

Sparrow Project Protocol

1) Referrals and Participation Requirements:

- a) Referrals can be made by the State, Defense Counsel (public or private), Defendants, the Department of Corrections, the Agency of Human Services, or Vermont Superior Court - Windsor Unit Criminal Division;
 - i) A defendant has 30 days from the date of referral to make a decision to participate in the Sparrow Project;
 - ii) If a referral is made by someone other than Defense Counsel and has not been endorsed by Defense Counsel, the Sparrow Project will contact Defense Counsel to discuss referral prior to contacting Defendant;
 - iii) See attached referral form;
- b) Anyone with a substance abuse and/or mental health history, or veterans, who is facing incarceration or DOC supervision;
- c) Violent and sexual offenses are considered ineligible, exceptions may be made through the group review process (see below);
- d) The defendant must be a resident of Windsor County OR the Agency of Human Services Springfield or Hartford field service areas;
- e) Defendants under 18 years of age need written permission from a parent or guardian;
- f) Referrals are made:
 - i) Directly to the Sparrow Project (if present at Vermont Superior Court - Windsor Unit Criminal Division); or
 - ii) At the Vermont Superior Court - Windsor Unit Criminal Division Clerk's Office;
 - iii) After filing the original referral form, a copy of the referral form should be provided to all parties: Vermont Superior Court - Windsor Unit Criminal Division, the State, Defense Counsel, and the Department of Corrections
- g) Please attach the following items to the original referral form:
 - i) Pre-trial discovery and scheduling order;
 - ii) A copy of the State's Information for each charge;
 - iii) A copy of the affidavit of probable cause for each charge; and/or
 - iv) A copy of the Violation of Probation;
 - v) A copy of the Conditions of Release (if available);
- h) All referrals are screened by the Sparrow Project for eligibility and pre-engagement level of need and risk;
- i) All referrals are voluntary; if a defendant is referred and does not want to participate he/she cannot be compelled to participate;
- j) All participants will sign a release allowing the case managers to communicate, verbally and in writing or by electronic communication, with:

- i) Vermont Superior Court - Windsor Unit Criminal Division;
 - ii) Defense Counsel;
 - iii) Windsor County State's Attorneys Office and/or Attorney General's Office;
 - iv) Department of Corrections (if appropriate);
- k) The State shall execute a Sparrow Project Contract which includes an immunity agreement with each participant;
- l) Disclosures by the Sparrow Project at the Status Conference and/or Sentencing:
- i) All communication by the case managers will be general in nature, addressing the participants case plan, referrals made, attendance and participation in meetings;
 - ii) The case managers will not share the specific content of communications made during any counseling without the consent of the participant;
- m) Communication with the Sparrow Project in between Status Conferences:
- i) The State and/or the Sparrow Project may communicate between status conferences without including Defense Counsel – but those communications are limited to procedural issues, and matters of public record (not including the pending criminal matter(s));
 - ii) If the State and/or the Sparrow Project need to communicate regarding any other issues, Defense Counsel must be included in the communication;
- 2) Eligibility and Enrollment:
- a) *Terms Defined:*
- i) Orientation Phase: the time period beginning with the referral and ending when defendant is enrolled in the Sparrow Project;
 - ii) Enrolled: Defendant is eligible, interested in participating, has completed the initial screening and the comprehensive needs assessment and created a case plan on a schedule determined by the case manager and signed the participant contract;
 - iii) Disenrollment: (a) An enrolled participant request to end their participation in the Sparrow Project; (b) The case manager determines that the participant has not adequately engaged in their case plan; or (c) An enrolled participant is or becomes incarcerated;
 - (1) The case manager will generate a written report requesting and/or confirming disenrollment;
 - (2) The participant shall appear at the next Sparrow Status Conference, and the case will be returned to the regular calendar or the defendant may resolve their case at that time;
- b) The Sparrow Project will notify by e-mail all parties listed on the referral sheet of the defendant's enrollment and disenrollment;
- c) Procedure for Non-Contact of Defendant:
- i) Referral is made directly to Sparrow Staff or via Court Clerk. All attempts at contact are written in defendant's chart notes;

- ii) 1st attempt at contact is made by Sparrow Staff the day that the referral is received. This is by phone unless circumstances do not allow;
- iii) 2nd attempt at contact is made one working week following the initial attempt if there has been no return contact from the defendant. This is by phone unless circumstances do not allow. At this time Defense Counsel is also informed that defendant has not returned the initial attempt at contact. Defense Counsel will attempt to contact the defendant and support defendant's engagement in the Sparrow Project;
- iv) If at any point the defendant returns contact with Sparrow Staff the screening/assessment process will occur as usual. Should the defendant again fail to return contact, the procedure outlined above will be executed;
- v) If the defendant fails to return contact with Sparrow Staff it will then be addressed at the Sparrow Project Status Conference;

3) Group Review Process:

- a) Occasionally, defendants are referred who do not meet eligibility criteria. If he/she is ineligible solely because of the criminal charge, a party can request the group review process to determine whether an exception should be made;
 - i) Defendants who are initially ineligible will be asked to sign a release of information so they can be considered for the group review process;
 - (1) The release will permit the Sparrow Project to participate in the group screening process;
 - (2) The Sparrow Project will share with the group:
 - (a) Why the defendant was ineligible;
 - (b) Whether or not they feel they can work with the defendant;
 - ii) Notification of a group review meeting is sent by the Sparrow Project to all interested parties;
 - iii) The group review meeting will be held at Vermont Superior Court - Windsor Unit Criminal Division, interested parties shall appear in person or by conference call;
 - iv) The referring party shall be prepared to advocate why the exception should be made;
 - v) All interested parties, include:
 - (1) Vermont Superior Court - Windsor Unit Criminal Division;
 - (2) Windsor County State's Attorneys Office and/or Attorney General's Office;
 - (3) Defense Counsel;
 - (a) Both the attorney for the defendant and Jordana Levine or a representative from Griffin, Marsicovetere & Wilkes, P.C.;
 - (4) The Sparrow Project;
 - (5) Department of Corrections;
 - vi) The group review team needs to be unanimous or an exception will not be made;

- b) If a participant is charged with criminal offenses for conduct alleged to have occurred after enrollment in the Sparrow Project, that participant's continued enrollment and participation is subject to the group review process and unanimous agreement of the group review team;
- c) If a participant has co-defendants, Sparrow participation is based on a first referred and engaged basis. A co-defendant may be referred and reviewed by the group review process and if found appropriate by unanimous agreement of the group review team, may participate in the Sparrow Project;
- d) Violent or sexual offenses are subject to the group review process before a participant is determined eligible;
- e) If a participant is disenrolled and requests to be re-referred to the Sparrow Project, that participant will be reviewed by the group review process and if found appropriate by unanimous agreement of the group review team, may participate in the Sparrow Project;

4) Monthly Updates:

- a) Each month, or as otherwise noticed by the court, there will be a Sparrow Project Status Conference;
- b) Each month the case managers will provide a monthly status report, in writing or by electronic communication, three days prior to the Sparrow Project Status Conference;
- c) The monthly status report will be provided to:
 - i) Vermont Superior Court - Windsor Unit Criminal Division;
 - ii) Defense Counsel;
 - iii) Windsor County State's Attorneys Office and/or Attorney General's Office;
 - iv) Department of Corrections (if appropriate);
- d) At the Sparrow Project Status Conference, the case managers will supplement their report with verbal – in court updates;

5) Discharge Summary:

- a) A Discharge Summary will be provided by the Sparrow Project in writing or by electronic communication seven days prior to sentencing;
- b) The Discharge Summary will be provided to:
 - i) Vermont Superior Court - Windsor Unit Criminal Division;
 - ii) Defense Counsel;
 - iii) Windsor County State's Attorneys Office and/or Attorney General's Office;
 - iv) Department of Corrections (if appropriate);

REFERRAL FORM FOR SPARROW PROJECT

Date of Referral: _____ Arraignment Date: _____

Initial: _____ Supplemental: _____ DOC PID #: _____

Defendant's Name: _____ DOB: _____

Address: _____

Phone: _____ Other Contact Information: _____

<u>Docket No(s)</u>	<u>Charge(s)</u>	<u>VOP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason(s) for Referral:

- _____ Under the influence of alcohol/drugs at time of offense
- _____ Prior history of alcohol/substance abuse issues
- _____ Mental health issues
- _____ Veteran

Referral Made By:	Endorsed by:	Copies to:
_____ State's Attorney _____ Name and E-mail	_____	_____
_____ Defense Attorney _____ Name and E-mail	_____	_____
_____ Court _____	_____	_____
_____ Defendant _____	_____	_____
_____ DOC/Probation Officer _____ Name and E-mail	_____	_____

INFORMATION, AFFIDAVIT AND PRETRIAL PROVIDED TO SPARROW? Yes___ No___

DOES THIS REFERRAL REQUIRE THE GROUP REVIEW PROCESS BECAUSE THE ALLEGATIONS INVOLVE A CRIME OF VIOLENCE OR THERE ARE CO-DEFENDANTS? Yes___ No___

****Referring Party responsible for distributing copies of referral to ALL parties****

The Sparrow Project Contract

Name _____ DOB _____ Project # _____

I, _____, agree to enter the Sparrow Project. I understand and agree that I have certain obligations and responsibilities in order to be part of the project. To be part of the Sparrow Project, I agree to the following provisions:

1. I will help the Sparrow Project staff in developing recommendations for my individualized case plan that will be determined by the project team and me.
2. I will follow my individualized case plan which may include, but is not limited to, attendance at community-based group sessions, individual counseling sessions, inpatient therapy, educational and vocational training, anger management or violence prevention, or family counseling.
3. I will sign all authorizations to exchange treatment information by the treatment provider to the Sparrow Project staff. I understand that information about my treatment plan, progress and results of drug tests will be communicated orally, in writing, and by electronic mail. I understand that these releases will expire upon completion of the project.
4. I understand that any statements or disclosures I make during the course of my enrollment in treatment, counseling or court proceedings, in regard to alcohol, drug use or drug-seeking behavior shall be held confidential according to Federal and State confidentiality laws unless I sign separate releases.
5. I will notify Sparrow Project staff and my attorney within 48 hours of any change of address, telephone number or other contact information.
6. I understand that my enrollment in the Sparrow Project is voluntary. If I decide not to participate in the project, or I am removed from the project, that information will be shared.
7. I understand for purposes of study or review of the Sparrow Project, some otherwise confidential information may be shared with others for program evaluation purposes, but under no circumstances will my name or other identifying information be disclosed.
8. I understand that the Sparrow Project staff members are HCRS employees.
9. **I understand that any information disclosed by the Sparrow Project related to the results of any drug test given during my participation in this program will not be used against me to bring new charges. I also understand that if the Sparrow Project discloses information related to a relapse and/or drug and/or alcohol use during my participation in the Sparrow Project this will not be used against me to bring new charges. Any illegal use of drugs and/or alcohol during my participation in the Sparrow program may be used to modify my treatment plan.**
10. I also understand that new drug or alcohol related charges, or any other criminal charges, discovered independently of my participation in the Sparrow Project is not protected by immunity, and is subject to group review and may result in disenrollment.

I have read the above and I understand what I have read. I am willing to enter into this agreement with the Sparrow Project.

_____ Participant's signature	_____ Date	_____ Sparrow Project staff's signature	_____ Date
_____ Defense Counsel	_____ Date	_____ State's Attorney	_____ Date
_____ Probation Officer	_____ Date	_____ Presiding Judge	_____ Date

The Sparrow Project
AUTHORIZATION FOR RELEASE AND DISCLOSURE OF CONFIDENTIAL
ALCOHOL AND/OR DRUG ABUSE PATIENT INFORMATION

I, _____ (Print Client's Name), Docket/Case #'s _____, hereby authorize the Sparrow Project to receive information from and release information to the following: (The information being shared is regarding my eligibility, progress, attendance and compliance with Sparrow services. The release does not include the content of communications made during any counseling. Check appropriate boxes and insert name.)

- Treatment Provider _____
- My Attorney _____
- Public Defender _____
- State's Attorney _____
- Dept. of Corrections (if applicable) _____
- Dept. of Employment and Training (if applicable) _____
- Guardian ad litem (if applicable) _____
- Other – Provide Name _____

I understand that any information shared is protected by Federal Regulation 42 CFR, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records" and cannot be disclosed without my written consent unless otherwise provided for in the regulations. (See back of Authorization). Recipients of this information may re-disclose it only in connection with their official duties.

I understand that I have the right to restrict this information. I understand that my participation in the Sparrow Project may be discussed in open court; however, detailed specific treatment information will not be disclosed in open court. I am aware that the courtroom is a public place and that the hearings are recorded, and that anyone present in the courtroom can hear the information shared, including members of the media.

I understand that the services I receive are not conditioned upon authorizing this disclosure and that although revocation of this consent will result in disenrollment from the Sparrow program, services may continue. Revocation of this release should be submitted in writing and sent to the Sparrow Project at P.O. Box 709, Hartford, Vt. 05047.

This authorization permits the release of the information as described above from _____ to _____ or through my completion or disenrollment in the program, whichever occurs first.

Participants Signature _____ **Date** _____

If under 18 years of age, Parent/Guardian's Signature _____ Relationship to Minor _____

I have read and explained the content and purpose of this release and have received verbal acknowledgement of understanding by the individual.

Witness Signature _____ **Date** _____

Revocation

I hereby revoke this authorization on _____ (date) at _____ (time). Do not release any further information under this authorization. I understand that any information that has already been released is not effected by the revocation and may be considered covered under this authorization.

Signature: _____

(App./Rev. 4/11/05)

State of Vermont
Drug Treatment Courts

Notification Form from 42 C.F.R. § 2.22(d)

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations.)