

Zaagiibagaa Healing to Wellness Court

Lac du Flambeau Band of Lake Superior Chippewa

2025 Participant Handbook



Zaagiibagaa Healing to Wellness Court

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Welcome to Zaagiibagaa Healing to Wellness Court

You are entering a Healing to Wellness Court. Drug treatment courts began in the 1980's. In 2013, Tribal Healing to Wellness Courts began and brought together native concepts and promote healing and ongoing wellness. We're glad you're here. By joining this program, you've admitted that using drugs or alcohol has caused problems in your life—and you're ready to make a change and start a path down the Red Road. This program is voluntary (or sometimes required by Department of Corrections or a sentence), and we're here to support your journey to a better life.

The ZHWC Team is with you on your journey. We'll help you stay motivated. Your family is important to your recovery, and they may be invited to attend some activities with you.

Mission Statement

The ZHWC provides a combination of substance use disorder and behavioral health treatment practices, education, and supervision to hold you accountable to the Court, to yourself, to your family, and to your community. The program incorporates cultural principles in order to reduce crime, restore individual health, and honor traditional values.

Your Commitment

This program is here to help you—but it works best when **you** commit to it. When you show up, take it seriously, and do the work. We'll help you succeed.

Meet the ZHWC Team

A team of professionals work together to support your progress. This includes the following team members:

- Judges from Vilas County and the Tribal Court
- Tribal Elder
- Tribal Council Member

- Court Coordinator and Case Manager
- Probation Agent
- Prosecutor and Defense Attorney
- Treatment providers
- Law enforcement

Each week, the Team meets and talks about how you're doing: your treatment progress, attendance, drug test results, and more. This helps us adjust your plan so it fits your needs.

You'll sign forms that let us share your information with the team and your service providers—but everything stays private within your team. We're here to help you learn, grow, and become a strong member of your family and community.

Eligibility Requirements

To be accepted into the ZHWC, you must meet the following requirements:

Basic Eligibility

- You must be **17 years old or older**
- You must agree to **live in the Lac du Flambeau Reservation** during your time in the program
- You must be one of these:
 - An **enrolled member** of the Lac du Flambeau Band of Lake Superior Chippewa Indians,
 - A **descendant** of an enrolled member, or
 - A **enrolled member or descendant** of another tribe; or
 - **Married to** or in a **domestic partnership with** an enrolled member

Legal & Risk Eligibility

- You must be **charged with a non-violent misdemeanor or felony**, and the crime must be **related to your substance use**
- If you have a **violent felony or dealing drugs in your past**, you may still qualify—your case will be reviewed by the team
- Even if your current charge is **dismissed or reduced**, you may still be eligible
- You must be considered **medium/high risk and high need**, based on an assessment
- You are currently on **probation**
- You **cannot** be in the program if:
 - You're charged with **sexual assault** or a related offense
 - You're an **active gang member or associated with gang members**
 - You cannot be a **confidential informant**

Availability

- You must **not** be facing a charge that requires a long **mandatory jail or prison time**

- You have a **cognitive condition** that prevents full participation
- You must **voluntarily agree** to join and **sign all required paperwork**

Clinical Eligibility

- You must be diagnosed by a treatment provider with a **moderate to severe substance use disorder**
- This must happen **before you are accepted** into the program

Readmission

You may ask to return if you graduated, voluntary withdrew or discharged from ZHWC. The team will look at multiple factors and review requests on a case by case basis.

Confidentiality-What You Need to Know

Your privacy is very important to us. The ZHWC team must follow strict rules that protect your personal and health information. This includes anything shared during counseling, treatment, or court participation.

Talking About Your Information

When you join the program, you'll sign forms called *Releases of Information* (ROIs). These allow the ZHWC team to share certain details about your treatment with each other. These forms explain:

- What information can be shared
- Why it's being shared
- How long the permission lasts

You can change your mind and cancel this permission at any time by telling us in writing. But canceling it may affect your ability to stay in the program.

Group Counseling

You will take part in group sessions with other participants (called "relatives"). It's very important to keep what others say in group private. Please don't share personal things said in group with anyone outside the program.

Seeing Staff Outside the Program

If you see someone from the ZHWC team in public, they may say "Hi" but won't talk to you or the program in public unless it's an emergency.

Using Phones, Texts, or Email

We may talk to you through email or text, but only if you have signed a form giving us permission. Social media platforms may be used for communication between staff and relatives. ZHWC staff use a special code to keep emails safe and private.

Sharing or Asking for Records

If someone asks us for your records (like drug test results), we can only share them if you've signed a ROI. If we need to get records from other places for your treatment, we'll also ask you to sign a form first.

Mandatory Reporting

The ZHWC staff must report suspected child abuse or neglect. We also must report if someone might hurt themselves or others.

Keeping Your Records

We are required by law to keep your records safe and for a certain amount of time:

- At least 7 years after your treatment ends
- If you were under 18 years old during treatment, we keep your records until you're at least 18 years or 7 years after treatment was completed, whichever is longer.
- If there is a court case, audit, or legal actions, we keep records until that is done

Records are stored in four places:

- Treatment records: Kept by the counselor or clinic
- Program records: Kept by the ZHWC Coordinator
- Court records: Kept by the Clerk of Courts
- ZHWC court case management systems

How the Program Works

The ZHWC has **five phases**. It takes **at least 15 months** to complete the full program. Everyone moves at their own pace, and each phase has its own goals you must complete before moving forward. There are **no routine fees** for participation in ZHWC.

ZHWC teaches life skills through the **Seven Grandfather Teachings** and helps you walk the **Red Road**—a path of healing and balance.

What You Need to Do

- Be **honest**
- Stay **sober**
- Follow your **participant agreement**
- Follow your **treatment plan**
- Make **good choices**

When you do well, you earn **rewards** (called *incentives*). If you break rules or keep using drugs, you may get **sanctions** (consequences), and it may take longer to finish the program.

Before Court

Before each court hearing, the ZHWC team meets to talk about your week during case reviews. They go over:

- Your drug test results
 - If you've been showing up and participating
 - If your making progress in treatment
 - If you're meeting other requirements, like work or classes
-

During Court

The Zaagiibagaa Healing to Wellness Court (ZHWC) is a specialized and separate court from the Vilas County Circuit and Tribal Courts. The ZHWC is held weekly in Lac du Flambeau, WI. The courtroom is a place where everyone should feel respected and safe.

- The Judge runs the court session. The Judge speaks to each participant and asks about how things are going. The Judge also checks in about any problems that were talked about in the case review. When you're in the courtroom, there are rules to follow so court is fair and calm. Visitors should follow the 7 Grandfather Teachings: **Respect, Love, Courage, Honesty, Wisdom, Humility, and Truth.**
- Dress respectfully. Don't wear shorts, low-cut shirts, or clothes that are too casual.
- Be polite to everyone: the judge, court staff, and others in the room.
- Stand up when the judge walks in.
- Use proper titles like "Judge," "Mr.," "Ms.," "Officer," or "Doctor."
- You may be asked to stand to make a request of the court or share an assignment.
- Speak only when the judge says it's your turn.
- Don't interrupt or talk over other people.
- Don't make rude faces or roll your eyes at what others say.
- You're not allowed to record, take photos, or use your phone unless the judge says it's okay.
- Don't bring food or drinks into the courtroom.
- Security may check bags or purses you bring.
- No loud or distracting behavior.

Special ZHWC Guidelines

- This court is different from regular court—it focuses on healing and respect.
- The judge is called "Judge."
- Everyone (including relatives and court staff) sits in a circle.
- You may need to stand or use the microphone when you speak.

Keeping Track

The Coordinator writes down what happens in staffing and court. That information is entered into a system called CORE and a case management system.

The court session is officially recorded by court staff. The Clerk of Courts keeps these records. They include:

- Who came to court
- Rewards or consequences given
- Any people removed from the program
- Any new people admitted to ZHWC
- Reasons why the Judge made certain decisions

Treatment and Support

Your treatment is a big part of the program. When you join ZHWC, you'll:

- Fill out **intake forms**
- Meet with a **therapist** for an assessment
- Create a **treatment plan** and a **case management plan** with your team

Your treatment may include:

- Outpatient or residential treatment
- Group sessions
- Medication-Assisted Treatment (MAT)
- Counseling
- Cognitive Behavioral Therapy
- Attend 12-step meetings, family circles or other pro-social activities

You must:

- Follow your treatment plan
- Keep all appointments
- **Tell all your doctors** that you are in recovery and **cannot take medications that are addictive**
- **Get approval from ZHWC** before using any medication that could be addictive

Case Management

Case manager/Coordinator assist you to develop case management plan. This plan helps you achieve success in ZHWC. You and staff work together to create goals and the ways to complete the goals. Every person is different with different needs and goals. The case manager/coordinator assist you to achieve the goals for example provide transportation, help with time management, and provide structure, etc. When you complete a goal, a new goal is developed.

The case management plans are shared between department of corrections and treatment provider. The departments work together to help you meet your goals and remove barriers.

Routine and Structure

ZHWC helps you build a daily routine. This routine is a big part of your success. The coordinator and case manager will help you stay organized.

- In **Phase 2**, you may start working or going to school
- You must share your work/school schedule with ZHWC staff
- Wellness Court **comes first!** Your schedule can be adjusted to make room for school or work

ZHWC Phase Overview

This program helps people make positive changes in their lives. It's split into **4 main phases** plus **1 Aftercare phase**. Each step helps you build healthy habits, stay sober, and prepare for long-term success. This process guides you down the **Red Road** following a **medicine wheel** starting in the **East/yellow**.

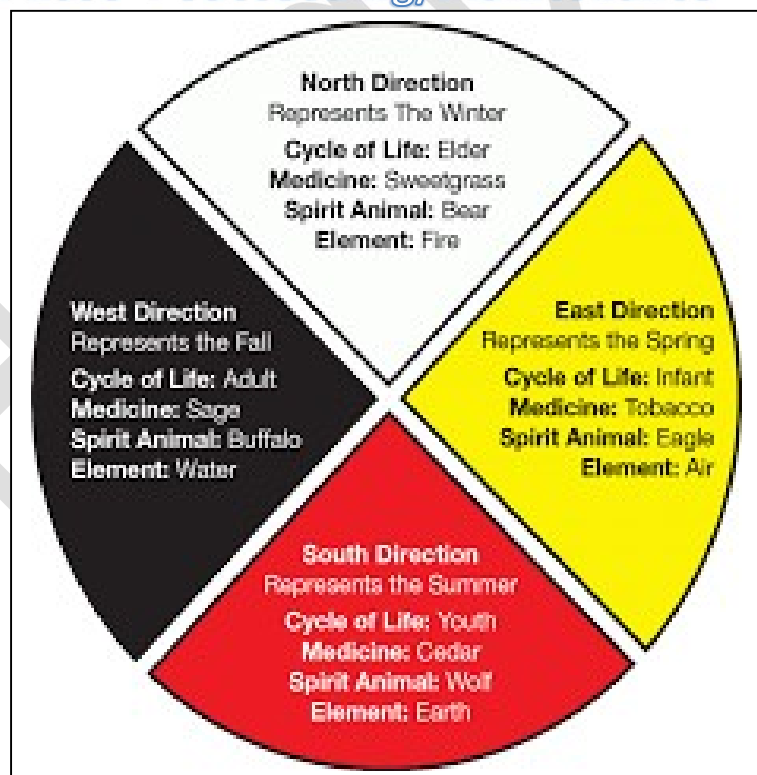
Moving Through the Phases

- Every phase has **different goals** you need to meet to move to the next phase.
- You'll move ahead at **your own pace**—everyone's journey is a little different.
- The ZHWC Team watches your progress and decides when you're ready for the next step.
- You **need** to be **honest, follow your treatment plan, and show positive behavior**.
- You also need to have more **days in a row of being drug- and alcohol-free** as you move to the next phase.

How Long Is the Program?

- The whole program takes at least **15 months**, including Aftercare.
- Everyone moves at their own pace depending on their goals and progress

Phase 4-Succeeding/Maintenance



Phase 3-
Action

Phase 1-
Orientation
Stabilization

Phase 2-Acceptance

Phase Expectations

Requirements in all phases:

1. Honesty, confidentiality and accountability
2. No gambling, i.e. casino gaming floor, lottery tickets
3. Alcohol and drug testing at least twice per week
4. Meet obligations of Department of Corrections
5. Phase advancement may be sooner if the team agrees and behaviors align with the next phase
6. Permission for all overnight travel

Phase 1 -Orientation/stabalization-30 days

1. Consecutive negative drug tests: fifteen 15 days
2. Attendance to ZHWC weekly
3. Substance Use Disorder (SUD) and/or Mental Health (MH) individual and group sessions, or other sessions as determined by the therapists and/or Wellness Court Team
4. Completed intake forms
5. Individualized Treatment Plan Determined
6. Developed Case Management Plan
7. In-person check-in requirements: Monday through Friday before _____
8. Random in-person Saturday & Sunday Program Coordinator & Case Manager. Times are determined by Coordinator/Case Manager
9. Virtual check-ins every day before _____
10. GPS Monitoring
11. Positive pro-social activities, i.e. NA, AA, school activities, lunch with kids, refer to the Rule of 40 activities for complete list
12. Curfew 6:00 pm- 6:00 am
13. Compliant with Medication Assisted Treatment (MAT), if applicable
14. Cultural Activities, if indicated
15. Public services hour to meet the Rule of 40 requirement
16. Employment and/or school is not allowed in Phase 1.

Phase 2- Acceptance and ready to change-90 days

1. Consecutive negative drug tests: thirty (30) days
2. Attendance to ZHWC weekly
3. In-person check-in requirements: Monday through Friday, before _____
4. Random in-person Saturday & Sunday per Program Coordinator & Case Manager.
5. Virtual check-in daily before _____
6. SUD, MH individual, group sessions or other sessions as determined by the therapist
7. Follow Treatment Plans
8. GPS Monitoring

9. Learn a variety of skills and complete assignments, such as parenting, finance management, job search, etc.
10. Positive pro-social activities, i.e. NA, AA, school activities, lunch with kids, refer to the Rule of 40 activities for complete list
11. Create a payment plan for fines
12. Identify a mentor/sponsor as agreed upon between mentor/sponsor and participant
13. Curfew 8:00 pm – 6:00 am
14. Compliant with MAT, if applicable
15. Cultural activities, if indicated
16. Employment or school: part-time

Phase 3-Action-90 days

1. Consecutive negative drug tests: sixty (60) days
2. Attendance to ZHWC every other week, starting _____
3. Following Treatment Plans
4. Demonstrating changes in lifestyle and positive decision making
5. Identifying triggers and using coping skills
6. In-person check-in requirements four times per week _____ as determined by participant, Program Coordinator/Case Manager.
7. Virtual check-in at: _____
8. Alcohol/GPS Monitoring if indicated
9. At least two (2) independent living skills education (parenting, finance mgmt., etc.)
10. SUD, MH individual, group sessions or other sessions as determined by the therapists
11. Positive pro-social activities, i.e. NA, AA, school activities, lunch with kids, refer to the Rule of 40 activities for complete list
12. Following the payment plan for fines
13. Communication with mentor/sponsor as agreed upon between mentor/sponsor and participant
14. Curfew as 9:00 pm -6:00 am or as determined by the courts.
15. Compliant with MAT if applicable
16. Cultural activities
17. Employment/School: should be employed or in school in this phase at least part-time
18. Provide documentation of work/school schedule and time sheet from employer
19. Scheduling and attending all medical needs, ex. dentists, eye exams, annual physical,
20. Secure own reliable transportation to appointments and ZHWC activities and programing

Phase 4-Succeeding/Maintenance- 90 days

1. Consecutive negative drug tests: 90 consecutive days negative drug/alcohol tests
2. Attendance to ZHWC every other week continues _____
3. Following treatment plan and developing an after-care plan
4. Consistently meeting all requirements of the ZHWC, i.e. minimal to no rule violations
5. Safe and secure housing

6. Engaged in healthy & supportive relationships
7. In-person check-in requirements 2 days per week _____
8. Check in virtually before _____
9. GPS Monitoring if indicated
10. At least three (3) independent living skills education (parenting, finance mgmt., etc.)
11. Positive pro-social activities, i.e. NA, AA, school activities, lunch with kids, refer to the Rule of 40 activities for complete list
12. Following the payment plan for fines and other financial responsibilities
13. Communication with mentor/sponsor as agreed upon between mentor/sponsor and participant
14. Curfew 10 pm to 6 am or as determined by the ZHWC
15. Compliant with MAT if applicable
16. Cultural Activities
17. Secure own transportation to all appointments.
18. Gainfully and consistently employed or attending school with no behavioral concerns/reprimands from employer or school.
19. Provide documentation of work schedule and time sheet from employer
20. Minimal to no rule violations
21. Begins attending and participating in the alumni group, if active

After-care phase - 90 days

1. Consecutive negative drug tests: ninety (90) days
2. Following the after-care plan
3. Attendance to ZHWC every month on _____
4. In-person check-in requirements: One (1) time per week _____
5. Virtual check-in requirements: daily before _____
6. Alcohol/Drug testing- at least 1 time per month or more frequent as indicated
7. Individual counseling as indicated in the after-care plan
8. Attendance and participant to the alumni group, if active
9. At least three (3) independent living skills education (parenting, finance mgmt., etc.)
10. Following the payment plan for fines and other financial responsibilities
11. Positive pro-social activities, as directed by the participant, i.e. NA, AA, school activities, lunch with kids, refer to the Rule of 40 activities for complete list
12. Communication with mentor/sponsor as agreed upon between mentor/sponsor and participant
13. No Curfew
14. Compliant with MAT if applicable
15. Cultural activities according to after-care plan
16. Safe and secure housing
17. Engaged in healthy and supportive relationships
18. Gainfully and consistently employed or attending school with no behavioral concerns/reprimands from employer or school.

Rule of 40

Routine and structure are a key in your recovery and success. You are required to engage in at least forty (40) hours of prosocial and recovery-oriented activities each week and provide documentation of these activities to ZHWC coordinator/case manager. These activities include treatment and support group attendance, meetings with ZHWC staff, probation meetings, court hearings, legal assistance meetings, public service, educational, vocational, and other social service or medical appointments. Other approved activities can include cultural events and activities, positive parenting activities, and physical fitness or wellness.

Approved Activities

1. Treatment Activities:
 - a. Individual Counseling
 - b. Groups; Intensive Out Patient, changing criminal thinking, etc.
 - c. Psychiatric or Psychological appointments
 - d. Cognitive Behavioral Therapy
2. Peer Support Activities:
 - a. 12 Step Meetings (NA or AA)
 - b. 12 Step Fellowship Activities (events, picnics, volleyball, etc.)
 - c. Meet in person or by phone with community mentor
 - d. Public Service Activities
 - e. Recovery capital
3. Wellness Court and Legal/Corrections:
 - a. Meetings with Wellness Court Case Manager, Coordinator or other staff
 - b. Meetings with Attorney
 - c. Meetings with Probation Officer
 - d. Weekly ZHWC Hearings
4. Cultural Activities:

- a. Cultural Events (Wild Rice Fest, Winter Games, GONA, etc.)
 - b. Cultural Classes (Basket making, language, Regalia making, etc.)
 - c. Cultural Activities (Activities based in traditional culture such as fishing/ice-fishing, hunting (as allowed), gathering, ricing, trapping, traditional crafts, sweat lodges, other spiritual ceremonies not involving mind altering substances, reading/learning about culture, attending community feasts, etc.)
5. Health and Wellness Activities:
- a. Exercise at Fitness Center or other approved location
 - b. Doctor Appointments
 - c. Dentist Appointments
 - d. Other health appointments (nutritionist, physical therapy, chiropractor etc.)
 - e. Alternative Wellness Activities (acupuncture, massage, traditional healing, etc.)
6. Social Services:
- a. Economic Support Appointments
 - b. ICW Appointments
 - c. Food Distribution
 - d. Coordinated Service Team Meetings or Comprehensive Community Service Meetings
7. Parenting:
- a. School meetings or activities (conference, sports, concerts, parent network)
 - b. Helping children with homework
 - c. Transporting to and from school
 - d. Meals with children and family including prep time
 - e. Family outings
 - f. Extracurricular activities for kids
 - g. Other activities as approved by ZHWC Staff
8. Education:
- a. GED or HSED classes

- b. Vocational Programs through Tribe Education Department, VRNA or DVR
 - c. College classes
 - d. Online classes as approved
 - e. Studying
- 9. Employment:
 - a. Employment search activities
 - b. Job applications/interviews
- 10. Life Skills Training (financial management, VRNA, CPR, etc.)
- 11. Community Service (approved by ZHWC Staff)

Monitoring-How We Check Your Progress

The ZHWC uses drug testing and GPS monitoring to help keep you safe and on track in your recovery. These tools give the team concrete information about how you're doing.

GPS Monitoring

- You will wear an **ankle monitor** during **Phase 1** and part of **Phase 2**.
 - This tracks your location to:
 - Make sure you're following **curfew**
 - Help you avoid people and places that could jeopardize your recovery
 - You might be required to wear it again if you break rules later in the program.
-

Drug and Alcohol Testing

- You will be tested for drugs and alcohol using **urine or saliva**.
 - You must have **several negative tests in a row** to move to the next phase or graduate.
 - You'll be tested at least **twice per week**—more often in phases 1 & 2 or if you're struggling or breaking rules.
 - Tests can happen at court, at home, at work, or other places.
 - Testing is **random** (you won't know in advance) and required throughout the whole program.
 - You'll be notified by the **Wellness Court Messaging Board** or case management system if you're being tested on weekends, holidays, or after hours.
-

You May Be Subject to Sanction

- You don't show up for a test
- You leave before giving a sample
- You take too long to provide a sample
- You mess with the test or try to cheat
- You have anything on you that could change the test results
- You take something that contains drugs or alcohol without approval
- You're negative for prescribed medication

You must tell staff about any **prescribed** and **over-the-counter medications** or supplements you're using.

If you don't tell them **before the test**, expect a service adjustment or sanction.

Important! Avoid These Products

Some everyday products can cause **false positives** or real positives on your tests. Avoid these:

- Alcohol-based **mouthwash** or **breath strips**
- **Poppy seeds**
- **Cough medicine** like Nyquil or Dayquil
- Products with **DXM** (like Mucinex)
- **CBD** and **THC** products (including Delta 8, Delta 10, etc.)
- **Vicks Inhalers**
- **Non-alcoholic beer or wine**
- **Energy drinks**
- **Extracts** (like vanilla or almond extract)
- **Communion wine**
- Foods made with wine or alcohol (i.e. brats boiled in beer, chicken cooked in cooking wine)
- **Hand sanitizer**, hygiene sprays, or rubbing alcohol
- **Paint thinners, solvents, or lacquers**
- **Kombucha**
- **Peyote**

You are responsible for what goes into your body—even by accident & subject to sanction.

If You Use

Treatment provider and staff will help you.

If you tell staff that you've used drugs or alcohol, you may still be tested and will need to contact your **probation agent** and **treatment provider** right away.

You will receive a **service adjustment** when you have a slip (like a consequence and treatment adjustment) to help you get back on track.

Remember! When in doubt, don't use, consume, or apply.

Handbook

Procedure for Collecting Urine & Saliva

A person of the same gender will observe urine drug test collection.

1. You will remove hats, sweatshirts, jackets, and empty pockets.
2. Backpacks and purses are not allowed in the bathroom.
3. *Males:*
 - a. The observer watches urine entering the cup.
 - b. You give the cup to the collector.
4. *Females:*
 - a. Females urinate in a collection device inserted in the toilet or in the cup.
 - b. The observer pours the urine into the cup and adds the cover.
5. The staff checks the urine clarity, smell, and color.

You have to redo the test:

1. The urine is too cold, too warm or not enough
2. The urine is watered down
3. You used anything to try pass the test

If you are unable to provide urine, you will drink water until you can.

If you are unable to provide a second specimen, you may be subject to a **sanction**.

A drug test may not be taken if a relative admits to using substances.

Chain of Custody- Keeping track of the specimen

Urine:

1. You give the specimen to the staff person
2. The specimen is labeled with name, date of birth and date.
3. It's sealed with tape that you and staff initial and date.
4. You and the staff sign the form that says the specimen is yours.
5. The specimen and the form are sealed in the plastic bag.
6. The specimen is sent to the reference laboratory via UPS.

Saliva:

1. The staff opens the collection kit and gives you the swab.
2. You are observed while collecting the specimen.
3. You and staff sign the form and label the specimen.
4. A copy of the form and specimen are put in the plastic bag.
5. Specimens are sent to the reference laboratory via UPS.

Incentives-Rewards for Positive Choices

You're expected to show positive behavior and make good choices. When you do well, you can earn **incentives** (rewards). Incentives help motivate you and celebrate your success in recovery.

Positive Behaviors That May Earn Incentives

You may earn rewards for doing things like:

- Taking responsibility for your actions
- Following the rules of ZHWC
- Staying out of trouble (no new arrests)
- Avoiding arguments, threats, or violence
- Following your probation rules
- Giving negative and honest drug tests (no missed or tampered tests)
- Not talking about drug use with others in group or therapy
- Following your curfew
- Going to self-help meetings
- Being on time and respectful at all program activities, i.e. follow group rules
- Checking in daily (virtual and in-person)
- Keeping all your appointments or calling ahead to reschedule
- Making payments or handling financial obligations
- Completing your "Rule of 40" activities
- Letting doctors, police, or others know you are in the ZHWC and in recovery (when needed)
- Keeping yourself and your home clean
- Taking your medication, as prescribed
- Helping others without expecting anything back
- Actively participating in recovery (in group and in your community)
- Being a role model to others—staying positive, asking for help, being kind, taking feedback well
- Getting good feedback from your employer, family, or others in your life
- Getting and keeping a job
- Having a stable place to live
- Going to school, earning a diploma or certificate
- Getting a valid driver's license
- Leading or joining cultural activities with peers

Examples of Incentives (Rewards)

When you meet expectations and show growth, you might receive:

- A strong, supportive recovery team behind you
- Long-term recovery progress
- Applause in court
- Certificates for your achievements
- Verbal praise from Judges, DA, attorney, etc
- A curfew extension
- Self-help books
- Food vouchers
- Moving to the next phase sooner
- Lunch with a team member
- Cultural event supplies or participation
- A special graduation ceremony when you complete the program

Service Adjustments and Sanctions

If You Use Substances While in the Program

The Court helps you get back on track. If you slip up and use drugs or alcohol, we might:

- Ask you to go to more treatment sessions or assignments
- Change the type of treatment you're getting
- Place you in a residential or inpatient treatment center if needed
- Help you understand what made you relapse (triggers)
- Support you in learning from the relapse
- Focus on positive progress instead of blaming or shaming you
- Ask you to talk about what you learned to help others

What Happens If You Break the Rules

If you break ZHWC rules, you'll get a consequence or a sanction. The Judge and/or Treatment Team will decide what fits best for you. These consequences can include:

- A verbal warning
- More frequent check-ins or monitoring
- A talk/meeting with the Judge or Team
- More drug or alcohol testing
- Curfew
- House arrest
- Losing privileges (driving)
- Time with an Elder for guidance
- Writing essays or journal entries or homework
- Talking about your actions with peers
- Jail
- Community service hours
- Getting removed from the program
- GPS monitor
- Extended or revocation of probation

House Arrest

House arrest may be a necessary sanction when you have not responded favorably to other less severe sanctions. Below is a list of guidelines when you are sanctioned to house arrest. Other restrictions may be required on an individual basis.

The following are a list of rules when a participant is placed on house arrest.

- You are **REQUIRED** to attend ZHWC programming.
- You must get preapproval from Coordinator, Case Manager and/or SUD/MH therapist to attend pro-social activities, i.e. individual sessions, NA meetings.
- You may not leave your residence unless **preapproved** by Coordinator, Case Manager and/or SUD/MH therapist.
- You must wear a GPS monitor.
- Law enforcement may go to your house for wellness checks.
- You follow your work or school schedule.

You will receive a form with the house arrest rules.

Leaving the Program (Discharge)

The ZHWC wants you to succeed. We know that staying sober can be hard, and sometimes people relapse. If you do relapse, it doesn't automatically mean you'll be removed from the program. But if relapse continues and you're not trying to work on your recovery, you could be discharged.

There are two ways someone may be discharged from the program: **Mandatory Discharge** and **Discretionary Discharge**.

Mandatory Discharge

You will be discharged for sure if any of the following happen:

- You are convicted of a serious or violent crime that makes you no longer eligible for the program
 - You used a weapon during a crime
 - You hurt or killed someone during a crime
 - You committed sexual assault or used force against someone
 - You moved out of the ZHWC service area or Vilas County
 - A mental health provider says you are dangerous to yourself or others
 - Your mental health is making it impossible to keep going in the program
 - You've been found legally unable to make your own decisions (incompetent)
 - You threatened to hurt staff, other participants, or anyone connected to the program
 - You were charged with or convicted of a crime that will keep you away for a long time, i.e. sentenced to prison
 - You refused or didn't sign required paperwork like releases of information
 - You shared private information about others in the program (violated confidentiality)
 - You gave or sold drugs or alcohol to another participant
-

Discretionary Discharge

This happens when the team decides that every possible option has been tried, but you're still not making progress. The ZHWC team will talk before making this decision.

Reasons might include:

- You were charged or convicted of a less serious crime (like possession, trespassing, disorderly conduct, OWI, etc.)
- You haven't made progress for a long time, despite getting help and support
- You're stuck in one phase because you're not putting in effort or following the program
- You keep missing court or program activities

Any team member can start a discharge discussion. They'll look at things like:

- How long you've been sober
- Drug/alcohol test results
- How well you're following rules
- Sanctions or rewards you've received
- Your home life and support system

After the discussion, the team decides if you meet the situations for being discharged—it doesn't make the final decision.

If the team finds a reason to discharge you:

- You'll be told what the reason is
- You might be given one more chance to change
- If the problems don't change, you'll get a letter explaining your right to ask for a hearing with a lawyer.

Your Right to Fair Treatment (Due Process)

At ZHWC, you have the right to be treated fairly. This means you must be given a chance to speak for yourself, especially if you're getting being removed (discharged) from the program.

If You Get a Sanction

If you're being sanctioned (getting a consequence for breaking a rule), you have the right to:

- Be heard in court
 - Share your side of the story
 - Ask questions or give input before the court decides
-

If You Might Be Discharged

If you are at risk from being removed from the program, you have special rights called **due process**:

You have the right to:

- Be told that the team is recommending discharge
 - Know the reason why
 - Have a hearing in court about the decision
 - Have a lawyer help you at the hearing
-

What Happens First

If you're at risk of being discharged, you'll get a **"Due Process Notice"**. This paper:

- Explains why discharge is being considered
- Lists what you need to do to stay in the program
- Gives you a deadline to make those changes

You can talk with the Public Defender on the team if you need help understanding the notice.

At court, you'll have a chance to show the team what you've done to fix the problem. If nothing has changed, and you haven't made progress, the team may decide to discharge you.

If Discharge Is Ordered

- You have **14 days** to request a hearing **in writing** if you don't agree with the decision
- A **hearing** will be scheduled in front of both the Tribal and County Judges (usually within 30 days, but it might take longer if needed)

Until the hearing happens, you must keep following all program rules—unless your behavior is very disruptive or harmful to others.

About the Hearing

The hearing is separate from regular court sessions and is open to the public. Here's what you need to know:

- You have the right to have an attorney represent you
- The Coordinator must prove why you should be discharged
- Usual court evidence rules don't apply
- You can speak, call witnesses, and cross-examine others
- Judges will decide if there's enough proof to discharge you

If the judges agree that you should be discharged, they will issue a written order, and the decision is **final**.

If You Don't Request a Hearing

If you don't ask for a hearing within **14 days**, you will be discharged. You can also tell the Court or Coordinator that you don't want to fight the decision. After that:

- You should stop attending court
- You are no longer part of the program

- You may face legal consequences of being discharged from ZHWC.
-

No Notice for Serious Violations

If you commit a **serious offense**, like getting arrested for drug dealing, you **will not** receive a “Due Process Notice.” In that case, you **will** be discharged immediately.

Graduation

When you finish all five phases of the program, you can ask to graduate. To do that, you must complete all of the following:

- Write a short statement to read in court that shows you understand your addiction, criminal behavior, and how to prevent relapse
- Fill out the “**Request to Graduate**” worksheet
- Have **90** days of consecutive negative drug tests
- Be working or going to school/training regularly (unless the Wellness Court team approves a different plan)
- Attend all court sessions and treatment appointments listed in your plan
- Complete the goals in your treatment plan
- Live in **safe and stable housing**
- Have healthy and supportive relationships
- Show **financial responsibility** (like paying court fines or bills)
- Show that you are making responsible choices and living a healthier life

Once you’ve met all the requirements, the ZHWC Team will let you know you’re ready to graduate.

You’ll work with the Program Coordinator to plan a **graduation ceremony**, which celebrates your sobriety and all the hard work you’ve done. This celebration may include cultural traditions and positive recognition.

You’ll also complete an **exit interview** as your final step.

Voluntary Withdrawal

Voluntary withdraw is discouraged. You will meet with the ZHWC team to discuss the request. You will be advised in Court of the potential consequences of leaving ZHWC. You will receive advice. A due process hearing will not occur upon a voluntary withdraw.

Handbook

Using Medications Safely

You may be prescribed medications by a doctor for health reasons like high blood pressure, diabetes, depression, or other conditions. You are allowed to take **FDA-approved medications** while in the ZWHC program, but there are rules you must follow.

Important Rules About Medications

- Your medications must be **prescribed by a licensed provider** who can practice in Wisconsin.
- You must take the medication **exactly as prescribed** and only for the reason it was prescribed.
- **Keep your medications safe.** ZHWC does **not** hold or give out your medicine.
- If you are having a **medical procedure** and are given a **controlled substance** (to treat pain), you must tell ZHWC staff **right away**.
- You must tell all of your doctors that:
 - You have a **history of substance use**, and
 - You are in a **treatment program that requires sobriety& complete abstinence**

Medications That Need Permission

⚠ DO NOT use these without BOTH:

- A prescription
- A medical form turned in to your court coordinator or case manager

Active Ingredient	Brand Name Examples	Used For	Might Trigger False Positive For
Dextromethorphan	Robitussin, Delsym	Coughs	Opiates, PCP
Diltiazem	Cardizem	Blood Pressure	LSD
Diphenhydramine	Benadryl	Allergies	Opiates, Methadone, PCP
Metformin	Glucophage, Fortamet	Diabetes	Amphetamines
Pseudoephedrine	Sudafed	Nasal Congestion	Amphetamines
Labetalol	Trandate	Blood Pressure	Amphetamines, LSD
Methylphenidate	Ritalin, Concerta, Daytrana	ADHD	Amphetamines, LSD
Doxylamine	Unisom	Sleep	Methadone, PCP
Tramadol	Ultram	Pain Relief	Opiates, PCP
Phentermine	Adipex-P	Weight Loss	Amphetamines
Ibuprofen, Naproxen	Advil, Aleve, Motrin	Pain, Swelling	Barbiturates, THC, PCP
Oxaprozin	Daypro	Arthritis Pain	Benzodiazepines
Quinolone Antibiotics	Levofloxacin, Ofloxacin	Infections	Alcohol
Alcohol-Based Products*	NyQuil, Robitussin, Listerine, etc.	Sleep, Cold, Dental	ETG (Alcohol)

*Includes items with ethyl, methyl, or isopropyl alcohols. Also found in mouthwash, cough syrup, some foods, and vitamins.

Medications You CAN Take

These are safe to use—just be sure to double-check labels.

Use	Examples
Colds & Allergies	Mucinex (NOT DM), Halls, Loratadine, Chloraseptic spray
Pain or Sleep	Acetaminophen (Tylenol), Aspirin, Excedrin, Melatonin, Midol
Stomach Issues	Pepto-Bismol, Tums, Prilosec, Alka Seltzer, Metamucil, Senokot
Skin/Tooth/Cold Sore	Alcohol-Free Listerine, Orajel 4X, Cortaid, Zinc Oxide, Hydrocortisone
Herbs & Foods**	Green tea, Garlic, Ginger, Lemon, Cranberry, Licorice, Cinnamon, etc.
Quitting Tobacco	Nicotine gum, patches, lozenges

Ask your coordinator before using a supplement or herb that's not on this list.

Using Medication as Part of Treatment – Medication Assisted Treatment (MAT)

You may choose to use **MAT** to help support your recovery. MAT means using certain medicines to help with cravings or withdrawal.

Things to Know About MAT:

- MAT must be prescribed by a **licensed qualified prescriber** or clinic.
- You are responsible for paying for your MAT using **Medicaid, insurance, or out-of-pocket**.
- You must attend **all appointments** with your MAT provider and follow plan of care.
- You will be **drug tested** to make sure you're taking your medication correctly.

ZHWC follows national best practices. Some MAT medicines have **low risk** for abuse (like Vivitrol) and others have **higher risk** (like Methadone). ZHWC recommends starting with the **lowest risk option**, but your provider will help decide what's best.

If You're Already on MAT Before Joining ZHWC

Before you can enter the program, you must:

1. Sign a **Release of Information** so your MAT provider can talk to the ZHWC team
2. Allow communication between your provider and the court team
3. Tell ZHWC if you change medications or provider
4. Use your medication exactly as prescribed
5. Understand that **misusing your medication** (like skipping doses, sharing meds, using drugs/alcohol, or missing appointments) may cause you to be **ineligible for the program**

If you're accepted into ZHWC, you must follow all MAT rules listed in the next section starting on **Day 1**.

If You Start MAT After Joining ZHWC

You can decide to try MAT later in the program. If you do, you must:

- Talk with your **counselor** first
- Know that some **treatment centers or sober living homes** may not accept MAT

- Only use MAT from a **certified local provider** with experience in addiction
- Sign all needed forms **before your first MAT appointment**
- Follow all instructions from your MAT provider and ZHWC
- Take your medication the right way and **stay active in treatment**
- Use the **lowest-risk medication** that works for you
- Avoid misusing or skipping your medication

If you misuse MAT, the court may give you a **sanction** or **discharge you** from the program. If your doctor stops your MAT, they must give you and ZHWC a written plan for weaning off the MAT.

You do NOT have to stop taking MAT to graduate.

Only your provider can tell you to stop or reduce your medication.

If You Are Arrested or Taken into Custody

Jails or correctional facilities might **not provide MAT** while you're in custody. This could cause your treatment to be **interrupted** and you will experience **severe withdrawal symptoms**.

- Stopping **Vivitrol** is safe and does not cause withdrawal
- Stopping **other MAT medications** may cause **painful withdrawal symptoms**

Make sure your MAT provider knows about this risk.

If You Have a Complaint (Grievance Process)

You have the right to speak up, if you have a problem or a concern about something in the program. You may file a **grievance**.

Here's what to do:

1. Talk to the Coordinator

- Do this within **5 business days** (Monday–Friday, not including holidays) after the issue happened.
- Try to work it out by talking about the problem.

2. Write a Complaint

- If you're still not satisfied after talking to the Coordinator, you can **write a complaint** and give it to the **Program Director**.
- You must do this within **5 days** after the decision from Step 1.

3. Wait for a Decision

- The Program Director will look into your concern.
- You'll get a **written response** within **14 days** after your complaint is received.

This decision is final. You and the Coordinator will both get a copy in writing.

Here's what to do if the grievance involves the Coordinator:

1. Talk to the Project Director

- Do this within **5 business days** (Monday–Friday, not including holidays) after the issue happened.
- Try to work it out by talking about the problem.

2. Write a Complaint

- If you're still not satisfied after talking to the Coordinator, you can **write a complaint** and give it to the **Tribal Administrator**.
- You must do this within **5 days** after the decision from Step 1.

3. Wait for a Decision

- The Tribal Administrator will look into your concern.
- You'll get a **written response** within **14 days** after your complaint is received as well as the Project Director.
- This decision is final.

Note: If your complaint is about something the judge decided in court, that decision **cannot** be changed through this process.

Handbook

Requesting Transportation

The ZHWC provides you with LDF Transit tickets if you do not have your own vehicle. There is also a program vehicle to assist with transportation. Coordinator/case manager appreciate as much notice when requesting transportation to any appointments such as medical, dental or court appearances. Transportation is available to residential treatment.

Cultural Activities

You're in this program because of a past conviction and to get treatment for drug or alcohol problems. The ZHWC believes in healing the whole person—body, mind, and spirit. The Native American activities/traditions are important aspect of your recovery plan.

These activities may include:

- Native American Church meetings
- Traditional healing ceremonies and medicine dances
- Talking circles
- Sweat lodges
- Pow-wows
- Feasts
- Fasting

Ceremonies and Substances

- If you take part in any ceremonies where drugs are part of the ceremony, you **must not participate in using the substance**.
- You are free to follow your spiritual or religious beliefs—but you **must tell the Team** before any ceremony that involves these substances.
- You'll be asked to sign a ROI that gives permission for us to talk with your spiritual leader.

Telling us about Ceremonies

- You must tell the **case manager or coordinator at least 3 business days** before any ceremony.
- If there's a family emergency, we can make an exception—but you still need to inform us as soon as possible.
- If the ceremony is **outside of Wisconsin**, you must also get permission from the Department of Corrections.

- **If you don't tell us**, it may count as a probation or ZHWC violation.

Handbook

Mentors and Sponsors in Recovery

Having a **mentor** or **sponsor** can be a big help during your recovery. This person walks with you on your **Red Road** and supports your journey.

They build a one-on-one relationship with you that is honest, caring, and supportive.

What Do Mentors and Sponsors Do?

- They share their **own experience, strength, and hope**
 - They **listen without judgment**
 - They give **honest advice**, even when it's hard to hear
 - They may give you **homework** or suggest things to work on
 - They help you **stay focused on your goals**, even when things get tough
-

What to Expect in the Relationship

- A mentor/sponsor helps you grow in **your own way**
- They support your journey to be **independent, confident, and sober**
- They help you face reality, deal with pain, and feel less alone
- They **can't make you change**—you must choose to grow on your own
- If you stop trying, it's harder for the mentor/sponsor to stay close
- They won't give up easily, but they expect you to keep trying

If both of you are working hard, the relationship helps **you both grow into healthy, strong adults**, the way the Creator intended.

Curfew, Travel and Other Restrictions

To help you stay sober and build healthy habits, the ZHWC has rules about curfew, travel and gambling.

Curfew Rules

Your curfew depends on what phase of the program you're in:

- **Phase 1:** Be home from **6 PM to 6 AM**
- **Phase 2:** Be home from **8 PM to 6 AM**
- **Phase 3:** Be home from **9 PM to 6 AM**
- **Phase 4:** Be home from **10 PM to 6 AM**
- **Aftercare Phase:** No curfew

If you have a job or go to school at night, your curfew may be changed to fit your schedule. Just talk to the ZHWC team about it.

Travel Rules

- In **Phases 1 and 2**, you need permission from the ZHWC team to travel outside of Oneida or Vilas Counties.
- In **all phases**, you must get approval before staying overnight anywhere.
- Out of state travel requires permission from Department of Corrections.

No Gambling Allowed

While you are in the Wellness Court program:

- You **cannot** gamble. This includes bingo, lottery tickets, raffles, football pools, or anything similar.
- You **cannot** go be on any gaming floor in a casino or bars (unless you work there).

Negative Statements

Verbal statements or social media posts that are negative, derogatory and/or threatening against the ZHWC, ZHWC Team and/or relatives of the ZHWC are **NOT ALLOWED**. If you make any statements verbally or on social media that are interpreted as **accusatory, negative, threatening**, you will be **subject to sanction and/or legal consequences**.

These rules are in place to support your recovery and keep you on the right track.

Participant Resources

Release of Information



Healing to Wellness Court
Lac du Flambeau Band of Lake Superior Chippewa Indians
623 Peace Pipe Lane, PO Box 1223, Lac du Flambeau, WI 54538
Phone: 715-588-4395 Fax: 715-588-9240

ZAAGIIBAGAA HEALING TO WELLNESS COURT

AUTHORIZATION TO RELEASE/DISCLOSE/EXCHANGE CONFIDENTIAL INFORMATION AND PROTECTED HEALTH INFORMATION

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

I, _____, the undersigned, hereby authorize the **Zaagiibagaa Healing to Wellness Court**, 623 Peace Pipe Road, P.O. Box 217, Lac du Flambeau, Wisconsin 54538, and any employee thereof, to release to, obtain from, and exchange with, the following entities and personnel thereof:

Lac du Flambeau Family Resource Center
Lakeland Union High School
Lac du Flambeau Indian Child Welfare Department
Marshfield Clinic - all locations
Lac du Flambeau Comprehensive Community Services Program
Ascension- All locations
Howard Young Medical Center and all Aspirus Clinics
Lac du Flambeau Emergency Shelter
Lac du Flambeau Child Support

Peter Christensen Dental Clinic
Peter Christensen Health Center
Gookomis Endaad Treatment Center
Family Health Center, Minocqua, WI
Lac du Flambeau Economic Support Department
Lac du Flambeau Tribal Court
Chippewa Housing Authority
Lake of the Torches Human Resources

Other: _____

The following information, whether in written, digital or verbal form, pertaining to the above-named participant:

- Any and all Protected Health Information, including but not limited to, appointment dates and times; office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room treatment, all clinical charts, reports, order sheets, staffing/progress notes, nurse's notes, social worker records, clinic records, diagnoses, treatment plans, admission records, discharge summaries, aftercare plans, requests for and reports of consultations, documents, correspondence, laboratory test results, statements, telephone messages, pharmacy/prescription records, electronic health records, x-rays, and records received by other medical providers.
- Mental health and substance abuse and treatment records and information, including psychiatric/psychological evaluations and reports.
- Information and records pertaining to developmental disabilities.
- School records; Education Evaluations/Records; IEP records and information.
- Court records, court reports, custody studies, investigative information.
- Photographs, Video Tapes, Digital, or other images.
- Social History.
- Law enforcement records, Department of Corrections records and ICW records.
- All billing and payment records, including all statements, insurance claim forms, itemized bills, and records of billing to third party payers and payment or denial of benefits information and documents.
- Employment records.
- Entire record.
- Other: _____

FOR THE PURPOSE OF:

- Evaluation, assessment, treatment, and coordinating treatment efforts.
- Other: _____



Healing to Wellness Court
Lac du Flambeau Band of Lake Superior Chippewa Indians
623 Peace Pipe Lane, PO Box 1223, Lac du Flambeau, WI 54538
Phone: 715-588-4395 Fax: 715-588-9240

• Other: _____

I FURTHER AUTHORIZE THE ENTITY NAMED ABOVE, AND ITS EMPLOYEES, INCLUDING, BUT NOT LIMITED TO, THE PROGRAM COORDINATOR, CASE MANAGER, AND PROGRAM THERAPISTS, TO RELEASE TO, OBTAIN FROM, AND EXCHANGE WITH THE ZAAGIIBAGAA HEALING TO WELLNESS COURT AND EACH OTHER THE INFORMATION AND DOCUMENTS SPECIFIED ABOVE.

PARTICIPANT RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

I understand that I have the right to inspect or have a copy of the confidential information I have authorized to be used or disclosed by this authorization form. I understand that if I agree to sign this Authorization form, I must be provided with a signed copy of the form. I understand that by not signing this form, my participation in this Program may be terminated. That the persons and/or agencies listed above who I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this Authorization. I understand written notification is necessary to cancel this Authorization. To obtain information on how to withdraw my authorization, I may contact the Zaagiibagaa Healing to Wellness Court. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the persons and/or agencies listed above have already made in reference to this Authorization. I hereby release the entities releasing information pursuant to this Authorization, and their employees, officers, and health care professionals, from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

EXPIRATION DATE: This Authorization is good and in effect for a period of one (1) year from the date below, unless a specific date is entered here _____ or unless a written notice of revocation is submitted.

I have had an opportunity to review and ask questions about the content of this Authorization form. By signing this Authorization, I am confirming that it accurately reflects my wishes. Any facsimile, copy or photocopy of this Authorization shall be considered as valid as the original.

Date:	Signature of Participant:	Printed Name of Participant:	
Date:	Signature of Participant Representative:	Printed Name of Participant Representative:	Relationship to Participant:
Date:	Signature of Parent or Guardian, if Participant is a Minor:	Printed Name of Parent or Guardian:	
Date:	Signature of Witness:	Printed Name of Witness:	

CORE Consent



Referral & Admission

Personal Information: Demographics & Identifiers

To be completed by relative

Name/CORE ID:

Demographics

First Name:*

Last Name:*

Middle:

Suffix:

☐ I ☐ II ☐ III
☐ Jr. ☐ Sr. ☐ Esq.

Sex:*

☐ Female ☐ Male ☐ Unknown

DOB:*(Date Of Birth)

Age:

Veteran:

☐ Yes ☐ No ☐ Unknown

Race:*

☐ White ☐ African American/Black
☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Other ☐ Unknown

Race (Other):

Ethnicity:*

☐ Not Hispanic/Latino
☐ Hispanic/Latino
☐ Unknown

Identifiers (At least one of the following identifiers is required: SID, SSN, DOC No., or HSRS No. If available, enter multiple identifiers for each participant.)

No SID: (Mark if SID is unknown

SID:*(State Identification Number)

or no SID is assigned.)

☐

SSN: (Social Security Number)

DOC No.: (Department of Corrections Number)

HSRS No.: (Human Services Reporting System Number)

Tracking No.: (Enter participant ID assigned by the program (if applicable).)

Household Members: Name, age & relationship



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Referral & Admission
Personal Information: Alias

To be completed by Relative

Name/CORE ID:

Alias First Name: <input type="text"/>	Alias Middle Name: <input type="text"/>	Alias Last Name: <input type="text"/>
Alias First Name: <input type="text"/>	Alias Middle Name: <input type="text"/>	Alias Last Name: <input type="text"/>
Alias First Name: <input type="text"/>	Alias Middle Name: <input type="text"/>	Alias Last Name: <input type="text"/>
Alias First Name: <input type="text"/>	Alias Middle Name: <input type="text"/>	Alias Last Name: <input type="text"/>
Alias First Name: <input type="text"/>	Alias Middle Name: <input type="text"/>	Alias Last Name: <input type="text"/>

Alias DOB: (Alias Date Of Birth)

Alias DOB: (Alias Date Of Birth)

Alias DOB: (Alias Date Of Birth)

Alias DOB: (Alias Date Of Birth)

Alias DOB: (Alias Date Of Birth)

1. Are you taking any legally prescribed medications?
2. If so, who is the prescribing provider?
3. Have or are you in a Medication Assisted Treatment Program (Vivitrol, Suboxone)?
 - a. If so, where were or are you receiving the medication?
 - b. Who is the prescribing provider?
4. do you feel you have a problem with drugs or alcohol?
5. If yes, do you want to get help for your problem?

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Referral & Admission
Admission: Family & Housing

To be completed by Relative

Name/CORE ID:

Family

Marital Status:*

- ☐ Never Married ☐ Married
☐ Widowed ☐ Divorced
☐ Separated ☐ Unknown

No. of Dependent Children:* (Children (including biological, adopted, stepchildren, and foster children) age 18 and under, who live with the participant at least 50% of the time and do not provide at least 50% of their own support.)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ More than 10 ☐ Unknown

Total Household Size:* (Including the participant.)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ More than 10 ☐ Unknown

No. of Children:* (Children (living or deceased) including biological, adopted, and stepchildren, regardless of age.)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ More than 10 ☐ Unknown

Age of Youngest Dependent Child: (Enter 0 if youngest dependent is under age 1 and -99 if unknown.)

Child Support Compliance:

- ☐ Unknown ☐ No Obligations
☐ Compliant ☐ Noncompliant

Housing

Living Situation:*

- ☐ Halfway House ☐ Homeless
☐ Incarceration-Jail ☐ Incarceration-Prison
☐ Independent living- Own ☐ Independent living- Rent
☐ Other ☐ Residential treatment facility
☐ Shelter ☐ Transitional living
☐ With parents/relatives/friends ☐ Unknown

Living Situation (Other):

COMPAS Residential Instability Score:

No. of Moves in Last 6 Months:*

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ More than 4 ☐ Unknown

Difficulty/Inability to Pay for Housing in Last 6 Months:*

(Include rent or mortgage. Not applicable if participant has not needed to pay for housing in the last 6 months.)

- ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Current Residence Habitable, Safe, Conflict-Free:*

(Perception of whether current residence meets the criteria based on input from the participant.)

- ☐ Yes ☐ No ☐ Unknown

Able to Stay at Current Residence for Next 6 Months:*

- ☐ Yes ☐ No ☐ Unknown

Residence

Residence City:* (Enter -99 if unknown.)

County of Residence:*

Residence State:*
(Enter UK if unknown.)

Residence Zip Code:*
(Enter -99 if unknown.)

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Referral & Admission
Admission: Education & Employment

To be completed by Relative

Name/CORE ID:

Education

Highest Education Level:*

- ☐ Unknown ☐ No formal education completed
Grade: ☐ 4 or less ☐ 5-7 ☐ 8 ☐ 9 ☐ 10 ☐ 11
☐ 12, no diploma ☐ GED/HSED ☐ High school graduate

Vocational/Tech school: ☐ Vocational degree ☐ Some technical school
☐ Technical school degree

College Credit: ☐ 1 year or less ☐ More than 1 year, no degree

- ☐ Associate's degree ☐ Bachelor's degree
☐ Master's degree ☐ Professional degree (e.g., MD, DDS, DVM, JD)
☐ Doctorate degree (e.g., PhD, EdD)

Education Enrollment Status:*

- ☐ Currently enrolled in school full-time
☐ Currently enrolled in school part-time
☐ Not currently enrolled in school
☐ Unknown

Education Enrollment Type:

- ☐ High school
☐ Community college
☐ Vocational/Technical college
☐ GED program
☐ University/4 year college
☐ Unknown

Ever Received Vocational Training:*

- ☐ Yes ☐ No ☐ Unknown

Primary Vocational Skill:

Employment

Employment Status:*(Include legal employment only.)

- Employed: ☐ Full-time ☐ Part-time ☐ Seasonal
Not employed: ☐ Looking for work ☐ Not looking for work
☐ Odd Jobs ☐ Other ☐ Unknown

Employment Status (Other):

No. of Consecutive Months with Current

Employer: (If the participant has more than one current employer, enter the no. of months associated with the longest term of consecutive employment.)

Hours Worked per Week: (Enter average or typical no. of hours participant works per week.)

Reason Not Looking for Work:

- ☐ Disabled-Unable to work ☐ In Training
☐ Not pursuing employment ☐ Other
☐ Retired ☐ Stay-at-home parent
☐ Student

Reason Not Looking for Work (Other):

Ever Employed:

- ☐ Yes ☐ No ☐ Unknown

No. of Months Employed Full-Time in Last 12 Months:

(Enter -99 if unknown.)

Barriers to Employment:

- ☐ Child care
☐ Lack of experience
☐ Physical disability

- ☐ Criminal history
☐ Mental disability
☐ Transportation

- ☐ Lack of education or training
☐ Other

Barriers to Employment (Other):

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Referral & Admission
Admission: Education & Employment Continued

To be completed by relative

Name/CORE ID:

Income

Primary Source of Income:*

- ☐ None
- ☐ Econ assistance
- ☐ Other
- ☐ Retirement/Pension
- ☐ Significant other
- ☐ SSI
- ☐ Unemployment
- ☐ Worker's compensation
- ☐ Alimony/Child support
- ☐ Family
- ☐ Per capita payment
- ☐ Salary/Wages/Earnings
- ☐ SSDI
- ☐ SS pension
- ☐ Unknown

Primary Source of Income (Other):

Secondary Source of Income:

- ☐ None
- ☐ Econ assistance
- ☐ Other
- ☐ Retirement/Pension
- ☐ Significant other
- ☐ SSI
- ☐ Unemployment
- ☐ Worker's compensation
- ☐ Alimony/Child support
- ☐ Family
- ☐ Per capita payment
- ☐ Salary/Wages/Earnings
- ☐ SSDI
- ☐ SS pension
- ☐ Unknown

Participant Income: * (include gross (pre-tax) annual income.)

- ☐ Unknown
- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more

Handwritten



Referral & Admission
Admission: Criminal Background

To be completed by relative

Name/CORE ID:

Age at First Arrest:*(Enter -99 if unknown.)

No. of Prior Juvenile Arrests:*(Enter -99 if unknown.)

Total No. of Prior Adult Arrests:*(Enter -99 if unknown.)

No. of Prior Alcohol/Drug Arrests:*(Include both adult and juvenile arrests. Enter -99 if unknown.)

Total No. of Prior Convictions:*(Include both adult and juvenile convictions/adjudications. Enter -99 if unknown.)

No. of Prior Alcohol/Drug Convictions:*(Include both adult and juvenile convictions/adjudications. Enter -99 if unknown.)

No. of Prior Incarcerations:*(Enter -99 if unknown.)

DOC Supervision Status:*

- ☐ Not currently under supervision ☐ Probation
☐ Parole-Extended Supervision ☐ Probation & Parole
☐ Unknown

No. of Months Incarcerated Last 12 Months:*(Enter -99 if unknown.)

Other Pending Court Case:*(Include pending case(s) in this or other court)

☐ Yes ☐ No ☐ Unknown

Valid Protection Order Against Participant:*(Include no contact and restraining orders)

☐ Yes ☐ No ☐ Unknown

I understand that the goal of the Zaagibagaa Healing to Wellness Court is to help participants regain and maintain sobriety through local treatment and counseling programs, cultural enrichment, incentives and sanctions, education and/or employment, and family reunification. I have reviewed the Zaagibagaa Participant Handbook and am familiar with the structure of the program. I am hereby requesting that the Wellness Court Team consider me for participation.

Signature: _____ Date: _____

Participant Agreement

Relative: _____

DOB: _____

Address: _____

Email: _____ Phone: _____

I, the above-named Relative, am entering into this Zaagiibagaa Healing to Wellness Court Participant Agreement voluntarily. I understand that, by signing this document I am indicating that I understand and agree as follows:

- _____ 1. I understand that the validity of this Agreement is conditioned upon my eligibility for the Zaagiibagaa Healing to Wellness Court Program. If at any time after the execution of this Agreement and in any phase of the program, it is discovered that I am ineligible to participate in the program, I may be immediately dismissed from the program and criminal proceedings may be reinstated. Dismissal from the ZHWC will automatically terminate this Agreement.
- _____ 2. I understand and knowingly waive any right I may have to raise an issue of judicial conflict of interest or object to ex parte communication.
- _____ 3. I understand that participation in the ZHWC involves a minimum time commitment of 13 months.
- _____ 4. I understand that honesty is the most important aspect of my behavior in this program and is necessary to program completion.
- _____ 5. I will cooperate in an assessment to determine my level of need for alcohol and drug treatment with a therapist assigned by the ZHWC.
- _____ 6. I will cooperate with ZHWC treatment staff in formulating my treatment plan. I agree to sign the consent forms for the release of information in order to help the staff communicate with individuals or agencies that can assist me in my recovery.
- _____ 7. I will sign a consent form waiving confidentiality of any medical, treatment, social service, or other pertinent records. If I withdraw my consent, I understand that I will be dismissed from the program.
- _____ 8. I agree to dress appropriately at court, attend court as scheduled, dependent upon my phase level requirements, and to show proper respect to the Judge and the ZHWC Team.
- _____ 9. I understand that, as part of my participation in Wellness Court, I will be privy to confidential information relating to other participants. I agree that I will not share the confidential information of other participants with anyone else outside of the ZHWC Program. I further agree that I will not post anything about ZHWC on social media.
- _____ 10. I understand that I must fully comply with all Phase requirements. This includes participating in programming that is specified on my Individual Treatment Plan. Failure to comply with my Treatment Plan and Phase requirements will be reported to the ZHWC Team as a sanctionable violation.
- _____ 11. I understand that during the early phases of the program, I may be precluded from employment or school. I further understand that in later phases, I will be able to seek employment, job training or further education as approved or required by the Team, and that failure to do so could result in sanctions.
- _____ 12. I understand that I must attend all scheduled sessions and appointments made by the ZHWC Staff. If it is necessary to miss any sessions, I will notify the case manager/coordinator in advance, and I will bring verifiable documentation from my employer, doctor or other approved individual for verification. If I fail to call in advance and/or to bring verification, my absence will be considered

unexcused and will be sanctionable. All absences (excused and unexcused) will be reported to the ZHWC Team.

- _____ 13. I understand that if I am found to be under the influence of drugs or alcohol when I arrive for any ZHWC appointments, I will not be allowed to stay and participate. If that occurs, I agree to surrender my car keys to the staff for my safety as well as the safety of others. I understand that if I insist on driving, the staff will be obligated to notify law enforcement.
- _____ 14. I understand that, as part of my participation in the ZHWC, there will be random, unannounced home visits conducted by my case manager and other ZHWC Staff. Refusal to allow entry or to cooperate will be considered a violation and will be sanctioned.
- _____ 15. I will pay any fees or fines as directed by the ZHWC.
- _____ 16. I will keep the ZHWC Team informed of my current address and phone number and will report any changes within two calendar days.
- _____ 17. I understand that I will be required to submit to random supervised urine or saliva drug and alcohol screens. If I fail to produce a timely urine or saliva specimen or if it is not of sufficient quantity, it will be treated as if it was positive for drugs/alcohol.
- _____ 18. I understand that I will be required to submit to electronic monitoring for GPS location tracking and proof of my abstinence from alcohol in early phases of the program, or in later phases as a sanction. I will fully cooperate with every aspect of any applicable electronic monitoring program, including making sure that my monitor remains charged.
- _____ 19. If I am found to be using drugs or alcohol at any time during my participation in the ZHWC program, I agree to follow through with any resultant increases in treatment frequency or types of treatment, including referrals to detox, inpatient treatment or residential treatment. I understand that use of drugs or alcohol could result in termination of my participation in ZHWC.
- _____ 20. I understand that the ZHWC may generally rely on a presumptive chemical test result. I may request a further confirmation test.
- _____ 21. I understand that, once I am accepted into the ZHWC program, statements made by me regarding alcohol or drug use to any Team Member will not be used against me in any new criminal action or proceeding while participating in the program.
- _____ 22. I understand that I am responsible for informing staff and providing documentation of all prescription medication I am taking. I am also responsible for notifying staff if there are any changes to the prescriptions.
- _____ 23. I understand that I am required to inform staff of any over-the-counter medications I am using, and I will not use any that are addictive and/or contain alcohol.
- _____ 24. I understand that using any prescription or non-prescription medications that are mood-altering could result in expulsion from the program.
- _____ 25. I will inform all treating health care providers that I am a recovering addict and may not take narcotic or addictive medications or drugs. If a treating health care provider wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my ZHWC therapist, Coordinator, and case manager and get specific permission from the Team to take such medication.
- _____ 26. I understand that participation in the ZHWC includes weekly attendance in support group meetings (12-Step) OR other approved cultural/spiritual gatherings. Frequency will be determined by my treatment plan. I will provide verification of my attendance at 12-Step or cultural/spiritual gatherings to ZHWC staff.
- _____ 27. I understand that sanctions and incentives will be imposed by the Judge for complying or failing to comply with the program requirements.
- _____ 28. I understand that recurrent non-compliance with Phase requirements or my Individual Treatment Plan, or serious violation of this Participant Contract may result in termination from the ZHWC Program.
- _____ 29. I understand that a failure to appear for a court date or any other breach of this Agreement can result in immediate issuance of a bench warrant.

- _____ 30. I understand that I am responsible for monitoring the Wellness Court Messaging Board and checking in daily at the designated time.
- _____ 31. I understand that I must bring my planner and homework to each therapy session and wellness appointments including Court.
- _____ 32. I understand that I will need to plan to stay for the entire court proceeding when scheduled to attend.
- _____ 33. I understand that curfew for Phase 1 of the ZHWC Program is 6 pm to 6 am. During this time, I will be required to remain at my approved residence.
- _____ 34. I understand that curfew for Phase 2 of the ZHWC Program is 8 pm to 6 am. During this time, I will be required to remain at my approved residence.
- _____ 35. I understand that curfew for Phase 3 of the ZHWC Program is 9 pm to 6 am. During this time, I will be required to remain at my approved residence.
- _____ 36. I understand that curfew for Phase 4 of the ZHWC Program is 10 pm to 6 am. During this time, I will be required to remain at my approved residence.
- _____ 37. I understand that there is no curfew for the After-care Phase of the ZHWC Program.
- _____ 38. I understand that during Phases 1 and 2, I must obtain approval from the ZHWC Team for travel outside of Oneida or Vilas Counties.
- _____ 39. I understand that, except to the extent necessary for my ZHWC-approved employment I will NOT be permitted to engage in gambling activities of any kind during my participation in ZHWC. This includes, but is not limited to, lottery tickets, football pools, etc. I am NOT to enter any casino gaming floor or bar.
- _____ 40. I understand that no electronic devices are allowed during wellness programming or during court sessions.
- _____ 41. I understand that my information will be entered in the Comprehensive Outcome, Research and Evaluation (CORE).
- _____ 42. I agree that I am responsible for substances and products that go in my body, including those that may impact drug test results. I will refer to the "Monitoring" policy for a list of prohibited substances in the Participant Handbook.
- _____ 43. I understand that participating in the program requires me to be alcohol and other drug free at all times. I will not possess alcohol and other drugs or alcohol and other drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while alcohol and other drugs are being used by others. Failure to comply is grounds for sanctions or termination from the program.
- _____ 44. I understand that substituting, altering or trying in any way to change my body fluids for purposes of testing may be grounds for sanction or immediate termination from ZHWC.
- _____ 45. I understand that sanctions may include, but not limited to, time in custody, increased treatment sessions, increased alcohol and other drug testing and community service.
- _____ 46. For the purposes of regular ZHWC review hearings, I agree to waive my right to have my attorney of record present. I understand that I may have my attorney of record present if I choose. I understand that my case may be discussed without my attorney or the prosecutor present.
- _____ 47. If I am on probation - I will follow all rules of Community Supervision.
- _____ 48. I agree that I will not leave any treatment program without prior approval of my treatment provider and the ZHWC team.
- _____ 49. I understand that my failure to successfully complete and graduate from the Zaagiibagaa Healing to Wellness Court Program will result in sanctions that could include termination of a deferred plea agreement or revocation of probation, extended supervision, or parole, depending upon my legal status.

I HAVE READ THE ABOVE CONTRACT AND I UNDERSTAND WHAT I HAVE READ. I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE CONTRACT AND TO HAVE MY QUESTIONS ANSWERED. I AGREE TO COMPLY WITH ALL TERMS AND CONDITIONS, AND I AM VOLUNTARILY SIGNING MY NAME BELOW TO INDICATE THAT I WISH TO ENTER INTO THIS CONTRACT AND PARTICIPATE IN THE ZAAGIIBAGAA HEALING TO WELLNESS COURT PROGRAM. NO ONE HAS MADE ANY PROMISES OR THREATS TO ME TO INDUCE ME TO SIGN THIS CONTRACT.

Participant Signature: _____ Date _____

Witness Signature: _____ Date _____

Consent to Search

I, _____, currently participating in the Zaagiibagaa Healing to Wellness Court (ZHWC) Program, hereby authorize and permit the ZHWC Program staff, Probation Agents, Law Enforcement Officers, or any other party which has been directed by the ZHWC to also supervise the undersigned person, TO SEARCH my residence or room, my personal property and property that I am in custody of at the time, regardless of ownership.

This search shall include, but is not limited to, search for any items that would constitute a violation of the terms of the undersigned person's conditions of participation in the ZHWC Program, such as alcohol, drugs, drug paraphernalia, weapons or anything that would constitute a violation of the law.

The undersigned family member(s) acknowledge that the supervised person is living in his or her home and CONSENTS TO A SEARCH of his or her residence for the above-mentioned items for as long as the supervised person is a participant of the Zaagiibagaa Healing to Wellness Court and living with said family member(s).

This CONSENT TO SEARCH is effective from the dates signed below and remains in effect until the aforementioned supervision is terminated for whatever reasons.

Participant Signature

Date

Family or Household Member

Date

Wellness Court Staff

Date

Zaagiibagaa Healing to Wellness Court Drug Testing Consent

Zaagiibagaa Healing to Wellness Court (ZHWC) Drug Testing Procedures:

1. Location and Observation of Drug Testing:

- Participants may be tested at various locations, including, but not limited to, the Tribal Court Building, home, work, and school, as applicable.
- All tests will be observed by a person of the same gender as the participant.

2. Random Drug Testing During Routine In-Person Check In:

- When a participant reports for in-person check in, ZHWC staff will inform the participant if drug testing is required.
- If drug testing is required, the participant must provide a specimen in a timely manner, before leaving the Tribal Court Building.

3. Random Drug Testing on Weekends and Holidays:

- Upon reporting, the participant will have fifteen (15) minutes to provide a specimen and may not leave until an adequate specimen is provided.

4. Positive Test Results:

- If a participant admits to drug use prior to testing, the participant will still be required to provide a specimen, but sanctions will be less severe if an admission is made prior to testing.
- All positive tests will be confirmed through a certified laboratory. Negative tests shall be sent to a reference laboratory at the discretion of the ZHWC Team member.
- If a participant is late for testing, fails to report for testing, fails to provide an adequate specimen, tries to tamper with the testing process or a specimen, or leaves before providing a specimen, the participant will be deemed to have tested positive, and will be subject to sanctions.

I, the undersigned participant in the Zaagiibagaa Healing to Wellness Court (ZHWC), understand that as a participant I will be subject to drug testing at any time. I understand that random drug testing is intended to assist me in the process of becoming and remaining sober, which is my goal. I understand the drug testing procedures set forth above, and I agree to abide by them and submit to drug testing at the request of any ZHWC Team Member, for the duration of my program participation.

Participant Signature: _____ Date: _____

ZHWC Representative Signature: _____ Date: _____

House Arrest Requirements

Name: _____ Date: _____

House arrest start: _____ House arrest end: _____

The following are a list of rules you must follow on house arrest:

1. A participant is REQUIRED to attend ZHWC programming.
2. Preapproval from Coordinator, Case Manager and/or SUD/MH therapist to attend pro-social activities, i.e. individual sessions, NA meetings.
3. A participant may not leave their residence unless preapproved by Coordinator, Case Manager and/or SUD/MH therapist.
4. GPS monitoring is required during house arrest.
5. Law enforcement may be called to perform wellness checks during house arrest.
6. A participant follows their work schedule if employed.
7. _____
8. _____
9. _____



ZHWC Phase 1 Requirements

Name: _____ Date: _____

Staff: _____ Length of Phase: 30 days

Required days of sobriety: 15* consecutive days of negative drug tests

* Phase advancement may be sooner if the team agrees and behaviors align with the next phase.

- Be honest, show up, accountable
- Be confidential
- No gambling (no casinos, lottery tickets and no gaming floors)
- Alcohol/Drug testing at least two times per week and random
- Follow DOC rules
- **15** days of consecutive sobriety/negative alcohol and drug tests
- Weekly ZHWC
- Attend individual and group sessions, or other assigned sessions
- Complete intake forms and all releases of information.
- Create treatment and case plans
- Virtual check ins every day before _____.
- Scheduled daily in person check-ins Monday through Friday. Random in-person check-ins
- GPS Monitor and no travel outside of Vilas and Oneida Counties without permission
- Positive pro-social activities, if indicated.
- Curfew 6 pm – 6 am
- Comply with Medication Assisted Treatment (MAT), if applicable
- Attend cultural or public services activities, if indicated
- 40 hours/week of positive activities
- Live in a safe place that supports recovery and keep probation officer and ZHWC updated.
- No work or school in this phase
- Start MRT
- Contact county/court that payment plan for fines will begin in Phase 2.
- Medical and dental appointments
- Search for a sponsor/mentor

I have reviewed the requirements for Phase 1 and understand my responsibilities to the treatment court program.

Participant Signature

Date



ZHWC Phase 2 Requirements

Name: _____ Date: _____

Staff: _____ Length of Phase: 90 days

Required days of sobriety: 30* consecutive days of negative drug tests

* Phase advancement may be sooner if the team agrees and behaviors align with the next phase.

- Be honest, show up, accountable
- Be confidential
- No gambling (no casinos, lottery tickets and no gaming floors)
- Alcohol/Drug testing at least two times per week and random
- Follow DOC rules
- **30** days of consecutive sobriety/negative alcohol and drug tests
- Attendance to ZHWC weekly
- Scheduled in person daily check-ins Monday through Friday and random in-person check-ins
- Virtual check-ins daily before _____
- Attend individual and group sessions, or other assigned sessions
- Follow Treatment Plans and case management plan
- GPS Monitor and no travel outside of Vilas and Oneida Counties without permission* may be removed at the team's discretion
- Learn skills and complete assignments (like budgeting or job skills)
- Public service hours/prosocial activities to meet the Rule of 40 requirement
- Develop payment plan for fines
- Identify a mentor/sponsor as agreed upon between mentor/sponsor and participant
- Curfew 8 pm – 6 am
- Compliant with MAT, if applicable
- Cultural activities, if indicated
- Live in a safe place that supports recovery and keep PO and ZHWC updated
- Employment/school: part-time
- Progress in MRT

I have reviewed the requirements for Phase 2 and understand my responsibilities to the ZHWC program.

Participant Signature

Date



ZHWC Phase 3 Requirements

Name: _____ Date: _____

Staff: _____ Length of Phase: 90 days

Required days of sobriety: 60* consecutive days of negative drug tests

*Phase advancement may be sooner if the team agrees and behaviors align with the next phase as well as the previous phases.

- Be honest, show up, accountable
- Be confidential
- No gambling (no casinos, lottery tickets and no gaming floors)
- Follow DOC rules
- **60** days of consecutive sobriety/negative alcohol and drug tests
- Alcohol/Drug testing at least two times per week and random or more frequent as indicated
- ZHWC every other week, starting: _____
- Following treatment and case management plans
- Show healthy choices and behavior
- Use coping skills and know your triggers
- Check in 4 days/week in person, daily virtual before 8:30 am. Check in days _____
- GPS Monitoring, if indicated
- At least 2 life skills classes
- Individual and group sessions
- Positive pro-social activities, i.e. NA, AA, school activities, lunch with kids, refer to the Rule of 40 activities for complete list
- Following the payment plan for fines
- Stay in touch with your sponsor or mentor
- Curfew: 9 pm – 6 am
- Obtain approval for all overnight stays
- Compliant with MAT if applicable
- Cultural activities
- Employment/School: at least part time
- Provide work or school schedule to case manager/coordinator
- Take care of your health and go to appointments (dentists, eye exams, annual physical)
- Find a way to get to court/programming, i.e. using transit, schedule a ride with case manager/coordinator

Participant Signature: _____ Date: _____



ZHWC Phase 4 Requirements

Name: _____ Date: _____

Staff: _____ Length of Phase: 90 days

Required days of sobriety: 90 consecutive days of negative drug tests

*Phase advancement may be sooner if the team agrees and behaviors align with the next phase as well as the previous phases.

- Be honest, show up, accountable
- Be confidential
- No gambling (no casinos, lottery tickets and no gaming floors)
- Alcohol/Drug testing at least two times per week and random
- Follow DOC rules
- **90** days of consecutive sobriety/negative alcohol and drug tests
- ZHWC every other Thursday continues: _____
- Following treatment plan and create an after-care plan
- Safe and stable place to live
- Engaged in healthy & supportive relationships
- Two days/week in person check-in on the following days:

- Check in virtually before _____
- GPS monitoring if indicated
- At least 3 life skills classes
- Attend positive activities and culture activities
- Follow the payment plan for fines and other financial responsibilities
- Stay in touch with mentor/sponsor
- Curfew 10 p.m. to 6 a.m.
- Compliant with MAT if applicable
- Cultural activities
- Secure own transportation to all appointments

- Full-time job or school with no issues
- Provide documentation of work schedule and time sheet from employer
- Address all medical needs
- Minimal to no rule violations
- Obtain approval for all overnight travel
- Start participating in the alumni group, if active

I have reviewed the requirements for phase 4 and understand my responsibilities to the treatment court program.

Participant Signature

Date



ZHWC After-Care Requirements

Participant: _____ Date: _____

Staff: _____ Length of Phase: 90 days

Required days of sobriety: 90 consecutive days of negative drug tests

Review each requirement with staff and initial you understand the expectation. The requirements may be adjusted during the After-care Phase as indicated per ZHWC Team recommendations.

- Be honest, show up, accountable
- Be confidential
- No gambling (no casinos, lottery tickets and no gaming floors)
- Follow DOC rules
- Attend Wellness Court every month starting _____.
- Follow after care plan and change as needed
- Check in virtual before ____ a.m. every day and, check in at ZHWC every ____ (one time per week)
- Alcohol/Drug testing at least one time per month or more frequent as indicated
- Individual counseling as indicated in the after-care plan
- Participate in the alumni group, if active
- At least 3 independent living skills education (parenting, finance mgmt., etc.)
- Follow financial plan and payment plans for fines
- Public Service hours to meet the Rule of 40 requirement
- Positive pro-social activities, i.e. NA, AA, school activities, lunch with kids, refer to the Rule of 40 activities for complete list
- Communicate with mentor/sponsor as agreed upon between mentor/sponsor and participant.
- No curfew
- Compliant with MAT, if applicable.
- Cultural activities according to after-care plan
- Safe and secure housing
- Engaged in healthy & supportive relationships.
- Gainfully and consistently employed or attending school

I have reviewed the requirements for the After-care Phase and understand my responsibilities to the treatment court program.

Participant Signature

Date



ZHWC Application for Phase Advancement: Phase 1 to Phase 2

Name: _____ Treatment Court Start Date: _____

Sobriety date: _____ Date application submitted to Coordinator: _____

You MUST meet the following criteria to advance to phase 2. (Place an "X" if the task is completed)

- You have been honest.
- You have been in Phase 1 for a minimum of 30 days.
- You have maintained sobriety for 15* consecutive days.
- You have been compliant with medication assisted treatment (i.e. vivitrol, suboxone).
Prescriber's signature: _____
- You have **NOT** been engaging in drug seeking behaviors, argumentative and associating with negative people.
- You have met the proximal goals of this phase (GPS charged, curfew 6p-6a, on time for check ins, etc.)
- You notified the clerks of court that you are unable to work in Phase 1 and payments start when employed.
- You are participating in treatment (individual and group sessions) and attending as scheduled.
Counselor's signature: _____
- You started MRT.
- You have attended all supervision appointments as scheduled.
Probation agent's signature: _____
- You have attended all case management appointments as scheduled.
Case Manager/Coordinator signature: _____
- You have attended pro-social, sober activities if indicated.
Case Manager/Coordinator's signature: _____

Identify 3 things you accomplished and learned during Phase 1. How did you benefit?

1. _____
2. _____
3. _____

How did you show that you were honest? Was there any struggle with honesty? If so, what have you done to overcome this struggle? **Be specific.**

ZHWC Application for Phase Advancement: Phase 1 to Phase 2 Cont.

Identify 3 of your biggest struggles in Phase 1. How did you overcome these struggles? Or, are you continuing to struggle. (This shall not prevent you from advancing to the next phase.).

1. _____
2. _____
3. _____

Identify 3 personal goals you would like to accomplish in Phase 2:

1. _____
2. _____
3. _____

Identify 3 triggers you discovered? Are they internal or external?

1. _____
2. _____
3. _____

Based on the above, I respectfully request the ZHWC Team to approve my advancement to Phase 2.

Participant Signature: _____ Date: _____



ZHWC Application for Phase Advancement: Phase 2 to Phase 3

Name: _____ Treatment Court Start Date: _____

Sobriety date: _____ Date application submitted: _____

You MUST meet the following criteria to advance to Phase 3. (Place an "X" if the task is completed)

- You have been in Phase 2 for a minimum of 90 days
- You have maintained sobriety for 30* consecutive days
- You have been honest.
- You have been compliant with medication assisted treatment (i.e. vivitrol, suboxone).
Prescriber's signature: _____
- You have **NOT** been engaging in drug seeking behaviors, argumentative and associating with negative people.
- You have met the proximal goals of this phase (GPS charged, curfew 8p-6a, on time for check ins and other appointments)
- You have a payment plan to pay court costs/fines
- You are searching for employment or enrolling in school.
- You are participating in treatment (individual and group sessions) and attending as scheduled.
Counselor's signature: _____
- You are making progress in MRT. Facilitator's signature: _____
- You have attended all supervision appointments as scheduled.
Probation agent's signature: _____
- You have attended all case management appointments as scheduled.
Case Manager signature: _____
- You have attended pro-social, sober activities.
Case Manager/Coordinator's signature: _____

Identify 3 things you accomplished and learned during Phase 2. How did you benefit?

1. _____
2. _____
3. _____

How did you show that you were honest? Was there any struggle with honesty? If so, what have you done to overcome this struggle? **Be specific.**

ZHWC Application for Phase Advancement: Phase 2 to Phase 3 cont.

Identify 3 of your biggest struggles in Phase 2. How did you overcome these struggles? Or, are you continuing to struggle. (This shall not prevent you from advancing to the next phase.).

1. _____
2. _____
3. _____

Identify 3 personal goals you would like to accomplish in Phase 2:

1. _____
2. _____
3. _____

Identify 3 triggers you discovered? Are the internal or external? Are the triggers different from those you identified in Phase 1?

1. _____
2. _____
3. _____

You have attached one or more letters of support from a sober support person.

Based on the above, I respectfully request the ZHWC Team to approve my advancement to Phase 3.

Participant Signature: _____ Date: _____



ZHWC Application for Phase Advancement: Phase 3 to Phase 4

Name: _____ Treatment Court Start Date: _____

Sobriety date: _____ Date application submitted to Coordinator: _____

You MUST meet the following criteria to advance to Phase 4. (Place an "X" if the task is completed)

- You have been in Phase 3 for a minimum of 90 days.
- You have maintained sobriety for 60 consecutive days.
- You have been honest.
- You have been compliant with medication assisted treatment (i.e. vivitrol, suboxone).
Prescriber's signature: _____
- You have NOT been engaging in drug seeking behaviors, argumentative and associating with negative people.
- You have met the proximal goals of this phase (curfew 9p-6a, on time for check ins, positive attitude, helping others in a positive manner, having a humble attitude, being a positive role model, etc.)
- You are following the payment plan to pay court costs/fines.
- You are attending work/school according to schedule. Supervisor's signature: _____
- You are participating in treatment (individual and group sessions) and attending as scheduled.
Counselor's signature: _____
- You have completed MRT. Facilitator's signature: _____
- You are demonstrating changes in lifestyles and decision making.
- You completed a minimum of 2 independent living skills education.
Coordinator's signature: _____
- You have attended all supervision appointments as scheduled.
Probation agent's signature: _____
- You have attended all case management appointments as scheduled.
Case Manager signature: _____
- You have attended pro-social, sober activities.
Case Manager/Coordinator signature: _____
- You follow through with medical, dental, and vision concerns.

Identify 3 things you accomplished and learned during Phase 3. How did you benefit?

1. _____
2. _____
3. _____

ZHWC Application for Phase Advancement: Phase 3 to Phase 4 Cont

What are the coping skills/techniques that you have learned and how have you used them to maintain sobriety?

1. _____
2. _____
3. _____

Identify 3 of your biggest struggles in Phase 3. How did you overcome these struggles? Or, are you continuing to struggle. (This shall not prevent you from advancing to the next phase.).

1. _____
2. _____
3. _____

Identify 3 personal goals you would like to accomplish in Phase 4:

1. _____
2. _____
3. _____

You have attached one or more letters of support from a sober support person.

Based on the above, I respectfully request the ZHWC Team to approve my advancement to Phase 4.

Participant Signature: _____ Date: _____



ZHWC Application for Phase Advancement: Phase 4 to After-Care

Name: _____ Treatment Court Start Date: _____

Sobriety date: _____ Date application submitted to Coordinator: _____

You MUST meet the following criteria to advance to After-Care Phase. (Place an "X" if the task is completed)

- You have been in Phase 4 for a minimum of 90 days.
- You have maintained sobriety for 90 consecutive days.
- You have been compliant with medication assisted treatment (i.e. vivitrol, suboxone).
Prescriber's signature: _____
- You have very few to no rule violations
- You developed an after-care plan.
- You have safe and secure housing.
- You are following the payment plan to pay court costs/fines and all financial obligations.
- You are attending work/school according to schedule with no concerns from employer/instructors
Supervisor/Instructor's signature: _____
- You are participating in treatment and attending as scheduled.
Counselor's signature: _____
- You are demonstrating changes in lifestyles and decision making.
- You completed a minimum of 3 independent living skills education.
Coordinator's signature: _____
- You have attended all supervision appointments as scheduled.
Probation agent's signature: _____
- You have attended all case management appointments as scheduled.
Case Manager signature: _____
- You have attended pro-social, sober activities. Case Manager's signature: _____
- You are demonstrating financial independence
- You are in the Alumni Group if active

Identify 3 things you accomplished and learned during Phase 4. How did you benefit?

1. _____
2. _____
3. _____

ZHWC Application for Phase Advancement: Phase 4 to After-Care Cont.

Identify 3 of your biggest struggles in Phase 4. How did you overcome these struggles? Or, are you continuing to struggle. (This shall not prevent you from advancing to the next phase.).

1. _____
2. _____
3. _____

What are 2 things you predict to improve or strengthen going in to the After-Care Phase?

1. _____
2. _____

What are the coping skills/techniques that you have learned and how have you used them to maintain sobriety? _____

What are the most significant changes you noticed, physically, mentally and emotionally since sobriety?

Describe your sober network? How have they helped you maintain your sobriety?

Identify 3 personal goals you would like to accomplish in the After-Care Phase:

1. _____
2. _____
3. _____

Based on the above, I respectfully request the ZHWC Team to approve my advancement to the After-Care Phase.

Participant Signature: _____ Date: _____



ZHWC Application for Graduation

Name: _____ Treatment Court Start Date: _____

Sobriety date: _____ Date application submitted to the Coordinator: _____

You MUST meet the following criteria to graduate. (Place an "X" if the task is completed)

- You have been in the After-Care Phase for a minimum of 90 days.
- You have maintained sobriety for a minimum of 90 consecutive days.
- You have been compliant with medication assisted treatment (i.e. vivitrol, suboxone).
Prescriber's signature: _____
- You are attending and participating in the Alumni Group.
- You have safe and secure housing.
- You are using your after-care plan.
- You are demonstrating financial independence, i.e. paying fines and other financial obligations.
- You are participating in treatment according to the after-care plan.
Counselor's signature: _____
- You are attending work/school according to schedule with no concerns from employer/instructors
Supervisor/Instructor's signature: _____
- You are demonstrating changes in lifestyles and decision making.
- You completed a minimum of 3 independent living skills education.
Coordinator's signature: _____
- You have attended all supervision appointments as scheduled.
Probation agent's signature: _____
- You have attended all case management appointments as scheduled.
Case Manager signature: _____
- You are addressing all medical, dental, and vision concerns.
- You completed the exit interview.

Identify 3 things you accomplished and learned during the After-Care Phase. How will you use this after ZHWC?

1. _____
2. _____
3. _____

What are coping skills/techniques that you have learned and how have used them to maintain sobriety? _____

ZHWC Application for Graduation cont.

How do you know when the coping skills/techniques are not effective? What will you do?

What are the most significant changes you noticed, physically, mentally and emotionally since sobriety?

What are at least two of your favorite hobbies, habits, or activities you incorporated into your recovery?

What have you learned about yourself during your time in the ZHWC? How has this helped you in your recovery?

What words of wisdom would you share with other ZHWC participants or other individuals starting their own journey of recovery?

Based on the above, I respectfully request the ZHWC Team to approve my request for graduation.

Participant Signature: _____ Date: _____

Tentative graduation date: _____