

Deschutes County
Veterans Intervention Strategy Program
Expectations and Requirements
Track I Manual



This manual belongs to: _____ Received on: _____



John Hummel District Attorney

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Welcome to the Veterans Intervention Strategy

I am pleased that you have chosen to participate in the Deschutes County Veterans Intervention Strategy (VIS) program. This courageous step puts you on the path to restoring your health and honor. The individualized treatment program you will develop and implement in this program will play a critical role in your success, and I am confident that you will give it your full effort and commitment.

The primary purpose of the VIS is to provide treatment in a phased program that addresses substance use disorders and mental health conditions in veterans that have entered the criminal justice system. Know that you are not alone. You will meet other veterans who understand what you have been through and who will support you as you learn better ways of coping and adjusting to life after service.

As a participant, you will be expected to follow the instructions given by the VIS Inter-agency Team and to comply with the treatment/action plan that you will develop with the assistance at the Vet Center. I am confident that your active engagement in the VIS program will help you restore your honor and resolve the problems that led you into the criminal justice system. The VIS Team is here to assist you through that process, as we want you to be successful.

This VIS manual is part of that support plan. It serves as a program reference and guide, answering many of the questions you will have about the program and detailing what is expected of you as a VIS participant. However, if you have any other questions that are not answered, please do not hesitate to contact the VIS Coordinator at 541-317-3175 or via email at VIS@dceda.us.

I encourage you to share this information with your family and friends who support your recovery. The information may be changed in any manner periodically and without prior notice.

This program was established for you. All the VIS team members and agencies support your decision to enter the Deschutes County Veterans Intervention Strategy program. We wish you great success, and are dedicated to helping you make positive change.

Sincerely,

John Hummel
Deschutes County District Attorney

Table of Contents

Contents

What is a Veterans Intervention Strategy (VIS)?	4
Track I Eligibility	4
Financial Obligations	5
VIS Meetings	5
Dress Code	6
VIS Inter-agency Team	6
Mentoring	6
VIS Track I Program Phases	6
VIS Handbook	8
Incentives, Sanctions and Therapeutic Interventions	8
Termination	9
Summary of VIS Participant Rules	9
Drug Screening	9
Transportation	10
Restitution	10
Conclusion	10
VIS Program Manual Appendices	11
Important VIS Contacts	12
Track I Phase Requirement Chart	13
Approved Over the Counter Medications	15
VIS Participant Bill of Rights	16
Medication Form	17
Drug Testing Contracts	18
VIS Program Agreement of Participation	20
Urine Testing and Incidental Alcohol and other Substance Exposure Contract	23
VIS Participation Agreement and Release of Information (ROI)	26
Travel Request Form	29

What is a Veterans Intervention Strategy (VIS)?

The VIS is a special collaborative, multi-agency program that is taking a holistic approach to handling criminal cases involving veteran offenders. Representatives from each of the partner agencies meet regularly to discuss and review your progress through the program, and work to identify the best ways to support you on this journey.

The VIS Inter-agency Team is the authorizing body for VIS and will make the determinations on your advancement to the next program level and graduation from the program. The goal and mission of this team and the reason criminal justice agencies, veterans services, and treatment providers have come together is due to a sincere desire to aid our veterans in a manner that will best assist you in accessing the treatment and services you need to reach your potential.

The VIS uses a series of interventions including individualized substance abuse treatment, mental health treatment, linkage with veteran benefits, mentoring, and the use of sanctions and incentives. The VIS Inter-agency team has much more involvement in supporting and supervising veterans than having a veteran go through the traditional criminal justice system.

Although the goal of VIS is to assist veterans, it is ultimately up to you as an individual to succeed in the program. If at any time you are no longer complying with VIS requirements you can be terminated from the program by the VIS Inter-agency Team. If that were to occur, your case would be sent back to the courts for sentencing by a Judge. You would no longer be eligible to receive the sentencing benefits that would have been awarded to you had you graduated from the VIS.

Track I Eligibility

To be eligible for the Deschutes County VIS program, individuals must be at least 18 years of age; charged with a crime in Deschutes County, but may be a resident of Deschutes, Jefferson, or Crook county; have his or her veteran status confirmed; have a diagnosed substance abuse or mental health problem confirmed or assessment completed by the Central Oregon Vet Center in Bend; and have the capacity and willingness to participate in the VIS as evidenced by voluntary acceptance of the plea negotiation leading to entrance.

Veterans not meeting the qualifiers described above and/or those diagnosed with personality disorders, or those referred by jurisdictions outside Deschutes County are not eligible for the VIS program.

Veterans with an other than honorable discharge or a felony charge are not eligible for VIS Track I, but may be eligible for Track II.

All participants' cases, criminal history and medical background will be evaluated by the DA's Office to ensure veteran meets the program's legal requirements. Then veterans determined to be potentially

eligible will then agree to be evaluated by the Vet Center to assess their veteran status and undergo a health diagnosis.

Although participation in the VIS is voluntary, no person has a right to participate in the program. Admission decisions are based on the individual circumstances of each veteran that has become involved in the criminal justice system.

Veterans in Track I that do not successfully complete the program may be eligible to reenter the VIS program as a Track II participant.

Financial Obligations

In most cases, treatment costs are covered by the U. S. Department of Veterans Affairs in accordance with your benefit rating. Court fees, attorney fees or restitution may be ordered in your case, specific to the conditions of the plea agreement negotiated by your attorney. Any financial obligations ordered by the VIS Inter-agency team must be paid in full before release from the VIS program.

VIS Meetings

The Deschutes County Veterans Intervention Strategy bi-monthly meetings are scheduled for **the first and third Wednesday of each month at 10:30 am.**

While the State of Oregon is still under COVID-19 restrictions meetings will be held virtually. You will receive a Zoom invitation to participate in the meeting via email directly if you have email, or the link will be sent to your case manager or attorney. You may participate in the virtual VS meeting at the Vet Center, where a room with a computer, internet and video capabilities will be provided, or at the office of your defense attorney. You may not participate in the VIS meeting from any other location.

When COVID-19 social distancing restrictions have been lifted, the VIS Inter-agency meetings will occur in a conference room at the Vet Center. Participating veterans will be notified of this change when it occurs. At that time all meetings will be held in-person.

In the first phases of the program, you will be required to report to the VIS meeting at least once a month or as directed by the VIS Inter-agency Team. As you progress through the program, you will report to the VIS meetings less often in recognition of your positive accomplishments. No one will be allowed into the VIS meetings under the influence of alcohol or non-prescribed controlled substances.

Family members, support people and support animals are permitted to attend.

At each VIS meeting appearance, you are required to provide the VIS Coordinator with your personal clean date and documented clean date. It is your responsibility to know these dates.

Dress Code

When you appear for the VIS meeting, you should be dressed in respectable attire. The atmosphere in the meeting is relaxed, but it still remains a formal meeting that is addressing your issues within the criminal justice system. Disrespectful attire may result in a sanction.

The VIS Inter-agency Team

The VIS Inter-agency Team will make all decisions regarding your participation in the VIS program. The VIS Inter-agency Team consists of the following members:

- Defense Attorney (your attorney)
- Deputy District Attorney
- VIS Coordinator
- Vet Center Treatment Provider
- Mentor Coordinator
- Law Enforcement Representative

Prior to each VIS meeting, the VIS Inter-agency Team members familiarize themselves with your progress so that they may discuss that progress with you during your VIS meeting session.

Before your VIS meetings, the VIS Inter-agency Team will be given a progress report presented by your PO, the Vet Center and/or any other additional treatment or service providers. The progress report will discuss your attendance, participation and cooperation in the treatment program, employment and any other requirements that you are required to complete. The VIS Inter-agency Team may ask questions about your progress and will discuss any problems you may be experiencing.

Mentoring

All VIS participants are assigned a volunteer veteran mentor. The mentor is a veteran who understands where you've been and stands ready to help you problem-solve, access services, or just talk. With few exceptions, conversations you have with your mentor are confidential. Meeting and engaging with your mentor on a regular basis is a critical component of the VIS program and in helping you reach graduation.

VIS Track I - Program Phases

The Deschutes County VIS program has a two track system. Individuals cited for low level misdemeanor crimes are potentially eligible to participate in Track I. Placement within Track I or Track II is based upon the crime, the individual's criminal and medical histories and the level of service and support the VIS Inter-agency Team deems necessary for the individual to have the best opportunity for success. Track placement is determined during the eligibility review process.

This manual focuses on Track I program requirements. Track I has three (3) distinct phases that each participant must complete to graduate. Each phase consists of both common and distinct expectations of your behavior and performance. The phases and associated requirements have been constructed to

guide the participant through the critical treatment and support services in order to help the veteran reach his/her full potential.

The VIS Inter-agency Team reviews and approves requests for phase movement.

Track I Engagement (Phase 1)

Phase 1 emphasizes your orientation to and engagement in the activities prescribed by your individualized treatment plan, which you will develop during this phase. You are expected to attend and engage in all scheduled treatment appointments. You will appear at VIS meetings monthly. Additionally, you will meet with the Vet Center (or Veterans Service Officer) to review present benefits and apply for other benefits for which you may be eligible. You will also be introduced to your veteran peer mentor during this phase. The participant must demonstrate a minimum of 7 consecutive days of compliance with Track I Engagement requirements before moving to Phase 2 - Action. Phase 1 typically lasts a minimum of four weeks.

TRACK I Action (Phase 2)

Phase 2 continues the activity expectations of Phase I, with the expectation of positive treatment progress, and efforts toward securing housing, if needed. If substance abuse is diagnosed, you are expected to abstain from the use of alcohol and non-prescribed controlled substances as evidenced by negative toxicology screens. You are required to connect with your veteran peer mentor for support, and to continue to work on obtaining benefits. Upon the VIS Inter-agency Team receiving consistent, positive progress reports, you may move to Phase 3. The Action Phase typically lasts a minimum of two (2) months for Track I veterans.

TRACK I Maintenance (Phase 3)

In the third phase, it is recommended that you continue to follow your personal treatment plan and meet with your mentor, but it is not required. The Track I Maintenance Phase lasts a minimum of nine (9) months. During this time you need to demonstrate positive life improvements by not obtaining any new citations or arrests from law enforcement and by attending check-in meetings with the VIS Inter-agency team once every three (3) months. Having not acquired any new citations, arrests or warrants since entering the VIS program 12 months earlier, you will be eligible to graduate.

Phase movements are accompanied by certificates of accomplishment handed out in VIS meetings to participants. For a quick snapshot of program requirements for each phase see the ***Phase Requirement Chart*** (Appendix 2).

Graduation

After successfully completing the third phase of the program, you will be scheduled for the graduation. Graduations happen the third Wednesday of each month (subject to change). Graduation from VIS is recognized as a very important event. You may invite your loved ones and friends to join you at a special ceremony as the VIS Inter-agency Team congratulates you for successfully completing the requirements of the VIS program and accomplishing your goals. Graduates receive a commemorative coin from the VIS team.

VIS Handbook

Your **VIS Participant Handbook** is your accountability book. You must bring it with you to EVERY appointment and have your counselor, case manager, treatment provider, UA tech, support group chairperson, mentor, and/or PO to sign your book. Everyone makes mistakes and this is your way of showing the VIS Inter-agency team and treatment providers that you are following through with your obligations.

Bring your handbook to the VIS meetings; otherwise the VIS team will call you to speak last.

- Remember, you are required to get everyone to sign your handbook after an appointment, including an appointment with the VIS team or even the court.

You **MUST** have your handbook signed the same day that you complete your obligation.

Some of the documents that need to be turned into the VIS Inter-agency team can be submitted electronically. Links to those documents can be found in the handbook.

Incentives, Sanctions and Therapeutic Interventions

While in this program you will receive incentives for positive behavior, therapeutic interventions for behavior not aligned with your treatment plan, and sanctions (responses) for noncompliance. All of these are designed to help change your thinking and to contribute to long-term success. All incentives, interventions, and sanctions are individualized to each participant.

Incentives

The team understands how difficult meeting all of your obligations can be while in the program. Therefore, we want to acknowledge all of the hard work you put in by rewarding you with incentives. The incentives are broken down into low, moderate, and high categories. Examples of incentives offered include: verbal praise and applause, VIS meeting date privileges (called first to present at meetings), and the ability to travel out of state.

Therapeutic Interventions

Therapeutic Interventions are actions taken by treatment providers, case managers, and POs at the time of an infraction. These types of interventions are most effective when they are enforced as close to the incident as possible, and will vary by organization based upon their program rules, the participating veterans situation, and the infraction that occurred. Information on these interventions will be shared with the VIS Inter-agency Team.

Sanctions

Sanctions are responses from the VIS team for non-compliance. Sanctions are used on a gradually escalating scale and are applied in a consistent and appropriate manner matching the individual conduct and level of compliance. The team recognizes that no single set of responses is effective for everyone

and each response is tailored to the individual. The team discusses what responses or interventions would be best in a staffing meeting before the VIS meeting starts and the VIS Inter-agency Team makes the final decision regarding all sanctions. You always have an opportunity to speak with your lawyer prior to a sanction being imposed. Being dishonest with the VIS team could result in a higher-level sanction. Sanctions can include, but are not limited to: verbal admonishments, writing a letter of apology, increased attendance at VIS meetings, community service, to placement into VIS Track II.

Termination

The VIS Inter-agency team wants all participants to succeed, but if participants continually fail to meet program objectives the DDA can ask for a termination hearing.

Examples of behaviors that may result in a veteran being terminated from the program, include: excessive and persistent sanctions, warrants, new arrests or a violation of your treatment plan, falsifying a drug test, or posing a threat to the health and safety of treatment staff.

Summary of VIS Participant Rules

You will:

- **Totally abstain from the use of alcohol and/or illegal drugs**
- Submit to random alcohol and drug testing.
- Remain clean and sober and law-abiding.
- Be honest with the VIS Inter-agency Team and your treatment and service providers.
- Attend VIS meetings and treatment sessions as scheduled.
- Work cooperatively with your treatment providers.
- Provide your treatment providers a copy of any current and valid prescriptions you are taking.
- Disclose the presence of any weapons possessed by anyone else in your household.
- Keep the team informed of your current address and phone number at all times.
- Dress appropriately for court and treatment sessions.
- Abide by all other rules and regulations imposed by the VIS Inter-agency Team.

You will NOT:

- Use any prescription medications given to anyone else at any time.
- Associate with people who use or possess illegal drugs.
- Be present while drugs or alcohol are being used by others.
- Possess any weapons while in the VIS program.

Drug Screening

Based upon your individualized treatment plan, you may be required to take toxicology tests on a random basis to verify your abstinence from alcohol and non-prescribed controlled substances. The main method of drug testing is urinalysis. At times, you may also be required to submit to other recognized drug abuse monitoring methods such as sweat patches, blood or hair testing. Urinalysis results and/or other monitoring techniques will be documented and may be made available to the VIS

Inter-agency team. Any positive urine screens can be grounds for sanctions by the VIS Inter-agency team. If you choose to use, you choose to have consequences.

Transportation

Transportation to all VIS Inter-agency meetings, medical, treatment, counseling and case manager appointments is the sole responsibility of the participant. A lack of transportation is not an excuse for missing any scheduled event.

If you struggle with reliable transportation, please discuss this with your case manager to see about accessing local services to obtain regular transportation. This must be completed prior to having transportation issues. Bus passes are available, and the Band of Brothers can also be asked to assist with transportation.

In addition, Cascade East Transit (CET) also offers free door-to-door service for healthcare-related appointments to veterans. This service is offered Monday through Friday from 7:00 am to 4:00 pm. Call 541-385-8680. Dial "1" for English, or "2" for Spanish and then press "2" for Dial-A-Ride/Bus to schedule a pick-up at least 24 hours in advance.

Restitution

An attempt has been made by the DA's Office to notify the victim(s) of the offense(s) of your referral and pending entry into the VIS program.

To officially enter the program you must agree to pay all restitution and admit to all the amounts stolen from the victim(s).

Repayment to the victims must be completed prior to graduation, so participants must demonstrate an ability to earn funds sufficient to pay all restitution during the term of the VIS program.

Conclusion

The goal of the Deschutes County Veterans Intervention Strategy is for you to become well and restore your honor after violating the law. By accessing services you earned through your service to our country; cooperating with the VIS Inter-agency Team and partners; and most importantly, by committing yourself to a healthy positive life; you will gain self-respect and renewed respect from your community as a program graduate.

VIS Program Manual Appendices

Appendix 1



Important VIS Contacts

Mentor	<i>Name</i>	
	<i>Phone</i>	
Defense Attorney	<i>Name</i>	
	<i>Phone</i>	
Probation Officer	<i>Name</i>	
	<i>Phone</i>	
Vet Center Treatment Provider / Case Manager	<i>Name</i>	
	<i>Phone</i>	541-749-2112
	<i>Address</i>	1645 NE Forbes Rd. #105, Bend, OR 97701
Deschutes County VA Clinic / Primary Care Provider (PCP)	<i>Name</i>	
	<i>Phone</i>	541-647-5200
	<i>Address</i>	2650 NE Courtney Dr., Bend, OR 97701
VA Veterans Justice Outreach (VJO) Specialist	<i>Name</i>	
	<i>Phone</i>	
Deschutes County Veterans Service Office	<i>Phone</i>	541-385-3214
	<i>Address</i>	1130 NW Harriman St., Bend, OR 97703
DCDA Office - VIS Coordinator	<i>Name(s)</i>	
	<i>Phone</i>	
VIS Meeting	<i>Address</i>	

Appendix 2



Track I Phase Requirement Chart

Level	# of Weeks	Minimum VIS Review	Phase Expectations	Requirements to Advance to next Phase
Phase 1: Engagement	One month / 30 days minimum	Once per month	<ol style="list-style-type: none"> 1. Attend a VIS Orientation meeting. 2. Meet with the Vet Center and complete a personalized treatment plan. 3. Participate in VA HOMES assessment for benefits and services with the Vet Center or a Veterans Justice Outreach Specialist (VJO). 4. Comply with treatment requirements. 5. Begin stabilization of housing/food/medical. 6. Attend one (1) support group meeting before leveling up. 7. Comply with dress code. 	<ul style="list-style-type: none"> ● Create a personal treatment plan. ● Comply with all Track I - Phase 1 requirements. ● Attend a VIS meeting at least once. ● No new citations. ● Complete Phase up application ● VIS Inter-agency Team believes you are ready to transition to Phase 2.
Phase 2: Action	2 months / 60 days minimum	Once per month	<ol style="list-style-type: none"> 1. Attend a VIS meeting at least monthly. 2. Meet with your case manager at the Vet Center. 3. Identify and secure a stable living environment. 4. Meet with your mentor. 5. Make consistent restitution payments. 	<ul style="list-style-type: none"> ● Consistent follow-through on personal treatment plan and any plan updates. ● Comply with all Phase 2 requirements. ● Attend a VIS meeting at least monthly. ● Minimum of 8 weeks at Phase 2. ● No new citations. ● Complete Phase up application ● VIS Inter-agency Team believes you are ready to transition to Phase 3.

Phase 3: Maintenance	9 months / 36 weeks minimum	Every 3 months	<ol style="list-style-type: none"> 1. Attend a VIS meeting every 12 weeks. 2. Meet with your case manager at the Vet Center, as necessary. 3. Follow treatment recommendations, as necessary. 4. Continue to meet with mentor 5. Maintain a stable living environment. 6. Attend at least one support group, per month. 	<ul style="list-style-type: none"> ● Minimum of 36 weeks at Phase 3. ● No new citations. ● Make final restitution payment. ● Complete Graduation application. ● VIS Inter-agency Team believes you are ready to graduate.
Graduation				

Appendix 3



Approved Over-the-Counter Medications

The following medications are approved for the VIS participants to take without prior permission. These medications must be taken at the appropriate dosage listed on the drug's label or a positive urine test could result. **DO NOT TAKE MORE THAN THE DOSAGE INDICATED ON THE LABEL!**

If you have any questions contact your case manager and/or treatment provider for clarification. **EACH DRUG LISTED BELOW MUST BE TAKEN AS LISTED AND WITHOUT ANY OTHER ADDITIVES (i.e. NO TYLENOL COLD OR TYLENOL NIGHTTIME).**

Only treatment providers can approve medication. Please contact them for all medication approvals.

Pain

None of the following can be the PM formula

- Acetaminophen 500mg, 1 or 2 tablets every 4-6 hrs
- Ibuprofen 200-800 mg, every 4-6 hrs as needed
- Aspirin
- Excedrin Migraine*

Flu Symptoms

- Theraflu*
- Alka-Seltzer*

Cough/Cold

- Delsym* (non-alcoholic/pediatric)
- Mucinex* (cannot be D or DM)

Allergies

None of the following can be D or DM formula

- Claritin*
- Allegra*
- Benadryl*

*Brand name

Stomach

- Mylanta*
- Milk of Magnesia*
- Pepto Bismol*

Joint Pain

- Tylenol Arthritis*
- Ben Gay* muscle rub & thermal patches
- Icy Hot* muscle rub & thermal patches

Antacids

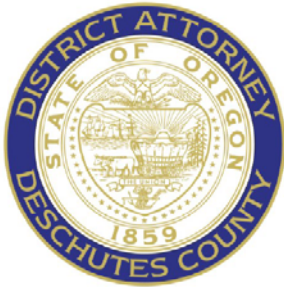
- Zantac*
- Pepcid*
- Prilosec*
- Tums*/Rolaids*

Vitamins

No sports additives or supplements

- Multivitamins
- Prenatal Vitamins

Appendix 4



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Deschutes County Veterans Intervention Strategy Participant Bill of Rights

1. You have the right to accept or refuse participation after receiving this explanation.
2. If you agree to treatment, you have the right to change your mind at any time (unless specifically restricted by law).
3. You have the right not to be discriminated against due to your race, creed, color, national origin, sex or physical disability.
4. You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
5. You have the right to be free from abuse, neglect, and exploitation.
6. You have the right to be treated with dignity and respect.
7. You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
8. You have the right to be told about the program's rules and regulations before you are admitted.
9. You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
10. You have the right to meet with staff to review and update the plan on a regular basis.
11. You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
12. You have the right to receive an explanation of your treatment or your rights if you have questions while you are in the VIS Program.
13. You have the right to make a complaint and receive a fair response from the program within a reasonable amount of time.
14. You have the right to get a copy of these rights before you are admitted into this program, including the address and phone number of the Oregon Department of Criminal Justice.
15. You have the right to have your rights explained to you in simple terms, in a way you can understand, upon request.

If you feel that your rights have been violated or that you have been treated unfairly, you have the right to file a grievance with the VIS program, in writing (Deschutes County District Attorney's Office, 1164 NW Bond St., Bend, OR 97703) or by phone (541.317-3175). You also have the right to complain directly to the Oregon Department of Criminal Justice at any reasonable time in writing (Oregon Department of Justice, 1162 Court St. NE, Salem, OR 97301) or by phone (503-378-6002).

Appendix 5



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Medication Form

Medical Facility:		
Physician's name (please print):		
Address:		
City:	State:	Zip:
Telephone:		Fax:

This notification is to inform you that:

Name of Deschutes County VIS Participant

Is currently a Deschutes County Veterans Intervention Strategy participant and is a recovering addict / alcoholic or managing mental health issues. As a part of a structured, criminal justice supervised treatment program the participants are frequently subjected to random drug testing. Therefore, all medications and treatment procedures should be prescribed with this information in mind.

Diagnosis / Treatment: _____

Prescription: _____
Please specify the medication type and dosage

Prescription: _____
Please specify the medication type and dosage

Prescription: _____
Please specify the medication type and dosage

 Date

 Signature of Physician

Appendix 6



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Drug Testing Contract

I understand:

1. I will be tested for the presence of drugs in my system on a random basis according to procedures established by the Deschutes County Veterans Intervention Strategy (VIS) Program.
2. If I am assigned a number for testing and will be required to test during the specified lab hours for the day on which my current number is called.
3. I may be required to submit to a test more frequently.
4. I will be given a location and time to report for my drug testing.
5. It is my responsibility to report to the assigned location on the date during the time given for the required drug test.
6. I must fill out the appropriate form at the drug testing laboratory indicating all current medication I am taking, including both prescription and over-the-counter medication. Be prepared to list and spell correctly, all medication prior to each drug test.
7. All drug tests will be observed using a same sex collector -- women observe women and men observe men.
8. If I am late for a test or miss a test, it will be considered a positive test for drugs/alcohol and that I will be sanctioned. If I refuse to submit a urine sample, it will be reported as a refusal to test.
9. I must provide a urine sample which is negative for all drugs or I will be sanctioned. Urine samples will also be analyzed for temperature, specific gravity, Creatinine and other chemical makers to ensure a valid urine specimen.
10. If I fail to produce a urine specimen or if the sample provided is not sufficient quantity, it will be considered a positive test for drugs/alcohol and I will be sanctioned
11. I have been informed that drinking excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the urine sample is not diluted. I understand that if I procure a diluted urine sample it will be considered a positive test for drugs/alcohol.
12. Substituting or altering my specimen for the purpose of changing the drug testing results will be considered a positive test for drugs/alcohol and will result in sanctioning and may be grounds for

termination from the VIS

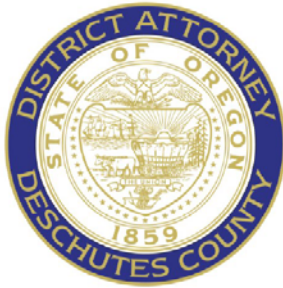
13. The lab collector will not discuss the results of my drug test with me at the time of collection. The collector or laboratory will not provide any information about my drug test results to me, and that the results will be reported directly to the VIS coordinator and my treatment provider.
14. If I wish to have a confirmation test by an independent lab, I must pay for this test prior to my next VIS meeting date. This confirmation test will be conducted by a certified, independent drug testing laboratory. The confirmation test will use gas chromatography/mass spectrometry (GC/MS) and other appropriate chemical testing protocols. If the positive drug screen is confirmed, I will be subject to an additional sanction, including jail for dishonesty to the VIS Inter-agency team.

Participant's Name (Print)

Participant's Signature

Date

Appendix 7



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Deschutes County Veterans Intervention Strategy Program Agreement of Participation

Participant: _____ DOB: _____

If accepted for enrollment into the Deschutes County Veterans Intervention Strategy (VIS) program, I hereby agree to the following stipulations:

1. **Honesty.** I agree to be honest with the VIS Inter-agency Team, and I understand that information I disclose about the offense I am charged with committing and/or information about my mental health and/or alcohol and drug use will not be used against me in future prosecutions or punishment hearings.
2. **Strategic Action Plan.** I will attend, engage, participate in, and complete all treatment and counseling that is part of my treatment plan and/or ordered by the VIS Inter-agency Team as a condition of my participation in the program. This may include, but is not limited to: detoxification, residential treatment, inpatient treatment, outpatient treatment, aftercare and relapse prevention treatment, counseling, support group attendance, cognitive behavioral classes and supplementary treatment, counseling or education considered essential to attaining goals listed in my action plan. I understand that depending upon my income, I may be responsible for some or all treatment costs.
3. **Abstinence from Alcohol and Drugs.** If ordered by the VIS Inter-agency Team as a condition for my enrollment in the program, I agree that I will not possess and/or use alcohol and illegal drugs. I will use prescription medication only as prescribed for me by a physician. I further agree to inform any treating physician or dentist of my substance abuse dependency, and that I should not take any narcotic or addictive medications or drugs and should request non-narcotic alternatives. Furthermore, if a treating physician determines that narcotic or addictive medications or drugs are necessary, I must disclose this to my treatment provider(s) and my VIS case manager so that the VIS Inter-agency team may make a determination about my continued program participation. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will list any and all over-the-counter and prescription medications names to my treatment provider, case manager and probation officer prior to submitting to any drug or alcohol screens. I further agree to submit to frequent and random testing for the presence of alcohol and drugs as directed by the VIS Inter-agency team, and to pay any required fees for testing.
4. **Disputing positive screening test results.** I understand that I may dispute positive test results but

that I will be responsible for payment in advance for the drug testing confirmation costs. If positive drug use is confirmed, the sanction will be more stringent than if I had been honest about having used alcohol or drugs.

5. **Commit No New Offenses.** I will not violate the laws. If I do, I understand that any violation or arrest must be reported to the VIS Inter-agency Team within 48 hours. I understand that an arrest or citation for a criminal offense that occurs during the course of the program will be considered a violation of program rules and that the VIS Inter-agency Team need not await disposition of new criminal offenses before implementing sanctions on the case already pending in the VIS program.
6. **Make all Scheduled Appearances.** I will appear or report as scheduled to the VIS meetings, treatment, counseling sessions and meetings with my case manager(s) and appointments with my VIS mentor. I will arrange for my own transportation and understand that lack of transportation is not an excuse for missing any scheduled event.
7. **Maintain Employment and/or Education.** I will maintain appropriate full-time employment or full-time status as a student, or will attend any education or job training programs to which I am referred. I will report any change in status to the VIS case manager within 48 hours.
8. **Housing.** I will maintain stable housing considered appropriate by the VIS Inter-agency Team for my recovery.
9. **Payment of Fees.** I agree to pay all VIS-ordered financial obligations.
10. **Field Visits.** I understand that the VIS case manager and/or other VIS team members may conduct field visits to my residence, place of employment and other areas I may inhabit or frequent. I understand that as a program participant I may be subject to periodic home visits by VIS personnel which may either be announced ahead of time or unannounced. For the purpose of home visits, I agree to waive any Fourth Amendment Search and Seizure claims and I agree to cooperate fully with VIS personnel in the event that a home visit is conducted. I understand that failure to fully cooperate with a home visit will be considered a violation of program rules and will make me subject to potential sanctions.
11. **Appropriate Behavior.** I agree to respect the opinions and feelings of other program participants and understand that verbal or physical threats or abuse will not be tolerated.
12. **Respect of the VIS Inter-agency Team.** I will use appropriate language in the VIS meetings and will address the VIS Inter-agency Team with respect. I will not lean on the table, not bring food, drinks, gum, tobacco, nor will I bring recording devices to the VIS meetings.
13. **Cellular Telephone or Pagers.** I agree to make sure that all cell phones and pagers are turned off while at the VIS meeting, treatment, counseling, and meetings.
14. **Dress Code.** I understand and agree to dress appropriately for the VIS meetings and for any meetings required while in the VIS program.
15. **Disclosure of Program Information for Review.** I understand that for the purpose of data collection or review of this program, some otherwise confidential information be disclosed to third parties. Statistical information will not include my name, address, or personal identifying information.
16. **Confidentiality of Veterans Intervention Strategy participation.** I understand that my enrollment in the VIS program will be a matter of public record, that the VIS program is open to the public, and the

rules of confidentiality do not apply there. I understand that the VIS case manager and other treatment providers will make reports to the VIS Inter-agency Team concerning my progress in treatment. I have signed a release of information form to facilitate this exchange of information. I agree to release information and permit communication with outside agencies to assist in fulfilling my requirement of the program. I will not disclose information regarding any other VIS participants and agree to maintain their confidentiality.

17. **Travel.** I understand that I must notify my case manager and the VIS Inter-agency team of my counties of residence and work upon entering the program. When traveling within Oregon during the course of the program I will notify VIS personnel in advance of my travel plans, including the county/counties that I intend to visit. Before leaving the state or the country I understand that I am expected to notify the case manager and my attorney, and that explicit permission from the VIS Inter-agency Team is required before leaving the state. I understand that the VIS Inter-agency team must be informed of my destination, the length, and the purpose of my trip before engaging in interstate or international travel.

18. **Statute of Limitations/Speedy Trial.** I understand that by enrolling in the VIS program I am waiving my future claims regarding speedy trial or statute of limitations issues on the case or case under which I am being accepted into the VIS program. I understand that I will not be permitted to raise objections pertaining to timeliness or speedy trial on cases which have remained pending pursuant to admissions into the VIS program.

I understand that I must abide by the conditions ordered by the VIS Inter-agency Team including my individual treatment plan. Failure to comply may result in sanctions including, but not limited to, admonishment, verbal reports, written reports, increased drug/alcohol testing, increased treatment requirements, jail time or involuntary termination from the program.

Participant's Signature

Date

DDA's Signature

Date

Appendix 8



John Hummel District Attorney

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Urine Testing and Incidental Alcohol and other Substance Exposure Contract

Recent advances in science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking event. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detected levels of alcohol (or its breakdown products). In order to preserve the integrity of the VIS drug testing program, it has become necessary for us to restrict and/or advise VIS participants regarding the use of certain alcohol-containing products.

It is YOUR responsibility to limit exposure to the products detailed below that contain ethyl alcohol—the intoxicating ingredient in alcoholic beverages. Additionally it is YOUR responsibility to read product labels to know what is contained in the products you use and consume. Inspect these products BEFORE you use them. Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. **When in doubt, don't use, consume, or apply to your skin, body, or hair.**

Cough syrups and liquid medications: Specialized veterans treatment programs have always been prohibited from using alcohol-containing cough/cold syrups, such as Nyquil. Other cough syrup brands and numerous other liquid medications rely upon ethyl alcohol as a solvent. VIS participants are required to read product labels carefully to determine if the product contains alcohol. All prescription medications should be reviewed with your treatment provider, or PO before use. **No medication should be taken without prior permission from your treatment provider or probation officer.** A list of "Approved Over-the-Counter Medications" is provided to you at orientation within your VIS Manual. Information on the composition of prescription medication should be available on request from your pharmacist. Non-alcohol cough and cold medication are readily available at most pharmacies and major retail stores.

Creams and Topical Products: Many topical creams and gels that you rub into your skin for application contain alcohol. Do not use any topical medications and/or creams (such as body lotion, moisturizer, etc.) that contain any amount of alcohol. Additionally, you are not allowed to use any topical medication that contains alcohol as an ingredient (hormone, anesthetic or analgesic cream or gel).

Non-Alcoholic Beer and Wine: Although legally considered non-alcoholic, beverages like O'Doul's* or Sharps* do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. VIS participants are not permitted to drink non-alcoholic beer or non-alcoholic wine.

Food and other Edible Products: There are numerous other edible 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 Gingko Biloba) could result in a positive drug test for alcohol. Foods cooked with wine should be avoided, such as cherries jubilee, baked Alaska, rum cake, burgundy chicken, and flambé dishes. These foods may still contain alcohol even after cooking and must be avoided. When eating food that you did not make, ask if the food was prepared using any ingredients containing alcohol.

Mouthwash and Breath Strips: Most mouthwashes (i.e. Listermint* or Cepacol*) and breath cleansing products contain alcohol. The use of mouthwashes containing alcohol can produce a positive test result. Participants are required to read product labels and determine whether a mouthwash product contains alcohol. Use of alcohol-containing mouthwashes and breath strips by VIS participants is not permitted. Non-alcohol mouthwashes are readily available and are okay to use. If you have questions about a particular product, bring the product to discuss with your case manager or treatment provider.

Hand Sanitizers: Hand sanitizers (i.e. Purell* or Germex*) and other antiseptic gels used to disinfect hands contain up to 70% alcohol. Excessive or repeated use of these products could result in a positive urine test. Hand washing with soap and water instead is recommended and is just as effective for killing germs.

Hygiene Products: Aftershaves and colognes, hair sprays and other hair care products, many astringents, and certain body washes contain alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol, excessive or repeated use of these products could affect drug test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the VIS Inter-agency Team requires VIS participants to regulate their fluid intake to avoid a dilute urine drug test, it is likewise important that each participant limit their use of hygiene products containing alcohol.

Solvents and Lacquers: Many solvents, lacquers and home repair products used in the construction industry and for home repairs contain alcohol. Excessive inhalation of vapors and chronic exposure to such products can potentially cause a positive drug test for alcohol. As with the products listed above, VIS participants must educate themselves to the ingredients in the products they are using. There are many commercially available alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused because you use these products. If you must work with these products, you need to discuss this with your case manager and PO if assigned one. Do not wait for a positive test result before discussing this with them.

Homeopathic or Herbal Products: Many of the herbal products contain unknown ingredients in undetermined amounts. It is recommended that you do not take any of these products without first

talking with your doctor. Carefully read the labels on any liquid herbal or homeopathic remedy and do not take without prior approval of your case manager.

Bug Sprays and Insecticides: Do not use bug sprays (i.e. Off*) or other chemical sprays containing alcohol.

Poppy Seeds: There are other numerous edible products that contain and can cause you to have a positive UA for **morphine** as listed below. Any food or edible that contains **poppy seeds** must be avoided, such as: Dave's Killer Bread*, Poppy Seed Muffins, and Breakfast bars.

CBD products: It is also important to note that CBD products are unregulated and initial tests by reporting agencies have found that products can contain varying levels of THC content. It is highly advisable to avoid the use of CBD products unless they are medical grade and have been prescribed by your doctor and are included in your Medication form.

Remember, when in doubt do not use, consume or apply. Ask permission prior to using or eating!!

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AS OUTLINED ABOVE:

Participant's Name (Print)

Participant's Signature

Date

* Brand name

Appendix 9



John Hummel District Attorney

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Deschutes County Veterans Intervention Strategy Participation Agreement and Release of Information (ROI)

I, _____, _____, authorize the
Full Name (First, Middle, Last) Date of Birth

Veterans Intervention Strategy (VIS) program partners (Deschutes County District Attorney's Office, Deschutes Defenders, Kollie Law, Central Oregon Vet Center, and Deschutes County Sheriff's Office) to disclose verbal or written information regarding items noted below between the above agencies and their employees* to determine my eligibility, participation and successful completion of my involvement in the program, as well as to track the impact of the VIS program.

Personal Information that may be shared between the District Attorney's Office, the Vet Center, your defense attorney, law enforcement and VIS treatment providers includes:

1. Law Enforcement Records and Criminal History.
2. Medical Records, including drug, alcohol, behavioral health and other relevant health records.
 - a. To determine eligibility, ensure continuity of care, and to assess the personal treatment plan, records will be requested from your current primary care provider and/or other medical specialists and shared with the Vet Center, the DA's Office, your defense attorney, and treatment providers once enrolled.
3. VIS Evaluation Screening Data and Results.
4. Meeting Compliance, Assessment Results, and Treatment Provider Compliance Letters.
5. General Case Management Information/Impressions.
6. Urinalysis and other test results.
7. Attendance and compliance to treatment with external agencies providing prescribed treatment/services.

I am aware and understand that:

1. **The information collected, shared and analyzed about me will be used to:**

- a. Determine my eligibility to participate in the VIS program.
 - b. Track my process and progress through the VIS program.
 - c. Determine if I have completed the VIS program requirements for phase progression and graduation.
 - d. Track the progress and impact of the VIS program.
 - i. Personal data collected for program evaluation and reporting will be de-identified and aggregated with all program participants' data, to ensure personal details are not traceable to an individual.
- 2. Through the VIS program's screening process that includes a legal and health assessment, I will either be deemed:**
- a. Ineligible for the program.
 - b. Eligible Track I.
 - c. Eligible Track II.
- 3. If I am deemed eligible for the VIS program:**
- a. I will voluntarily plead Guilty (not alford or no contest) to the agreed upon charges.
 - b. I must comply and complete all the requirements for all phases of the program to be eligible for graduation.
 - c. I must graduate to receive the legal benefits that have been agreed upon by officially enrolling in the program.
- 4. Failure to complete any part of the program can result in termination of my involvement in the VIS program and my case will return to the traditional court system.**
- 5. The VIS program is voluntary, but if accepted into the program, it is required that I must:**
- a. Attend all the VIS Inter-agency Meetings for which I am scheduled.
 - b. Actively engage with Vet Center staff for individual and group meetings and treatment programs.
 - c. Meet regularly with my assigned mentor.
 - d. Participate in treatment programs with VIS partners as recommended through my personal treatment plan and as mandated by the VIS Inter-agency Team.
 - e. Comply with UA testing.
 - f. Pay restitution and court fees, if applicable
- 6. I may revoke this authorization to release my information and/or decide to not participate in this program at any time by giving written notice to the District Attorney.**
- a. Revoking the authorization to share my information or stating that I no longer want to participate in the VIS program, means I will not be eligible for the benefits that the VIS program provides and my case will return to the traditional court system.

- 7. If the District Attorney prosecutes me for separate crimes committed at or near the time of the crimes for which I am entering the VIS Program, I waive my former jeopardy rights under ORS 131.515(2) as to the crime(s) for which I enter the VIS Program.**

- 8. I have been provided with a copy of this letter for my records.**

VIS Participant Name (print)

VIS Participant Signature

Date

NOTICE TO WHOM THIS INFORMATION IS GIVEN: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making further disclosure of this information without the specific written consent of the person whom it pertains.

*These employees include those staff who are working on the VIS program, but may be full-time, part-time, contracted, or volunteer staff.

Appendix 10



Travel Request Form

Name: _____

Today's date: _____

Phone: _____

Track: _____ Phase: _____

Travel Dates

Departure: _____

Return: _____

Total number of nights out of town: _____

Destination

List your primary destination(s): _____

List all locations where you will be spending the night (city/state): _____

Reason for Travel
