



Program Overview: Justice Well Program

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The Justice Well Program is dedicated to providing personalized support and treatment for adults dealing with substance use disorder and mental health issues, particularly those involved with the justice system. Our goal is to help individuals reintegrate into society and build fulfilling lives by addressing their unique needs and challenges.

Program Scope:

We support participants from the moment of arrest through post-conviction or release. Our focus is on achieving outcomes such as reducing repeat offenses, securing stable employment and housing, accessing mental health services, and actively engaging in recovery programs.

Admission Criteria:

We welcome adult clients, both male and female, who are struggling with substance use disorder and concurrent mental health issues and who are involved with the justice system. Additionally, participants must fall within 200% of the federal poverty guideline to qualify for our services.

Exclusion Criteria:

Individuals who are currently receiving services from the Human Service Center are not eligible for our program.

Program Duration:

Participants can benefit from our program for up to five years, and all treatment is entirely voluntary.

Treatment Frequency:

Participants are assigned to a dedicated team and are required to attend weekly sessions. Depending on the results of a mental health assessment, the frequency of Sessions may be adjusted accordingly. Participants must continue attending sessions until they are discharged from the program.

Treatment Services:

We prioritize timely intake assessments, including psychiatric and substance abuse screenings, which must be completed within 10 days of referral. All documentation is uploaded into our Electronic Health Record within 24 hours. Treatment plans are developed during the second month of admission, based on DSM-5 diagnoses.

Additional Program Components:

Each participant is assigned a Peer Support Specialist and a Care Coordinator. We also provide assistance with ancillary costs that may hinder access to care, such as transportation, lodging, medication, healthcare co-pays, and other related expenses.

Treatment Plan Components:

Our treatment plans are comprehensive and include:

Assessment of needs, including substance use, mental health, and any other identified concerns.

SMART objectives: Specific, Measurable, Attainable, Realistic, and Timelimited goals.

Interventions outlining how clinicians will support participants in achieving their objectives.

Treatment plans are reviewed and revised every six months to ensure effectiveness and relevance.

Total Estimated Cost Per Participant Per Day

Category	Cost (\$)
Medication Costs	8.00
Treatment Costs	28.58
Transportation Costs	10.00
Other Costs	5.00
Total	51.58

Justice Well Program Participant Application Form

Personal Information

1. Full Name:

First: _____

Middle: _____

Last: _____

2. Date of Birth (Month/Day/Year): _____

3. Social Security Number (if applicable): _____

4. Contact Information:

Phone: _____

Email: _____

5. Physical Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Health Information

6. Do you have any ongoing medical treatments? ()Yes ()No

If yes, please specify: _____

7. List any medications you are currently taking:

Medication 1: _____

Medication 2: _____

Medication 3: _____

More: _____

8. Do you have a primary care physician? ()Yes ()No

Physician's Name: _____

Contact Number: _____

9. Have you been hospitalized in the last year? ()Yes ()No

If yes, reason for hospitalization:

Psychiatric and Addiction History

10. Have you ever been diagnosed with a psychiatric condition? ()Yes ()No

If yes, please specify the condition(s) and provide any relevant details: _____

11. Have you ever received psychiatric treatment or counseling? ()Yes ()No

If yes, please specify type of therapy/treatment: _____

12. Do you have a history of addiction? ()Yes ()No

If yes, please specify the type of addiction (e.g., drug, alcohol, behavioral) and any treatment received: _____

Legal Status

13. Are you currently or have ever been part of any legal proceedings? ()Yes ()No

If yes, please explain: _____

Income Information

14. Employment Status:

Employed () Unemployed () Selfemployed () Retired () Student ()

15. Current Employer (if applicable): _____

Job Title: _____

16. Monthly Income:

Under \$500 ()

\$500 to \$1,000 ()

\$1,001 to \$1,500 ()

\$1,501 to \$2,000 ()

\$2,001 to \$2,500 ()

\$2,501 to \$3,000 ()

Over \$3,000 ()

17. Source of Income:

Employment

Social Security

Disability Benefits

Other (Please specify): _____

18. Do you have any dependents? ()Yes ()No

If yes, how many? _____

Additional Information

19. Why are you applying to the Justice Well program?

20. What do you hope to achieve by participating in the Justice Well program?

(Goals and expectations)

Consent and Signature

21. Privacy Consent:

I consent to the Justice Well program using my personal, health, psychiatric, and addiction history information for the purpose of treatment planning and administration.

Signature: _____

Date: _____

22. Application Confirmation:

I affirm that the information provided in this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Please return this completed form to the Justice Well program office either in person or via mail at:

121 University Dr N Fargo, ND 58102

ridgefoundation@ridgeND.org

www.ridgeND.org

701.478.5808

Instructions for Applicants:

Please complete all parts of this form as thoroughly as possible. If you are unsure about any question, leave it blank or contact our office for assistance. Your information will be kept confidential and will only be used to assess your eligibility and needs related to the Justice Well program. This comprehensive approach ensures that all pertinent aspects of your health and personal circumstances are considered in the treatment planning process.