities for their specific area and observation of a mentor /sister court.

Online webinars on best practices in Drug Courts are but not limited to:

- National Drug Court Institute (NDCI): <http://www.ndci.org/training/online-trainings-webinars>
- National Drug Court Resource Center (NDCRC): <http://www.ndcrc.org/>

- Center for Court Innovation (CCI) <http://drugcourtonline.org/>
- National Center for State Courts (NCSC) & Justice Programs Office at American University
- Translating Drug Court Research into Practice (R2P): <http://research2practice.org/>

Conferences:

- The National Association of Drug Court professionals (NADCP) Annual Training Conference held in various locations features sessions on the critical issues affecting treatment courts.  
<http://www.nadcpconference.org/>
- Minnesota State Treatment Court Conference held every 2 years  
[www.mncourts.gov](http://www.mncourts.gov)

**Judge(s): The Honorable Michele A. Davis**

Presides over drug court every week. Leads The Turn team in decision making. Gives due consideration to the input of other team members. Imposes and monitors application of incentives and sanctions to ensure consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification. Reviews participant progress at weekly staffings. Frequent and respectful interaction with participants during which a rapport is developed. Stays abreast of current law and research on best practices in Drug Courts.

**Coordinator: Darnell Brethorst, Wright County Court Services**

The Turn Coordinator will be responsible for organizing all aspects of the drug court, including case management, treatment, ancillary services, and program oversight. The Turn coordinator will assist the team by managing the day-to-day operations of drug court, overseeing the drug court budget and resources, assisting with grant management and writing, maintaining data and compiling reports, and facilitating team meeting and staffings.

**Prosecutor: Tom Kelly, Wright County Attorney's Office**

Oversees the initial legal screening process and the filing of all required legal documents. Submits referrals and reviews all referrals for eligibility and agrees to eliminate the adversarial nature of the position.

**Defense Counsel: Eric Schmidke, Wright County Public Defender's Office**

Represents each participant who qualifies for the public defender and is not represented by private counsel while eliminating the adversarial nature of the position and advises each participant on their legal rights, legal options, treatment options, program conditions and sentencing outcomes while developing a relationship with the offender that promotes the offender's stated legal best interest.

**Case Manager: Chris Jahnke, Wright County Court Services**

Conducts LS/CMI. Supervises participants. Conducts frequent accurate and random drug testing. Coordinates with the treatment provider to provide case management. Participates in weekly staffings, treatment team meetings, and provides weekly updates to the team. Has the authority to issue apprehension and detention orders as necessary.

**Law Enforcement: Sgt. Ryan Ferguson, Wright County Sheriff's Office**

Provides information of participant appropriateness from law enforcement sources to the team, makes recommendations to the team, and oversees staff that conduct home visits. Collaborates with municipal law enforcement agencies, monitors participants' peer associations in the community, and facilitates the swift delivery of bench warrants for participants who have absconded from the program.

Provides assistance, information, and support to participants in the community encouraging them to succeed in the program.

**Treatment Representative: Central Minnesota Mental Health**

Responsible for coordinating and conducting RANT assessment at participants' first appearance with Wright County Court Services. Delivers outpatient chemical dependency treatment on a group and individual basis. Is trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

**Evaluation: Dr. Gina Erickson, Hamline University**

Develop reliable methodologies using a medium intensity approach to study the effectiveness of the drug court, including providing process and outcome evaluation. Committed to adhere to the best practice standards and will employ scientifically valid and reliable procedures to evaluate The Turn's effectiveness. Agrees to identify performance measures directly connected to the program goals and objectives and conduct a process evaluation to evaluate the operations of the program itself, and an outcomes evaluation, which will evaluate the program's impacts on its participants and on the Wright County criminal justice system and community. Employ a medium intensity cost approach including analyzing administrative participant level data, combinations of aggregate and participant level data, and timing a cross section of different court hearings for random individuals. Provide yearly and end of the term reports as requested by The Turn.

**Peer Recovery Specialist: Connie Kotz**

Provides support services by using her own personal recovery to provide non-clinical recovery support to our participants in a way that others can benefit from her personal experience.

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## V. Chemical Dependency Treatment

The Turn uses Central Minnesota Mental Health to provide substance abuse services to The Turn participants. They are a licensed Minnesota treatment program. The treatment provider is required by contract with the Department of Human Services to follow all local, state, and federal confidentiality laws. They are also required by The Turn program to provide regular progress reports to the judge and The Turn case manager on each participant in their program as well as a detailed discharge summary with a continuing care plan and recommendations at discharge.

Central Minnesota Mental Health will assess each potential participant at the first appearance using the RANT in coordination with Wright County Court Services. If a participant is eligible and chooses to enter The Turn, Central Minnesota Mental Health will prepare a complete Chemical Health Assessment pursuant to Rule 24/25. If a participant is ineligible for Rule 24 funding Wright County Human Services will refer the participant to Central Minnesota Mental Health for a Chemical Health Assessment. The Chemical Health Assessment will identify what type of treatment is appropriate (e.g. inpatient, outpatient, primary and combinations of the two; extended care, half way house, sober living; detox). Aftercare and relapse prevention will be a part of any treatment plan in The Turn program. Treatment will be provided as soon as possible after assessment—no more than 48 hours. If that is not possible, The Turn case manager and participant will develop an interim care plan (for housing, weekly court, and weekly support group meetings).

When a participant is completing treatment, The Turn case manager, treatment staff and the participant will meet to develop an aftercare plan based on real-life needs of the participant. Participants can receive formal aftercare services for 6-12 months after completion of treatment. However, The Turn case manager continues to work with the participant until he/she has completed The Turn program.

Treatment phases are goal-oriented and not based on time, although approximate duration of treatment is estimated. Generally, treatment protocol is based on the least restrictive level of care possible to address the individual's particular problem. It is abstinence based for the most part, although The Turn Team is also considering harm/risk reduction as an achievement of the program. Participants may progress from inpatient to outpatient to extended care if necessary. The progression is based on the results of UA tests, compliance with program requirements, severity of the problem and provider, case manager, and participant agreement. The length of stay varies based on individual need; the extended care criteria are used to determine the need for continued care (e.g. clinical assessment of individual's progress through treatment and the prognosis).

CMMHC's Adult Drug Court Intensive Outpatient CD Program utilizes the Matrix Model—registered by SAMHSA's National Registry of Evidenced Based Programs and Practices—as an evidence-based curriculum that includes, but is not limited to, individual, family and group therapy, drug education, relapse prevention, and self-help participation.

The program averages sixteen weeks in total, with weeks one through ten offering nine hours of group therapy per week, weeks eleven through sixteen offering six hours of programming per week, and with the expectation of a minimum of one additional hour of support group or other appropriate group attendance (e.g. church, other support groups, or constructive sober social groups as approved by the LADC and drug court team). Individual, family, and supportive others involvement will also be incorporated. Clinicians are skilled in a variety of evidence-based modalities, including motivational interviewing, cognitive behavioral skills, relapse prevention, and twelve step facilitation.

Participants are required to begin attending weekly recovery support group meetings, at a time and in an amount set by the treatment provider. Participants will show proof of attendance by having the chair of the meeting sign off in the participant handbook at each meeting. Which meetings the participant attends is his/her choice.

The participant handbook contains a list of known AA and NA meetings in the area and are as current as the information The Turn has received. If AA or NA isn't working for the participant, he/she may choose an alternative support group.

There are four treatment payment procedures:

1. Private insurance,
2. PMAPP (Pre-paid Medical Assistance Provider Program),
3. MNSure, and
4. County paid (participants are eligible for Consolidated Funds).

Treatment providers are required to develop treatment case plans, maintain participant records, monitor participants during treatment, and continue to provide case management as the participant moves into recovery in the community. The Turn program case manager is also involved in case planning and supportive services with the counselor and the participant during treatment, aftercare and to successful completion of The Turn program.

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## **VI. Ancillary Services**

Offenders with substance use disorders need certain basic services as they enter the community. These services are provided by a number of public systems that are generally not well coordinated, and traditionally offenders' abilities to access these services were limited. However, efforts at treatment are unlikely to succeed unless these basic needs are met.

The participant must be primarily responsible for meeting his/her needs, but The Turn recognizes the stresses of finding housing, employment, and perhaps child care, in addition to supervision and treatment

requirements, increases the potential for relapse. Accordingly, The Turn will foster relationships with community agencies to assist the participant together with Wright County Court Services and Wright County Health and Human Services to meet these traditionally unmet needs. Foremost among these needs are:

- Housing
- Employment
- Family support
- Peer support
- Transportation
- Education
- Primary health care

The Turn team will also assist participants in obtaining financial and social services necessary to ensure a supportive environment, including: emergency assistance; financial assistance; medical assistance; Minnesota Care; living skills; PCA services; mental health services; parent support outreach services; veterans services; and transportation. The Turn team will be responsible for identifying the critical variety of social supports and methods for obtaining services for The Turn participants beyond their stay in drug court.

1. Appendix A.

Wright County Bail Evaluation

<b>Defendant Name:</b>		<b>DOB:</b>	<b>Age:</b>
<b>FBI #:</b>	<b>State #:</b>	<b>Veteran Status:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Aliases:</b>		<b>Phone:</b>	
<b>Mailing Address:</b>			<b>Duration:</b>
<b>Physical Address:</b>			<b>Duration:</b>
<b>Marital Status:</b>	<b>Number of Children:</b>	<b>Number of Dependents:</b>	

<b>Main Charge:</b>	<b>Points</b>
<b>Other Charges:</b>	Click here to enter text.
<b>Employment/Income Sources or School Status:</b>	Click here to enter text.
<b>Amount:</b>	Click here to enter text.
<b>Current Problematic Chemical Use:</b>	Click here to enter text.
<b>Homelessness/3 or more Address Changes in Past Year:</b>	Click here to enter text.
<b>Age at first Felony Delinquency Adjudication/Conviction:</b>	Click here to enter text.
<b>Criminal History Points:</b> (See attached complete criminal history)	Click here to enter text.
<b>Bench Warrant(s) Points:</b>	Click here to enter text.
<b>Current Monitoring Status:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Pretrial Release <input type="checkbox"/> Probation <input type="checkbox"/> Parole <b>County:</b> <b>Offense:</b> <b>Contact:</b>	<b>Scale Score</b> 
<b>Victim Name:</b> <b>Victim DOB:</b> <b>Victim Address:</b> <b>Relationship:</b>	<b>PreTrial Score:</b> <input type="checkbox"/> Lower: 0-11 <input type="checkbox"/> Moderate: 12-25 <input type="checkbox"/> High: 26+
<b>Victim Comments:</b>	

## Wright County Criminal History

The information contained herein is based on resources available at this time and may not identify all convictions or bench warrants.

**Name:**

(Last)	(First)	(Middle)

**CONVICTION HISTORY**

**Felony:**

Offense Date:	Offense Type:	County File Number:	Disposition:

**Gross Misdemeanor:**


**Misdemeanor:**


**Traffic:**


**Juvenile:**


**Failure to Appear Bench Warrants and Conditional Release Warrants in the Last Three Years:**

Date Ordered:	Offense Type:	County of Issuance:	File Number:

## Wright County Screening Form

### Drug Court

**Substance Abuse Problem Indicated:**  Yes  No\*  
**Violent Offense History (convictions):** Violent Felony:  Yes\*  No  
**Wright County Resident:**  Yes  No\*  
**RANT Assessment:**  HIGH  LOW

**If ANY of your answers above have an \* next to them, the answer to the following question MUST BE "NO"**

**Initially Eligible for Wright County Adult Drug Court:**  Yes  No

**Ineligibility Reason:** Choose an item.

**Other:**

<b>US Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Permit to Carry:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Guns in Home:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Alternative Address:</b> <a href="#">Click here to enter text.</a>		
<b>Email Address:</b> <a href="#">Click or tap here to enter text.</a>		

### Comments/Recommendations:

The defendant was administered the Domestic Violence Screening Instrument (DVSI). The purpose of the assessment is to assess risk to re-offend, assess risk of lethality, to enhance strategic construction of safety plan for victims, and to structure appropriate interventions by courts, corrections, and providers. The defendant scored [Click here to enter text.](#) points and anyone scoring over six points would be considered high risk for the court. The areas of concern for the defendant are [Click here to enter text.](#)

The Maryland Lethality Assessment was completed by law enforcement and it is a validated tool that identifies victims of domestic violence who are at risk of being seriously injured or killed by their intimate partner. The score can range from 0 to 12; if the defendant scores above a 3 it is considered high risk. The defendant's lethality score was [Click here to enter text.](#). The areas of risk were as follows: [Click here to enter text.](#)

Therefore, it is respectfully recommended that Court order as conditions of release have no contact with [Click here to enter text.](#) where victim resides and/or is employed; cooperate with Wright County Court Services Pre-Trial Program; report to Wright County Court Services 4<sup>th</sup> floor upon release; have no use or possession of alcohol or controlled substances; submit to random testing as requested by Court Services; do not leave the state of Minnesota without prior approval of the Court; have no aggressive, assaultive behavior, or disorderly conduct – verbal or physical; shall not use or possess firearms or dangerous weapons; turn in any firearms to [Click here to enter text.](#) within 24 hours of release; remain law abiding; and make all future court appearances.

I declare under penalty of perjury that everything I have stated in this document is true and correct.  
 Minnesota Statute § 358.116

**Agent Signature:**

**Date of Report:**

2. Appendix B.

*The Turn - Adult Drug Court Referral Form*

**APPLICATION**

Defendant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Male:  Female:  Race: Caucasian  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Defense Attorney/Phone: \_\_\_\_\_ Court File No. \_\_\_\_\_  
 Charge(s): \_\_\_\_\_ Offense Date: \_\_\_\_\_  
 Case Status: Pretrial  Post plea  Plea Date: \_\_\_\_\_ In Custody: Yes  No   
 Referred By: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**PROBATION OFFICE**

Review Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Resident: Yes  No  Willing to Participate: Yes  No   
 LS/CMI Score: \_\_\_\_\_ Date of LS/CMI: \_\_\_\_\_ GAINS Score: \_\_\_\_\_  
 Preliminarily Approved: Yes  No

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

**CHEMICAL DEPENDENCY ASSESSMENT**

Assessment Referral Date: \_\_\_\_\_ Location of Assessment: \_\_\_\_\_  
 Chemically Dependent: Yes  No  Chemically Abusive:  Yes  No   
 Recommendation: Inpatient  Intensive Outpatient  Halfway House  Other  \_\_\_\_\_  
 Funding: Rule 25  Insurance  Self-pay  Unknown  Completion Date: \_\_\_\_\_

**TEAM SCREENING** (Completed by Team or Prosecutor)

Date of Determination: \_\_\_\_\_ Approved: Yes  No   
If denied, state reason (check all that apply):  

<input type="checkbox"/> Violent History	<input type="checkbox"/> Undocumented Alien
<input type="checkbox"/> Disqualifying Charge	<input type="checkbox"/> No Chemical Dependency Issues
<input type="checkbox"/> Unwilling to Participate	<input type="checkbox"/> Unable to Comply (lack of transportation)
<input type="checkbox"/> Previously Entered Drug Court Program	<input type="checkbox"/> Not a Wright County resident
<input type="checkbox"/> Personal Issues	<input type="checkbox"/> Other



3. Appendix C.

***The Turn - Wright County Adult Drug Court Intake Form***  
(for offender to fill out)

**APPLICANT'S INFORMATION**

Defendant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

18 years of age or older: Yes  No  Male  Female

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

County of Residence: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Currently In Custody: Yes  No  Bail: Yes  No  Bail Amount: \$ \_\_\_\_\_

Registered Sex Offender: Yes  No  Any previous violent convictions: Yes  No

If yes, list and explain: \_\_\_\_\_

Any outstanding warrants or pending charges: Yes  No

If yes, list and explain: \_\_\_\_\_

Primary Drug(s) of Choice: \_\_\_\_\_

Participated in Drug Court program before? Yes  No

I have talked to an attorney about The Turn? Yes  No

I want to participate in The Turn and will cooperate with an eligibility assessment and treatment evaluation with Wright County Court Services? Yes  No

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

**ELIGIBILITY REQUIREMENTS**

1. Wright County resident;
2. Charged with a non-violent, qualifying offense; and
3. Dependent on illicit drugs and are at substantial risk of reoffending or failing to complete a less intensive disposition (High Risk/High Need)

Qualifying Offenses are non-violent, do not involve a firearm, are not considered trafficking, occurred primarily to support the offender's drug habit, and are otherwise not disqualified.

**DISQUALIFYING FACTORS**

Violent History	Unwilling to Participate	Not Over the Age of 18
Disqualifying Charge	Not High Risk/High Need	Not Wright County Resident
Previously Entered Drug Court Program		

Referral Made by: Judge  Prosecutor  Defense Attorney  Bail Evaluator

4. Appendix D.

**The Turn – Wright County Adult Drug Court**  
**OUTSIDE REFERRAL FORM**

Defendant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Charge(s): \_\_\_\_\_

File #: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

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

-----  
Chemical Dependency Evaluation Completed? \_\_\_\_\_

If so, Where and When? \_\_\_\_\_

Currently on Probation Supervision? \_\_\_\_\_

If so, Where and Agent's Name? \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Y/N Wright County Resident

Y/N Over the age of 18

Y/N Violent Criminal History

-----  
**Submit referral form to:**

*Darnell Brethorst, The Turn Coordinator  
Wright County Court Services  
10 2<sup>nd</sup> St NW, Room 402, Buffalo, MN 55313  
Phone 763-682-7711 Fax 763-682-7943*

5. Appendix E.

*The Turn – Wright County Adult Drug Court  
Acceptance Memo*

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**TO:** Court Administration

**FROM:**

**DATE:**

**REGARDING:**

Offender Name:

DOB:

File #:

Referral Date:

Referred By:

Defense Attorney:

---

**SCREENED BY DRUG COURT TEAM:**

Accepted into The Turn (Wright County Adult Drug Court)

Yes

No

Date of Determination:

Team Comments:

Recommendations:

6. Appendix F.

*The Turn – Wright County Adult Drug Court  
Denial Memo*

**TO:** Court Administration

**FROM:**

**DATE:**

**REGARDING:**

Offender Name:

DOB:

File #:

Referral Date:

Referred By:

Defense Attorney:

**SCREENED BY DRUG COURT TEAM:**

Accepted into The Turn (Wright County Adult Drug Court)

Yes

No

Date of Determination:

**DOES NOT MEET ELIGIBILITY CRITERIA**

(check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Violent History                       | <input type="checkbox"/> Not a Wright County Resident              |
| <input type="checkbox"/> Disqualifying Charge                  | <input type="checkbox"/> Not High Risk/High Need                   |
| <input type="checkbox"/> Unwilling to Participate              | <input type="checkbox"/> Unable to Comply (lack of transportation) |
| <input type="checkbox"/> Previously Entered Drug Court Program | <input type="checkbox"/> Not Over the Age of 18                    |
| <input type="checkbox"/> Other                                 |  |

cc: DOC

7. Appendix G.

*The Turn – Wright County Adult Drug Court  
Discharge Memo*

---

**TO:**

**FROM:**

**DATE:**

**REGARDING:**

Offender Name:

DOB:

File #:

Offense:

Referral Date:

Referred By:

Defense Attorney:

---

**DISCHARGE TYPE:**

Successful Completion

Administration Discharge, Due to:

Termination

Withdrawal

Date of Determination/Discharge/Withdrawal:

Team Comments:

Recommendations:

8. Appendix H.

*The Turn – Wright County Adult Drug Court  
Participant Contract*

Name: \_\_\_\_\_ File No: \_\_\_\_\_

**I have agreed to participate in the Turn and agree to the following conditions:**

1. I agree to participate in alcohol and/or other drug treatment as directed by court, including self-help meetings (such as AA or NA), as set forth in my treatment plan. I agree to provide verification of attendance. I understand that compliance with treatment recommendations is mandatory.
2. I agree to cooperate with and comply with the rules of The Turn program, probation staff, and treatment providers.
3. I agree to attend all treatment meetings, court dates, and other scheduled appointments and I will be on time. If I am unable to attend I will call the provider I am seeing and my probation agent at least two hours in advance.
4. I understand that failure to appear for a court date or any other breach of this agreement will result in the issuance of a bench warrant for my arrest and detention in jail until I can be heard before the drug court judge. I am responsible for transportation in order to fulfill the terms of The Turn.
5. I agree to sign any and all consent forms waiving confidentiality of any medical mental health treatment or social service records. I further agree to sign any and all releases which will allow The Turn team to review diagnostic and treatment information. I understand that while I am a drug court participant such consents are irrevocable
6. I agree that in order to achieve and maintain sobriety I need to have a permanent and stable residence that supports a sober lifestyle. I shall notify The Turn probation agent before I change my address or phone number.
7. I agree to remain in my residence during the hours specified in my case plan. In the event of an emergency I will notify my Turn probation agent immediately or as soon as possible.
8. I understand that I shall not use or possess any controlled substances or illegal drugs.
9. I understand that I shall not associate with any person(s) who use or possess any controlled substance or illegal drugs.
10. I will not have in my possession or under my control any paraphernalia or drugs not prescribed to me by a licensed physician with full knowledge of my addiction and participation in The Turn.
11. I will not use any prescribed or over the counter mood-altering substance except as prescribed to me by a licensed physician with the full knowledge of my addiction and participation in The Turn.

12. I will not use or possess toxic substances or inhalants that affect the central nervous system that have the potential for abuse.
13. I will not ingest food items that contains poppy seeds or other items that may cause a false positive UA result.
14. I will not distribute nor sell any legal or illegal mood-alerting substances.
15. I will not attend any program under the influence of alcohol or any illicit drug or legal drug not prescribed to me.
16. I agree that I will not use or possess alcoholic beverages nor enter establishments that derive their principal income from the sale of alcoholic beverages.
17. I agree to abide by The Turn Medication Contract.
18. I agree to abide by The Turn drug testing schedule, rules and regulations.
19. I understand that I shall not use or possess a firearm nor enter an establishment or home where they would be available to me. Further, I understand I shall not attend any program in possession of a weapon of any form, firearms, knives, box cutters, etc.
20. I agree to participate in The Turn program until successfully discharged from all phases of the program including in-patient and out-patient treatment.
21. I agree to participate in any educational, medical, treatment, or rehabilitation program ordered by The Turn to help maintain my sobriety and maintain a law-abiding lifestyle.
22. I agree to abide by the rules and regulations of probation supervision and any special conditions ordered by the court including community work service or STS.
23. I agree to inform The Turn probation agent and treatment provider of any new arrests, summons, or any other situation that may impact my probation. I understand any arrest or contact with law enforcement must be reported to my Turn probation agent within 24 hours.
24. I consent to a search conducted by a representative of the Probation Department and/or The Turn, which includes any law enforcement representative, without a warrant, of my person, place of residence, vehicle or other personal or real property.
25. I will make satisfactory progress in the program as measured by each phase's requirements.
26. I agree that my participation in The Turn program shall be terminated if I fail to make satisfactory progress toward completion of the program.
27. I agree that my participation in The Turn program may be terminated if I am rearrested, test positive for drugs or alcohol, or fail to meet any of my court ordered obligations.
28. I understand that the Court can impose sanctions, including county jail time, rather than terminate my participation in the program. I understand that sanctions may be increased and may include termination from The Turn program.

29. I understand that I have a right to an attorney during court proceedings which include plea, sentence, and any violation which could lead to termination of participation in The Turn program. If I am unable to afford an attorney I may be eligible for public defender representation. I further understand that if I have any questions concerning The Turn, I should discuss them with my attorney.
30. I will not act as a confidential informant while I am a participant in The Turn.
31. I understand that any breach of this contract will result in a review of my case to determine my continued participation in The Turn program or the imposition of court ordered sanctions including incarceration or termination.
32. I have received a copy of The Turn participant manual and have reviewed it with The Turn probation agent. Any additional copies cost \$5 each.

---

**Participant Signature**

---

**Date**

---

**The Turn Coordinator/Probation Agent**

---

**Date**

9. Appendix I.

***The Turn – Wright County Adult Drug Court  
Consent For The Release Of Private Mental Health, Alcohol Or Drug,  
Law Enforcement, And County Human Services Case Information***

I, \_\_\_\_\_, Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_, authorize The Turn team and representatives of the following agencies:

- (1) Any of my alcohol or drug treatment providers,
- (2) Any of my mental health agencies or providers,
- (3) Any of my medical care provider(s),
- (4) County Human Services case managers,
- (5) County or Department of Corrections Probation Agent(s)
- (6) Service providers for alcohol and drug testing,
- (7) County Sheriff’s Department and local Police Department representatives.
- (8) The Turn Evaluator
- (9) The Turn Judge
- (10) The Turn Coordinator
- (11) The Turn Team

**to communicate with and disclose to one another the following information:**

- my name and other personal identifying information;
- my status as a patient in alcohol/drug treatment and mental health services including attendance;
- my status as a client of County Human Services;
- my status as a participant in the Turn;
- information pertinent to child-removal, custody, and reunification issues;
- my drug court treatment plan and summaries of my progress in reaching treatment plan goals;
- initial and subsequent evaluations of my service needs by my medical care provider;
- summaries of alcohol/drug and mental health assessment results and history;
- discharge plan(s) for alcohol/drug treatment and mental health services;
- date of discharge from alcohol/drug treatment and mental health services, and discharge status;
- contact with any law enforcement agency during my participation with the drug court;
- information and data collected during and after my participation with drug court to be used for research and evaluation purposes
- other: \_\_\_\_\_.

The purpose of the disclosures authorized in this consent is to: ***enable The Turn and its members to evaluate my need for services from The Turn and its members, and provide and coordinate The Turn and its members’ services to me.***

*I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. That the recipients of this information may disclose it only in connection with their official duties.*

*I understand that my records are also protected under federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164, and that such HIPAA protections may not apply to a redisclosure by the recipients of information disclosed pursuant to this authorization.*

*I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.*

I do hereby acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this consent.

I understand that I am entitled to receive a copy of this authorization after it is signed.

**I understand I cannot withdraw this consent while I am participating in The Turn.**

Dated \_\_\_\_\_

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

Dated \_\_\_\_\_

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



Clear Form

Minnesota Department of Human Services

# General Authorization for Release of Information

Date:

Case number:

To:

All County Agencies and/or DHS  
-Release the following information to  
Wright County Drug Court Team

Worker name:  
Agency name:  
Agency address:  
City, state, zip code:  
Worker phone: Fax:

We need to verify the following information about the person(s) listed below:

- Information regarding HC programs administered by Counties/DHS, including but not limited to PMI#, case #, worker/agency, any outstanding documents, managed care programs, start/end dates, etc...
- Information regarding other programs administered by Counties/DHS such as SNAP, Cash, Child Care Assistance, Emergency, Child Support, etc... including but not limited to case#, worker/agency, any outstanding documents, start/end dates, etc...

Person's name: SSN:  
 Person's name: SSN:  
 Person's name: SSN:

Please provide the information requested. **Attach verification documents or record the information on the back of this form and sign where indicated.** Return the form to the requesting agency. On the bottom half of this form is a signed authorization to release information to the human services agency listed above.

Thank you for your cooperation.

## Authorization for Release of Information

**Giving Permission:** I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

**Consequences:** State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE	DATE	Original copy for agency Provide copy to client
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	

**To Be Completed By Verifying Agent**  
**(Mail or fax to agency address/fax number on first page)**

CASE NUMBER
-------------

VERIFYING AGENT'S SIGNATURE	
PHONE	DATE

11. Appendix K.

***The Turn – Wright County Adult Drug Court  
Drug Testing Referral***

Client Name:

DOB:

**Your PIN Number is:**

Call (763) 324-9230 between 6:00 a.m. – 12:30 p.m. to hear if you should be reporting that day.

Testing is 7 days a week: Monday – Friday at Court Services’ Office on the 4<sup>th</sup> floor of the Wright County Government Center, Saturday – Sunday at the Wright County Jail/Law Enforcement Center. Their addresses are below.

Monday – Friday hours: 8:00 a.m. – 12:30 p.m.  
Saturday – Sunday hours: 8:00 a.m. – 10:00 a.m.

If you are using any prescription medications, you will need to bring those medications to Court Services. A copy of your prescription will be kept in your file.

Failure to report for testing at designated testing times will result in an unexcused absence.

Any missed tests or refusal to test is considered unexcused and may result in a probation violation being filed.

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

\_\_\_\_\_  
Agent Signature

*Testing location addresses:*

Wright County Court Services  
Wright County Government Center  
10 – 2<sup>nd</sup> Street NW, Room 402  
Buffalo, MN 55313  
(Monday-Friday)

Wright County Jail (LEC)  
3800 Braddock Avenue NE  
Buffalo, MN 555313  
(Saturday – Sunday)

## 12. Appendix L.

### *The Turn – Wright County Adult Drug Court Prohibited Substances Contract*

#### INCIDENTAL INGESTION OF SUBSTANCES THAT PRODUCE A POSITIVE DRUG TEST

Urine testing detects “non-target” compounds such as amphetamines, benzodiazepines and opiates. Because we consider *every* positive drug test a violation, you should avoid the use of foods or products that contain these substances. Some examples:

**Poppy seeds:** Poppy seeds contain trace amounts of both codeine and morphine and can cause positive drug test results for the “opiates” class.

**Diet pills:** Some diet pills contain amphetamines and can cause a positive drug test for amphetamine-based compounds.

**Allergy or cold medications:** Some allergy and cold medications contain codeine and can cause a positive drug test for opiate-based compounds.

#### INCIDENTAL ALCOHOL EXPOSURE

In order to preserve the integrity of the Drug Court testing program, please refrain from the use of the following alcohol-containing products:

**Cough syrups and other liquid medications:** Nyquil® and other cough syrup brands and numerous other liquid medications rely upon ethyl alcohol as a solvent. Please read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your probation officer before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol cough and cold remedies are readily available at most pharmacies and major retail stores.

**Non-alcoholic beer and wine:** Although legally considered non-alcoholic, NA beers such as O’Doul’s® and Sharps® do contain a residual amount of alcohol.

**Food and other ingestible products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts, such as ginkgo biloba, could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, kombucha and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee and baked Alaska) should be avoided. Please read labels carefully on any liquid herbal or homeopathic remedy.

**Mouthwash and breath strips:** Most mouthwashes, such as Listerine®, Listermint® and Cepacol®, and other breath-cleansing products contain ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips should be avoided. Non-alcohol mouthwashes, such as Listerine®ZERO™ are readily available and are an acceptable alternative.

**Hand sanitizers:** Hand sanitizers, such as Purell® and Germex®, and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand-washing with soap and water are just as effective for killing germs.

**Hygiene products:** Aftershaves and colognes, hair sprays and mousse, astringents, such as Calomine® lotion and Witch Hazel®, insecticides, such as Off® bug spray, and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products (or their breakdown products) would result in a positive test for alcohol, excessive, unnecessary or repeated use of these products could affect test results. Please use such products sparingly to avoid reaching detection levels.

**Solvents and lacquers:** Many solvents, lacquers and surface preparation products used in industry, construction and the home contain alcohol. Both excessive inhalation of vapors and topical (skin) exposure to such products can potentially cause a positive test result for alcohol. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. If you are employed where contact with such products cannot be avoided, please *discuss this with your probation officer*. Do not wait for a positive test result to do so.

**REMEMBER, YOU ARE RESPONSIBLE FOR WHAT GOES INTO OR ON YOUR BODY. WHEN IN DOUBT, DO NOT USE, CONSUME OR APPLY.**

**I have read and understand that any positive drug or alcohol test will be considered a violation.**

Signed: \_\_\_\_\_

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

13. Appendix M.

***The Turn – Wright County Adult Drug Court  
Medication Contract***

1. I will inform all medical professionals that I am a Turn participant and not permitted to take any narcotic medication unless the prescribing medical professional makes the decision to prescribe such a medication to me with full knowledge of my addiction and participation in The Turn. I agree to sign all medical release forms required by my Turn probation agent and the Medication Notification and Verification Form required by The Turn.
2. If a narcotic is prescribed, I will contact my probation agent immediately.
3. I understand I am responsible for informing and providing documentation of all prescription medications I am taking or may take. I am also responsible for notifying my Turn probation agent if there are any changes to any and all prescriptions.
4. I understand The Turn reserves the right to limit me to seeing one primary medical professional.
5. I will fill prescriptions at one pharmacy of my choosing, \_\_\_\_\_, unless an emergency were to arise and this pharmacy were not available to me. In that situation I will inform my probation agent by calling and leaving a message informing him/her of the situation.
6. I understand that I shall inform my Turn probation agent of any over-the-counter medications that I am using or may be using. The medications must be non-addictive and not contain alcohol (i.e. mouthwash, cough syrup, etc.). I am responsible for verifying with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol.
7. If I am given a prescription and decide against taking it or do not take the entire amount prescribed, I will ask my Turn probation agent how to destroy the remaining amount of the prescription.
8. If directed by your Turn probation agent, treatment provider or court I will make my prescription available in order to count the number of pills from the date the prescription was filled.
9. Once the prescription has expired or by the time all pills should have been used, none of the pills will be in my possession. A positive test after that time because I took “left over” medication will considered a positive test and appropriately sanctioned.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

14. Appendix N.



**WRIGHT COUNTY ADULT DRUG COURT**

10 2<sup>nd</sup> St NW, Room 402

Buffalo, MN 55313

(763) 682-7862 – Fax (763) 682-7943

**PRESCRIPTION DRUG USE FORM**

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

Name of Patient: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

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

The above-named individual has been charged with a Drug Related Felony.

S/He is currently participating in the Wright County Adult Drug Court Program. The general policy of Drug Court is that use of a controlled substance is not acceptable while participating in this program. The Court permits limited exceptions to this policy based upon medical necessity. The patient and the court greatly appreciate your consideration of these restrictions as you provide treatment to this patient.

This document attests that the above-named patient has been diagnosed with a physical or mental health condition that requires the use of prescribed medication. Please feel free to contact Agent Chris Jahnke at 763-682-7862 to discuss any questions related to this patient and their supervised treatment.

**Please identify the medical condition that requires this prescription:** \_\_\_\_\_

\_\_\_\_\_

**Identify the medication prescribed:** \_\_\_\_\_

**Date of Prescription:** \_\_\_\_\_

**Quantity:** \_\_\_\_\_ **Number of Refills allowed:** \_\_\_\_\_

**How long do you anticipate the medication will be used?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Prescribing Physician/ARNP Signature & Date

\_\_\_\_\_  
Patient/Participant Signature & Date

\*\*The patient is to provide a copy of this form to both the  
Chemical Dependency Counselor **AND** the Court.\*\*

15. Appendix O.

*The Turn – Wright County Adult Drug Court  
Medical Privilege Release*

My name is \_\_\_\_\_.

Court File 86-CR- \_\_\_\_\_ - \_\_\_\_\_ .

My date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_.

- 1) I have been told by my attorney and I understand that in order to be considered for participation in The Turn, I must allow my medical and treatment providers to release medical information about me to the Wright County Court for as long as I am participating in The Turn.
- 2) I have been told by my attorney and I understand that the purpose of releasing this medical information is for the Wright County Court to determine my eligibility for the program, to determine the proper treatment placements and regiment, and to judge my progress in the programs.
- 3) I have been told by my attorney and I understand that my medical information may be discussed in The Turn where other participants and observers may hear it.
- 4) I have been told by my attorney and I understand that I may revoke this authorization for the release of medical information at any time through a written notice that my attorney would provide. However, I understand that if I revoke the authorization, I will be discharged from The Turn program and my case will be returned to Adult Court for further disposition.
- 5) I have read this document, or my lawyer has read it to me, and I understand it. By signing this waiver, I am telling the court that I understand the rights I am giving up and that I wish to be accepted into The Turn Program.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date



17. Appendix Q.

***The Turn - Wright County Drug Court  
Courtroom Rules***

Although Drug Court is a bit more relaxed than traditional Court, the dignity of the Court is to be maintained at all times. While waiting for the courtroom to open it is important for you to remain quiet, patient and calm. Excessive and loud talking, laughing, joking in the courthouse is unacceptable.

1. Be punctual and on time for all Court sessions
2. Stay for the entire Court session unless otherwise approved
3. Use the restroom before Court begins and avoid leaving during the session
4. Keep your feet on the floor
5. Be prepared to have your items searched by the court security or drug court team if they find it necessary to do so.
6. Do not wear shirts advertising bars, slogans, beer or similar connotations, obscene or offensive pictures or slogans, gang graffiti or sexual innuendos
7. Do not, have underwear showing
8. Do not wear muscle shirts, tank tops, shorts, swimwear or flip-flops
9. Do not wear hats when in the courtroom
10. Do not read material in Court that does not pertain to the Court hearing
11. Do not talk while in Court unless addressed.
12. Do not approach the bench without permission or lean on the bench
13. Do not bring in weapons, cell phones, recording or broadcast devices, computers, tablets or other electronic device
14. Do not bring in coats, backpacks etc.
15. Do not bring food, beverages, chewing gum or tobacco
16. Do not leave your children unattended

If you have any questions please see your Turn Probation Agent or Coordinator. A locker is available outside the courtroom.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**18. Appendix R.**

***The Turn - Application for Phase Movement – Phase 2***

**General Information**

As a prospective Phase 2 participant, you must follow the checklist below and verify you have completed all requirements of Phase 1 **three weeks prior to moving phases.**

You may be asked to revise your application if the team feels it is not complete.

Your application to move phases is an important aspect of your program. Answer all the questions completely and as thoroughly as possible. The time and attention you give to completing this application will indicate your level of commitment to your sobriety and the Turn program. Your application is intended to assist the Turn Team in making a fair determination of your readiness to move phases.

**Participant Information**

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

Current Phase: \_\_\_\_\_ Since: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_

**Requirements for moving from Phase 1 to 2 and Checklist**

- Arrange for chemical dependency treatment orientation at CMMHC, and follow all recommendations
- Attend weekly court hearings
- Attend sobriety support groups as set by treatment
- Obtain sponsor/mentor: Name \_\_\_\_\_ Contact # \_\_\_\_\_
- Weekly visits with The Turn probation agent
- Minimum twice monthly home visits by The Turn probation agent or law enforcement
- Attend treatment and other Turn activities as directed
- Maintain curfew of 10 p.m.

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 14 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- No unexcused absences from court hearings
- Satisfactory progress with treatment and program requirements
- Approval of The Turn team

**Phase Presentation Approval**

The Turn Team has reviewed the above and approved your request to present for phase advancement.

\_\_\_\_\_  
Probation Agent/Date

\_\_\_\_\_  
Treatment Counselor/Date

\_\_\_\_\_  
Coordinator/Date

## Application for Phase Move

Using a separate piece of paper, answer all of the following questions. Answers must be completed on white standard size paper, single-sided only. Please use a pen or type your responses. Nothing else will be accepted. It is to your advantage to provide as much detail and information as possible when answering these questions. \*If you need assistance in completing your application, please let your case manager know.

1. List the case plan goals you have accomplished while in Phase 1.
2. What outstanding case plan goals will you address during Phase 2 (with permission from your case manager); what new goals have you developed?
3. Report on your progress while you have been in treatment.
4. Have you had any relapses while in Phase 1; if so what happened and what did you learn?
5. What has your attendance been like with: office appointments, treatment, drug testing, court?
6. Why do you believe you are ready to move to Phase 2?
7. What other factors should the team consider in granting your phase move?

**Turn in your entire application to your Case Manager.**

19. Appendix S.

***The Turn -Application for Phase Movement – Phase 3***

**General Information**

As a prospective Phase 3 participant, you must follow the checklist below and verify you have completed all requirements of Phase 2 **three weeks prior to moving phases.**

You may be asked to revise your application if the team feels it is not complete.

Your application to move phases is an important aspect of your program. Answer all the questions completely and as thoroughly as possible. The time and attention you give to completing this application will indicate your level of commitment to your sobriety and the Turn program. Your application is intended to assist the Turn Team in making a fair determination of your readiness to move phases.

**Participant Information**

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

Current Phase: \_\_\_\_\_ Since: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_

**Requirements for moving from Phase 2 to 3 and Checklist**

- Attend weekly court hearings
- Weekly visits with The Turn probation agent
- Attend treatment and other Turn activities as directed
- Continue to follow treatment recommendations
- Attend sobriety support groups regularly – minimum once per week
- Regular contact with sponsor/mentor
- Minimum twice monthly home visits by The Turn probation agent or law enforcement
- Maintain curfew of 10 p.m.
- Participate in educational and/or vocational programs as directed
- Develop aftercare plan with treatment provider
- Complete 10 service project hours
- Establish a case plan with Turn probation agent
- Pay \$150 toward supervision fee

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 30 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- No unexcused absences from court hearings
- Completion of Phase Move Application
- Complete Chapter 1 of Drug Court Workbook and reviewed by Judge
- Satisfactory progress with treatment and program requirements
- Approval of The Turn team

### Phase Presentation Approval

The Turn Team has reviewed the above and approved your request to present for phase advancement.

\_\_\_\_\_  
Probation Agent/Date

\_\_\_\_\_  
Treatment Counselor/Date

\_\_\_\_\_  
Coordinator/Date

### Application for Phase Move

Using a separate piece of paper, answer all of the following questions. Answers must be completed on white standard size paper, single-sided only. Please use a pen or type your responses. Nothing else will be accepted. It is to your advantage to provide as much detail and information as possible when answering these questions. \*If you need assistance in completing your application, please let your case manager know.

1. List the case plan goals you have accomplished while in Phase 2.
2. What outstanding case plan goals will you address during Phase 3 (with permission from your case manager); what new goals have you developed?
3. Report on your progress while you have been in treatment.
4. Have you had any relapses while in Phase 2; if so what happened and what did you learn?
5. What has your attendance been like with: office appointments, treatment, drug testing, court?
6. Why do you believe you are ready to move to Phase 3?
7. What other factors should the team consider in granting your phase move?

**Turn in your entire application to your Case Manager.**

20. Appendix T.

***The Turn - Application for Phase Movement – Phase 4***

**General Information**

As a prospective Phase 4 participant, you must follow the checklist below and verify you have completed all requirements of Phase 3 **three weeks prior to moving phases.**

You may be asked to revise your application if the team feels it is not complete.

Your application to move phases is an important aspect of your program. Answer all the questions completely and as thoroughly as possible. The time and attention you give to completing this application will indicate your level of commitment to your sobriety and the Turn program. Your application is intended to assist the Turn Team in making a fair determination of your readiness to move phases.

**Participant Information**

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

Current Phase: \_\_\_\_\_ Since: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_

**Requirements for moving from Phase 3 to 4 and Checklist**

- Attend twice monthly court hearings
- Twice monthly visits with The Turn probation agent
- Attend treatment and other Turn activities as directed
- Minimum one monthly home visits by The Turn probation agent or law enforcement
- Maintain curfew of 11 p.m.
- Attend sobriety support groups regularly- minimum once per week
- Regular contact with sponsor/mentor
- Obtain stable employment or participate in an educational/vocational program.
- Participate in a minimum of 12 hours of pro-social structured activities as directed
- Stable, sober living arrangements
- Pay \$150 toward supervision fee
- Continue to follow aftercare plan
- Complete 10 service project hours
- Review case plan with Turn probation agent

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 45 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- No unexcused absences from court hearings
- Completion of Phase Move Application
- Complete Chapter 2 & 3 of Drug Court Workbook and reviewed by Judge
- Satisfactory progress or completion of treatment and program requirements
- Approval of The Turn team

### Phase Presentation Approval

The Turn Team has reviewed the above and approved your request to present for phase advancement.

\_\_\_\_\_  
Probation Agent/Date

\_\_\_\_\_  
Treatment Counselor/Date

\_\_\_\_\_  
Coordinator/Date

### Application for Phase Move

Using a separate piece of paper, answer all of the following questions. Answers must be completed on white standard size paper, single-sided only. Please use a pen or type your responses. Nothing else will be accepted. It is to your advantage to provide as much detail and information as possible when answering these questions. \*If you need assistance in completing your application, please let your case manager know.

1. List the case plan goals you have accomplished while in Phase 3.
2. What outstanding case plan goals will you address during Phase 4 (with permission from your case manager); what new goals have you developed?
3. Report on your progress while you have been in treatment.
4. Have you had any relapses while in Phase 3; if so what happened and what did you learn?
5. What has your attendance been like with: office appointments, treatment, drug testing, court?
6. Why do you believe you are ready to move to Phase 4?
7. What other factors should the team consider in granting your phase move?

**Turn in your entire application to your Case Manager.**

## 21. Appendix U.

### *The Turn - Application for Phase Movement – Phase 5*

#### General Information

As a prospective Phase 5 participant, you must follow the checklist below and verify you have completed all requirements of Phase 4 **three weeks prior to moving phases**.

You may be asked to revise your application if the team feels it is not complete.

Your application to move phases is an important aspect of your program. Answer all the questions completely and as thoroughly as possible. The time and attention you give to completing this application will indicate your level of commitment to your sobriety and the Turn program. Your application is intended to assist the Turn Team in making a fair determination of your readiness to move phases.

#### Participant Information

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

Current Phase: \_\_\_\_\_ Since: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_

#### Requirements for moving from Phase 4 to 5 and Checklist

- Attend twice monthly court hearings
- Minimum monthly home visits by The Turn probation agent or law enforcement.
- Attend treatment and other Turn activities as directed
- Maintain curfew of 12 a.m.
- Attend sobriety support groups regularly -minimum once per week
- Regular contact with sponsor/mentor
- Maintain employment or participation in an educational/vocational program
- Participate in a minimum of 12 hours of pro-social structured activities as directed
- Maintain stable, sober living arrangements
- Pay \$150 toward supervision fee
- Continue to follow aftercare plan
- Complete 10 service project hours
- Review case plan with Turn probation agent

In addition to the above requirements, the participant must also demonstrate the following:

- Minimum 60 consecutive days of negative UAs immediately prior to advancement
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 14 consecutive days prior to advancement
- Completion of Phase Move Application
- Completion of Chapter 4 & 5 of Drug Court Workbook and reviewed by Judge
- Satisfactory progress or completion of treatment and program requirements
- Approval of The Turn team

### Phase Presentation Approval

The Turn Team has reviewed the above and approved your request to present for phase advancement.

\_\_\_\_\_  
Probation Agent/Date

\_\_\_\_\_  
Treatment Counselor/Date

\_\_\_\_\_  
Coordinator/Date

### Application for Phase Move

Using a separate piece of paper, answer all of the following questions. Answers must be completed on white standard size paper, single-sided only. Please use a pen or type your responses. Nothing else will be accepted. It is to your advantage to provide as much detail and information as possible when answering these questions. \*If you need assistance in completing your application, please let your case manager know.

1. List the case plan goals you have accomplished while in Phase 4.
2. What outstanding case plan goals will you address during Phase 5 (with permission from your case manager); what new goals have you developed?
3. Report on your progress while you have been in treatment.
4. Have you had any relapses while in Phase 4; if so what happened and what did you learn?
5. What has your attendance been like with: office appointments, treatment, drug testing, court?
6. Why do you believe you are ready to move to Phase 5?
7. What other factors should the team consider in granting your phase move?

**Turn in your entire application to your Case Manager.**

22. Appendix V.

## *Pre-Graduation Continuing Care Plan*

### General Information

As a prospective Turn graduate, you must follow the checklist below and complete all requirements of the pre-graduation Continuing Care Plan **one month prior to your graduation date**.

You may be asked to revise your Continuing Care Plan if the team feels it is not complete. You will present your Continuing Care Plan with the team.

Your Continuing Care Plan is an important part of the graduation process. Answer all the questions completely and as thoroughly as possible. The time and attention you give to completing your graduation tasks and the in-depth information you provide in your Continuing Care Plan will be considered indicators to the level of your commitment to your sobriety. The Continuing Care Plan is intended to assist the Turn Team in making a fair determination of your readiness to graduate from the Wright County Adult Drug Court.

### Participant Information

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

Current Phase: \_\_\_\_\_ Since: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_

### Requirements for Graduation and Checklist

- Continued sobriety
- Monthly court hearings
- Monthly office visits with The Turn probation agent
- Minimum monthly home visits by The Turn probation agent or law enforcement
- Completion of 10 service project hours
- Continue aftercare plan
- Attend treatment and other Turn activities as directed
- Pay \$150 toward supervision fee
- Identify community resources for ongoing recovery support

**Additional Graduation Requirements:**

- Minimum 90 consecutive days of negative UAs immediately prior to graduation ceremony
- Satisfactory compliance with all program requirements and no unexcused absences from scheduled or ordered services for 30 consecutive days prior to graduation ceremony
- No unexcused absences from court hearings
- Completed work toward high school diploma or GED
- Employed or in school full time
- Participating in a recovery support group, at least once a week
- Regular contact with sponsor/mentor
- Living in a safe, sober, stable residence
- Supervision fee and restitution has been paid in full
- Complete Chapter 6 of the Drug Court Workbook and reviewed by Judge
- Complete Continuing Care Plan with The Turn probation agent
- Schedule Continuing Care Plan presentation with The Turn team
- Satisfactory completion of treatment and program requirements
- Exit survey with Evaluator
- Approval of The Turn team

# CONTINUING CARE PLAN

Using a separate piece of paper, answer all of the following questions. Answers must be completed on white standard size paper, single-sided only. Please use a pen or type your responses. Nothing else will be accepted. It is to your advantage to provide as much detail and information as possible when answering these questions. \*If you need assistance in completing your Life Plan, please let your case manager know.

## Section A - Employment (job or school attendance required for graduation consideration)

Full time Employer \_\_\_\_\_

Part time Address \_\_\_\_\_

Telephone \_\_\_\_\_

Supervisor/contact # \_\_\_\_\_

Attending school at \_\_\_\_\_

Studying \_\_\_\_\_

Anticipated completion \_\_\_\_\_

Completed GED at \_\_\_\_\_ on \_\_\_\_\_ while in The Turn.

1) How long have you been at your current employer (or, how long have you been in school)

\_\_\_\_\_

2) Are you currently a homemaker (stay at home mom or dad) \_\_\_\_\_

3) What type of work do you do (or could you do if in school) \_\_\_\_\_

4) Type of income: weekly/bi-monthly/monthly; check or cash, AND is your income stable

\_\_\_\_\_

5) Is there room for advancement at your current employer \_\_\_\_\_

6) What are your future educational or career goals; how will you get there \_\_\_\_\_

\_\_\_\_\_

7) Is your employment/school situation different than when you started the program; how?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section B - Finances

Receive assistance    Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

- 1) How long have you been receiving assistance \_\_\_\_\_
- 2) Are you able to make all your monthly financial responsibilities; what are they? (example: rent-\$575 per month, utilities-\$320 per month, etc.) \_\_\_\_\_  
\_\_\_\_\_
- 3) Do you have any judgments outstanding/pay child support/other obligations and are you able to meet these obligations? \_\_\_\_\_
- 4) Is your financial status different than when you started the program; how? \_\_\_\_\_  
\_\_\_\_\_

### Section C - Living Environment

Own                      Address \_\_\_\_\_

Rent                      City/State/Zip \_\_\_\_\_

- 1) Where you are currently living? \_\_\_\_\_
- 2) Who are you living with \_\_\_\_\_
- 3) How long have you been at your current residence; \_\_\_\_\_ how long will you stay \_\_\_\_\_
- 4) Do you have any plans to move in the near future \_\_\_\_\_
- 5) Is your living situation stable \_\_\_\_\_
- 6) Is your living situation different that when you started the program; how? \_\_\_\_\_  
\_\_\_\_\_

### Section D - Relationships

Married     Life Partner     Separated     Divorced     Engaged     Single  
 Have Children     No children     Pay child support

- 1) Is your current relationship stable and how long have you been in the relationship \_\_\_\_\_  
\_\_\_\_\_
- 2) Is your current relationship positive and supportive? If not, why \_\_\_\_\_  
\_\_\_\_\_
- 3) If you have children, what are your plans for their future (where will they live, who supports them, schooling) \_\_\_\_\_  
\_\_\_\_\_
- 4) Do you have external responsibilities such as: caretaking an elderly relative/friend, foster care of children, step-parent - do these responsibilities put stress on your relationship and if so, how do you cope \_\_\_\_\_  
\_\_\_\_\_
- 5) Do you have contact/ties with your extended family (parents, siblings, other) \_\_\_\_\_  
\_\_\_\_\_
- 6) Are your relationships with family/children/significant other different than when you started the program; how? \_\_\_\_\_ How has your recovery affected them? \_\_\_\_\_  
\_\_\_\_\_

### Section E - Health

- I am in general good health.
- I am under a doctor's care for \_\_\_\_\_
- 1) Do you have medical insurance: health and/or dental? If no - why not and how will you obtain it  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Do you have a primary care physician; when was the last time you had a physical. \_\_\_\_\_  
\_\_\_\_\_ Are you up to  
date on preventative care \_\_\_\_\_
- 3) Do you plan to continue with psychotherapy and/or group therapy \_\_\_\_\_
- 4) What medications related to mental health are you on and do you plan to continue taking them \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Describe any health/mental health changes that occurred due to your being involved in the Turn \_  
\_\_\_\_\_  
\_\_\_\_\_

### Section F - Community Involvement and Sobriety Commitment

- Attend support groups      How many per week \_\_\_\_\_ What type \_\_\_\_\_  
Sponsor/Mentor \_\_\_\_\_ Contact # \_\_\_\_\_
- I have a valid driver's license
- 1) How long have you been clean/sober; is this the longest time you have been chemical free \_\_\_\_\_  
\_\_\_\_\_
- 2) How long have you had your sponsor/mentor; describe your relationship \_\_\_\_\_  
\_\_\_\_\_
- 3) What is the future commitment between you and your sponsor/mentor \_\_\_\_\_  
\_\_\_\_\_
- 4) Is having a sponsor/mentor helpful to you; why? \_\_\_\_\_  
\_\_\_\_\_
- 5) What steps (if any) are you currently working on \_\_\_\_\_  
\_\_\_\_\_
- 6) Describe your support system outside your family; do you have enough supportive others in your  
life? If not, why and how could you change that \_\_\_\_\_  
\_\_\_\_\_
- 7) If you don't have a valid driver's license, are you aware of what you need to do to obtain one and  
what is your plan to get one \_\_\_\_\_  
\_\_\_\_\_
- 8) Do you intend to remain alcohol/drug free; why? how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Do you intend to remain crime free; why? how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section G – Relapse Prevention Plan**

Please write out or attach your relapse prevention plan:

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**Section H – Accomplishments and Goals**

- 1) What have you accomplished throughout the program that has prepared you for graduation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) If you completed a cognitive skill group, what did you learn from that program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) How is your life different after participating in The Turn \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Please describe your goals:  
90 day goal: \_\_\_\_\_  
6 month goal: \_\_\_\_\_  
1 year goal: \_\_\_\_\_  
Do you have “life goals”? How will you attain them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Why should you graduate at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Turn in your entire Pre-Graduation Continuing Care Plan Packet to your Probation Agent**

23. Appendix W.

***The Turn – Wright County Adult Drug Court  
Confidentiality Agreement for Court Observers***

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I, \_\_\_\_\_, understand that I am an invited guest of the Turn for the purpose of observing the Court's process and procedures. I understand that these proceedings are confidential and that information from the drug court case and treatment provider records will be discussed and that these records are used for the purpose of assessing the needs of the drug court participants, creating treatment plans, and monitoring participation.

I further understand that I may hear information that is highly sensitive and legally protected information under Federal Rule 42 CFR, Part 2, 45 CFR. Parts 160-164, Minnesota Statutes, §13.46, and other federal and state laws.

I understand that unauthorized release of this information is punishable as a criminal offense. I agree to keep all information about the drug court cases, caseworkers, and any/all discussion of the participants in the drug court program strictly confidential at all times, even after termination of my observation of drug court proceedings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

24. Appendix X.



Order

Participant: \_\_\_\_\_ File No. \_\_\_\_\_

Program Violation: \_\_\_\_\_

*It is hereby ordered that the participant do the following:*

\_\_\_\_\_ Complete a writing assignment: \_\_\_\_\_

\_\_\_\_\_ Attend recovery support meetings: \_\_\_\_\_ per week until \_\_\_\_\_

\_\_\_\_\_ Attend treatment: \_\_\_\_\_

\_\_\_\_\_ Meet with Employment Specialist through WCCS: \_\_\_\_\_  
(Date and time)

\_\_\_\_\_ Early reporting, daily, until: \_\_\_\_\_

\_\_\_\_\_ Curfew: \_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_\_ Home Detention \_\_\_\_\_ Install \_\_\_\_\_ Remove

\_\_\_\_\_ Service work: complete \_\_\_\_\_ hours before: \_\_\_\_\_

\_\_\_\_\_ STS work crew: complete \_\_\_\_\_ day(s) before: \_\_\_\_\_

\_\_\_\_\_ Pay drug testing fee of \_\_\_\_\_ on or before \_\_\_\_\_

\_\_\_\_\_ Jail beginning: \_\_\_\_\_ Release \_\_\_\_\_  
(Date and time) (Date and time)

\_\_\_\_\_ Life Skills Assignment: \_\_\_\_\_ due: \_\_\_\_\_

\_\_\_\_\_ Increased Community Restriction: \_\_\_\_\_  
begin: \_\_\_\_\_ until: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Honorable Michele A. Davis**  
**The Turn – Wright County Adult Drug Court Judge**

\_\_\_\_\_  
**Date**

**25. Appendix Y.**

STATE OF MINNESOTA  
COUNTY OF WRIGHT

DISTRICT COURT  
TENTH JUDICIAL DISTRICT  
DRUG COURT

State of Minnesota,

Court File No. \_\_\_\_\_

Plaintiff,

vs.

**NOTICE OF TERMINATION  
CONSIDERATION FROM  
THE TURN DRUG COURT**

\_\_\_\_\_

Defendant/Participant

**NOTICE**

\_\_\_\_\_ is being considered for termination from the Turn by the Turn Team.

\_\_\_\_\_ will be given the opportunity to be heard on \_\_\_\_\_,

at The Turn session scheduled at the Wright County Courthouse.

**ORDER FOR HEARING**

This is the Participant's notice that he/she has an opportunity to be heard before a decision is made by The Turn Team. \_\_\_\_\_ must be present and will be heard by the Team on his/her position as to the termination consideration. This opportunity to be heard means the Participant has the right to submit written consideration prior to the hearing that the Team will consider at staffing.

Based upon the foregoing, the Court makes the following:

**ORDER**

1. \_\_\_\_\_ shall appear at The Turn session on \_\_\_\_\_ at \_\_\_\_\_ p.m. at the Wright County Courthouse to be heard by The Turn Team on the question of The Turn Team's proposal to terminate him/her from the program.
2. \_\_\_\_\_

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

\_\_\_\_\_  
Judge of District Court/The Turn

**26. Appendix Z.**

STATE OF MINNESOTA  
COUNTY OF WRIGHT

DISTRICT COURT  
TENTH JUDICIAL DISTRICT  
DRUG COURT

State of Minnesota,

Court File No. «CC\_Num»

Plaintiff,

vs.

«C\_FullName»,

Defendant/Participant

**ORDER FOR TERMINATION  
FROM THE TURN DRUG COURT**

At a hearing on \_\_\_\_\_, \_\_\_\_\_ was heard on whether The Turn Team should consider termination from the Turn Drug Court Program.

As of \_\_\_\_\_, The Turn Team determined that termination from The Turn Drug Court Program is warranted.

The basis for termination is as follows \_\_\_\_\_.

Based upon the foregoing, the Court hereby orders the following:

**ORDER**

1. \_\_\_\_\_ is terminated from The Turn Drug Court effective \_\_\_\_\_.
2. Court Administration shall notify Department of Corrections to complete a Pre-sentence Investigation and shall schedule a sentencing hearing for the above-case. Judge Tenney and Judge Davis are recused from the case.
3. \_\_\_\_\_.

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

\_\_\_\_\_  
Judge of District Court/The Turn

**27. Appendix AA.**

STATE OF MINNESOTA  
COUNTY OF WRIGHT

DISTRICT COURT  
TENTH JUDICIAL DISTRICT  
DRUG COURT

State of Minnesota,

Court File No. \_\_\_\_\_

Plaintiff,

vs.

**NOTICE OF WITHDRAWAL  
FROM THE TURN  
DRUG COURT**

\_\_\_\_\_ ,

Defendant/Participant

**NOTICE**

\_\_\_\_\_ is requesting withdrawal from The Turn – Wright County Adult Drug Court Program as of \_\_\_\_\_.

**ORDER**

\_\_\_\_\_ is hereby granted this withdrawal request from The Turn Program.

Court Administration shall schedule a sentencing hearing for the above case.

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

\_\_\_\_\_  
Judge of District Court/The Turn

cc: DOC

29. Appendix CC.



# The Turn Participant Exit Survey

Date \_\_\_\_\_

Name \_\_\_\_\_

Introduction: As part of ongoing internal and independent evaluation of The Turn (Wright County Adult Drug Court), we are seeking your feedback about the services you received from The Turn.

Please know that all of your responses are confidential and your individual answers are not shared with the court, so please be honest with your answers. The following questions are referring to members of The Turn (you had contact with during your program experience, this may include the judge assigned to your case, the probation officer, and treatment staff that you had contact with throughout your program.

*Directions: Please complete all information below. Your answers are important to us, BUT you DO NOT have to answer any questions that you do not want to.*

1. Why did you choose to participate in The Turn rather than going through the normal criminal justice system process (i.e., pleading guilty or proceeding to trial)? (check all that apply)

- To avoid jail or prison
- My lawyer said I should do it
- To get sober
- To get into a treatment program
- To renew broken relationships (family, friends, etc.)
- My family insisted
- Other: \_\_\_\_\_

2. How did your case in The Turn end?

- Successful completion
- Voluntary Withdrawal
- Termination

3. On a scale of 0-3, please rate the following items in terms of their helpfulness to your progress in The Turn, from not at all helpful (0) to very helpful (3).

- |  |                                      |
|--|--------------------------------------|
| Drug Testing _____                                 | Aftercare/MRT _____                  |
| Court Appearances _____                            | Other participants in The Turn _____ |
| AA/NA Meetings _____                               | Individual therapy _____             |
| Meetings with case manager _____                   | Curfew _____                         |
| Incentives (e.g., medallions, fun box, etc.) _____ | Field Checks _____                   |
| Sanctions (e.g., jail, community service) _____    | Team members _____                   |
| Inpatient Treatment _____                          | Interaction with Judge _____         |
| Intensive Outpatient Treatment _____               | Drug Court Workbook _____            |



The following questions refer to specific parts of the drug court team. Please answer the questions on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

The first questions refer to the presiding **judges** of The Turn.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
4. The judges are knowledgeable about your case	SD	D	N	A	SA
5. The judges know you by name	SD	D	N	A	SA
6. The judges are intimidating or unapproachable	SD	D	N	A	SA
7. The judges remember your situation and needs from hearing to hearing	SD	D	N	A	SA
8. The judges emphasize the importance of drug and alcohol treatment.	SD	D	N	A	SA
9. The judges help you succeed	SD	D	N	A	SA
10. The judges give you a chance to tell your side of the story	SD	D	N	A	SA
11. The judges can be trusted to treat you fairly	SD	D	N	A	SA
12. The judges treat you with respect	SD	D	N	A	SA

The next questions refer to the **chemical dependency treatment staff** at Central Minnesota Mental Health.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
13. The CD treatment staff are knowledgeable about your case	SD	D	N	A	SA
14. The CD staff help you succeed	SD	D	N	A	SA
15. The CD staff emphasize the importance of treatment	SD	D	N	A	SA
16. The CD staff give you a chance to tell your side of the story	SD	D	N	A	SA
17. The CD staff can be trusted to treat you fairly	SD	D	N	A	SA
18. The CD staff treat you with respect	SD	D	N	A	SA

Next, please answer the following questions about your experience with **Probation staff**.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
19. The probation staff are knowledgeable about your case	SD	D	N	A	SA
20. The probation staff help you succeed	SD	D	N	A	SA
21. The probation staff emphasize the importance of treatment	SD	D	N	A	SA
22. The probation staff give you a chance to tell your side of the story	SD	D	N	A	SA
23. The probation staff can be trusted to treat you fairly	SD	D	N	A	SA
24. The probation staff treat you with respect	SD	D	N	A	SA

Next, please answer the following questions about your experiences during The Turn **court sessions**.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
25. You felt too scared or intimidated to say what you really felt in court	SD	D	N	A	SA
26. People in court spoke on your behalf	SD	D	N	A	SA
27. You felt you had enough control over the way things were run in court	SD	D	N	A	SA
28. You understood what was going on in court	SD	D	N	A	SA
29. You felt people who committed the same offense were treated the same way by the court	SD	D	N	A	SA
30. You were disadvantaged by the courts because of your age, income, sex, race, or some other reason	SD	D	N	A	SA
31. During court hearings you felt you were pushed into things you did not agree with	SD	D	N	A	SA
32. The court took account of what you said in decision of what should be done	SD	D	N	A	SA
33. You felt you were treated fairly	SD	D	N	A	SA
34. It was helpful to have other participants in the court sessions	SD	D	N	A	SA



35. In what ways could The Turn program be improved?

36. How has participating in The Turn been helpful for you?

37. What additional services would be helpful?

38. What suggestions would you make for improving The Turn?

39. Any other comments?

**Thank you for your participation. Your answers will help The Turn continue its programming.**

29. Appendix CC.

***THE TURN***  
***JURY BOX QUESTIONNAIRE***

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

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

**SITUATION**: What did you do or not do, to get you into the Jury Box today?

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**THOUGHTS**: What were the thoughts going through your mind during the time of the situation that got you in the Jury Box?

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**FEELINGS**: What were you feeling right before the situation happened?

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**PREVENTION**: What are some things you can do or not do so you do not have this program again?

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**GOAL**: List a goal you hope to achieve over the next month and steps you will take to make it happen.

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**30. Appendix DD.**

***The Turn – Wright County Adult Drug Court  
Conditions of Release for Drug Court Participants***

1. Defendant shall sign The Turn Intake Form.
2. Defendant shall complete a full CD assessment (Rule 25 or Defendant's health plan assessment).
3. Defendant shall submit to a Baseline UA today (if in custody before release).
4. Wright County Court Services shall prepare a Pre Plea Worksheet.
5. Wright County Court Services shall prepare a short form PSI.
6. Defendant shall have no use of mood altering chemicals and submit to random UA's.
7. Defendant shall remain law abiding.
8. Defendant shall make future court appearances.
9. Defendant must report to Wright County Court Services immediately after court **or if in custody** be held until Wright County Court Services can meet with Defendant.
10. Any other conditions requested by the prosecutor or deemed appropriate by the Court, including bail.
11. An OH/PT hearing shall be scheduled **at least** 14 days after the first appearance on the **next available** Turn Session, (Wright County Adult Drug Court).